

**FAST-TRACK EVALUATION  
OF THE PACIFIC PROGRAMME OF COOPERATION  
IN THE PACIFIC ISLAND COUNTRIES  
1997 – 2001**

**OCTOBER 2002**

## TABLE OF CONTENTS

|  | Paragraphs | Page |
|--|------------|------|
| <b>List of abbreviations</b>                                       |            |      |
| <b>Acknowledgements</b>  |            | 1    |
| <b>Executive Summary</b>   |            | 2    |
| <b>Résumé analytique</b>   |            | 4    |
| <b>Resumen ejecutivo</b>   |            | 6    |
| <b>1. Introduction</b>   | 1-4        | 8    |
| <b>2. Background and context</b>                                   | 5-11       | 8    |
| <b>3. Features of the Pacific Programme 1997-2001</b>              | 12-18      | 10   |
| <b>4. Purpose, objectives and implementation of the evaluation</b> | 19-23      | 12   |
| <b>5. Findings and conclusions</b>                                 |            |      |
| Geographical coverage  | 24-25      | 14   |
| Programme relevance  | 26-29      | 14   |
| Programme design   | 30-32      | 15   |
| Programme effectiveness and sustainability                         | 33         | 16   |
| Resource mobilisation and budget realisation                       | 34-38      | 18   |
| <b>6. Considerations and lessons learned</b>                       |            |      |
| Strategic logic of the programme                                   | 39         | 19   |
| Assessment of the situation of children and women                  | 40-47      | 19   |
| Assessment and management of constraints and challenges            | 48-52      | 21   |
| UNICEF's comparative advantage and partnerships and alliances      | 53-56      | 23   |
| Cooperation with other UN agencies and CCA / UNDAF                 | 57-58      | 24   |
| Intervention strategies at national and regional levels            | 59-63      | 24   |
| Sustainability and replicability of results                        | 64-69      | 25   |
| Reporting, monitoring and evaluation                               | 70-73      | 27   |
| Internal and external communication                                | 74-77      | 29   |
| <b>7. Recommendations</b>  |            |      |
| Scope of the follow-up to recommendations                          | 78         | 29   |
| Recommendations to be implemented at the national level            | 79-82      | 30   |
| Recommendations to be implemented at the regional level            | 83-86      | 31   |
| Recommendations for programme design and implementation            | 87-91      | 31   |

## **APPENDICES**

- 1. Terms of reference**
- 2. List of persons met**
- 3. List of documents consulted**
- 4. Resource mobilisation and budget realisation**
- 5. Country profiles**
- 6. Policy profiles**
- 7. Informal minutes of meeting with representatives of Missions in New York**

## **LIST OF ACRONYMS**

|        |  |
|--------|--|
| AIDS   | Acquired Immunity Deficiency Syndrome                                      |
| ARI    | Acute Respiratory Infection  |
| AusAID | Australian Development Agency  |
| CCA    | Common Country Assessment  |
| CEDAW  | Convention on the Elimination of all Forms of Discrimination against Women |
| CPR    | Country Programme Recommendation   |
| CRC    | Convention on the Rights of the Child                                      |
| DfID   | Department for International Development (United Kingdom)                  |
| EAPRO  | East Asia and Pacific Regional Office                                      |
| ECCD   | Early Childhood Care and Development                                       |
| ECE    | Early Child Education  |
| FLS    | Financial Logistics System   |
| FSM    | Federated States of Micronesia   |
| HIV    | Human Immune-deficiency Virus  |
| IEC    | Information Education Communication  |
| IJALS  | Institute of Justice and Legal Studies                                     |
| IMCI   | Integrated Management of Childhood Illness                                 |
| IMEP   | Integrated Monitoring and Evaluation Plan                                  |
| IMR    | Infant Mortality Rate  |
| LDC    | Least Developed Countries  |
| MPO    | Master Plan of Operations  |
| NCC    | National Children's Council  |
| NGO    | Non-Governmental Organisation  |
| NYHQ   | New York Headquarters  |
| OR     | Other Resources  |
| PIC    | Pacific Island Countries   |
| PPO    | Programme Plan of Operations   |
| PROMS  | Programme Management System  |
| RR     | Regular Resources  |
| RRRT   | Regional Rights Resource Team  |
| SMART  | Specific, Measurable, Achievable, Relevant, Time-bound                     |
| SPC    | Secretariat of the Pacific Community                                       |
| U5MR   | Under-Five-Mortality Rate  |
| UN     | United Nations   |
| UNDAF  | United Nations Development Assistance Framework                            |
| UNDP   | United Nations Development Programme                                       |
| UNFPA  | United Nations Population Fund   |
| UNICEF | United Nations Children's Fund   |
| UNIFEM | United Nations Development Fund for Women                                  |
| US\$   | United States Dollars  |
| USA    | United States of America   |
| WHO    | World Health Organisation  |
| WSC    | World Summit for Children  |

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## EXECUTIVE SUMMARY

In January 2002, the Executive Board recommended to undertake a fast track evaluation of the 1997-2001 Pacific Programme covering 13 Pacific Island Countries, which would inform the Country Programme Recommendation to be presented during the Session in September 2002. The evaluation was implemented in March / April 2002.

The Programme was designed to contribute to the realisation to Goals of the World Summit for Children of 1990 and Pacific Goals for Children of 1993. The Programme was implemented through four regional programmes (*child and youth advocacy and planning, health and nutrition, early child and primary education, and monitoring and evaluation*) as well as through eight Integrated Area Based Programmes at country level (Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tuvalu, Vanuatu) and one multi-country programme (Cook Islands, Niue, Tonga, Tokelau, Palau). The total approved budget amounted to US\$ 7,000,000 in General (Regular) Resources and US\$ 14,000,000 in Supplementary (Other) Resources.

Delivering the Pacific Programme is a considerable and unique challenge. The competing pressures of both fulfilling the broad global agenda from the CRC mandate and adequately addressing the quite varied priority child development needs of 13 economically and socially diverse partner countries spread across over 34 million square kilometres, with finite resources in an expensive operating environment, requires a highly strategic programme approach to achieve meaningful results that meet the ever growing expectations of internal and external stakeholders.

The Programme was *relevant* in the sense that it addressed major issues of non-fulfilment of children's rights identified in the Situation Analyses. Programme objectives were consistent with national policies and priorities and UNICEF's global mandate. The Programme was innovative in several areas, e.g. early childhood development and nutrition. Among all development agencies, the comparative advantage of UNICEF support has especially been in areas such as situation analyses, advocacy campaigns, and innovative pilot activities to advance the realisation of children's and women's rights.

There was, however, room for improvement in the process of collecting baseline data. There were also flaws in the *design* of the Programme, e.g. too general objectives, insufficient definition of attributable outcomes and outputs and lack of indicators that would allow for performance monitoring and evaluation. These weaknesses are not uncommon in the design of UNICEF supported Country Programmes. It must, however, be acknowledged that a remarkable attempt has been made with the annual Integrated Monitoring and Evaluation Plans (IMEP) that have been prepared since 1999 to formulate more specific objectives, outputs and indicators.

The design of the programme did not explicitly consider the dimension of *partnerships* and *alliances*. This should have been based on a clear understanding of UNICEF's comparative advantage and the strategic logic of the programme in national and regional

contexts. There should also have been a better articulation between UNICEF's operational and advocacy roles. This could have resulted in a formulation of alliances with national, regional and donor partners, which were required to scale up interventions to the level of policies and strategies.

The *implementation* of the Programme had to cope with an extraordinarily scattered geography posing major challenges in terms of transport and communication, high transaction costs, a considerable degree of cultural diversity, and different levels of vulnerability and economic and social development. Although assessment of programme *effectiveness* was difficult because of the weak design, the evaluation concluded that Programme objectives were largely achieved. However, it identified major factors affecting sustainability and replicability of UNICEF supported initiatives. Among them should be mentioned thinly stretched human resources at the national levels and high staff turnover, insufficient recurrent budgets, and absence of national policies and strategies to build on and strengthen community participation.

Improvements are recommended at three levels for the next Multi-Country Programme 2003-2007:

- At the *national* level, strengthen ownership of programmes by governments and NGOs as well as National Children's Councils, ensure adequate UNICEF field presence in priority countries and build more strategic partnerships and alliances;
- At the *regional* level, cooperate more closely with regional institutions, e.g. the Secretariat of the Pacific Community, for the monitoring of the evolving situation of children, for human resource development and human capacity supplementation especially in the smaller and less developed countries and for improving communication (websites, radio etc.);
- At the *programme* level further strengthen the design of the Programme as a whole as well as individual programmes and activities (logical model, IMEP), better articulate interrelationship between operational activities and advocacy, more strategically plan for partnerships and alliances based on a realistic understanding of UNICEF's comparative advantage and undertake better risk assessment and management.

## RESUME ANALYTIQUE

En janvier 2002, le Conseil d'administration a recommandé d'entreprendre une évaluation accélérée du Programme du Pacifique concernant 13 États insulaires du Pacifique pour la période 1997-2001, visant à informer la Recommandation de programme de pays présentée au Conseil en septembre 2002. Cette évaluation fut effectuée en mars/avril 2002.

Le Programme avait pour objectif de contribuer à la réalisation des objectifs du Sommet mondial pour les enfants de 1990 et des objectifs pour les enfants du Pacifique de 1993. Le Programme a été mis en œuvre au moyen de quatre programmes régionaux (mobilisation et planification en faveur des enfants et des jeunes, santé et nutrition, petite enfance et éducation primaire, et suivi et évaluation) ainsi que de huit Programmes de zones intégrés à l'échelle des pays (États fédérés de Micronésie, Fidji, Kiribati, Iles Marshall, Samoa, Iles Salomon, Tuvalu, Vanuatu) et d'un projet multi-pays (Iles Cook, Nioué, Tonga, Tokelau, Palaos). Le montant total approuvé s'élevait à 7 000 000 dollars des États-Unis à titre de ressources ordinaires et de 14 000 000 dollars comme ressources supplémentaires.

La mise en oeuvre du Programme pacifique constitue un défi majeur. Il s'agit de répondre à la fois au mandat global émanant de la Convention des droits de l'enfant et aux exigences très variées en matière de développement pour les enfants des 13 pays partenaires qui se distinguent fortement les uns des autres sur les plans économique et social. Dans un contexte de coûts opérationnels élevés et de ressources limitées, l'approche doit être hautement stratégique pour atteindre des résultats palpables qui répondent aux attentes accrues de partenaires internes et externes.

Le Programme était pertinent dans la mesure où il visait des aspects importants du non-respect des droits de l'enfant, qui avaient été identifiés dans les analyses de situation. Le Programme était aussi en ligne avec les politiques et priorités nationales ainsi qu'avec le mandat global de l'UNICEF. Le Programme était innovateur dans plusieurs domaines, à savoir développement de la petite enfance et amélioration de la nutrition. L'avantage comparé de l'UNICEF, par rapport aux autres agences, se trouve dans les domaines de l'analyse de la situation, des campagnes de sensibilisation, et du lancement d'activités innovatrices en vue de promouvoir la réalisation des droits des enfants et des femmes.

La collecte des données de base aurait pu toutefois être améliorée. L'évaluation a également mis en évidence des lacunes en ce qui concerne la *conception* du Programme, par exemple, des objectifs trop généraux, une définition insuffisante des résultats et produits attribuables, et un manque d'indicateurs permettant de suivre et d'évaluer les résultats obtenus. Ces lacunes existent cependant dans beaucoup de programmes de pays appuyés par l'UNICEF. Il faut noter qu'un effort remarquable a été fourni, depuis 1999, pour formuler des plans intégrés de suivi et d'évaluation permettant l'articulation plus claire des objectifs, résultats et indicateurs.

Une attention insuffisante a été accordée à la dimension des *partenariats* et *alliances* ; c'est-à-dire à une bonne compréhension de l'avantage comparé de l'UNICEF, à la logique stratégique du programme dans des contextes nationaux et régionaux (y compris le plan-cadre des Nations Unies pour l'aide au développement), à une bonne articulation des rôles de l'UNICEF sur le plan opérationnel et en matière de mobilisation, aux alliances avec des partenaires nationaux et régionaux et des donateurs en vue d'intégrer les interventions aux politiques et stratégies.

La *mise en œuvre* du Programme s'est heurtée à un éparpillement géographique hors du commun, qui a posé de graves problèmes en matière de transport et de communications, ainsi qu'à des

coûts de transaction élevés, à une très grande diversité culturelle et à différents degrés de vulnérabilité et de développement économique et social. Bien qu'il ait été difficile d'évaluer l'*efficacité* du programme en raison des problèmes de conception, l'évaluation a permis de recenser les principaux facteurs ayant une incidence sur la viabilité et la reproductibilité des initiatives financées par l'UNICEF. Il convient de mentionner à cet égard des ressources humaines lourdement sollicitées à l'échelle nationale et un taux de renouvellement élevé du personnel, des budgets systématiquement insuffisants et l'absence de politiques et stratégies nationales visant à mettre à profit et à renforcer la participation communautaire.

L'évaluation a recommandé de procéder à des améliorations à trois niveaux :

- Au niveau *national*, renforcer l'appropriation des programmes par les pouvoirs publics, les ONG et les Conseils nationaux pour les enfants, veiller à ce que l'UNICEF soit suffisamment présent sur le terrain dans les pays prioritaires et former davantage des partenariats et alliances stratégiques ;
- Au niveau *régional*, coopérer plus étroitement avec les institutions régionales, par exemple le Secrétariat de la Communauté du Pacifique, en vue de suivre l'évolution de la situation des enfants, de mettre en valeur les ressources humaines et de renforcer les capacités humaines, en particulier dans les petits pays les moins avancés et d'améliorer la communication (sites Internet, radio, etc.) ;
- Au niveau des *programmes*, renforcer leur conception (modèle logique, plan intégré de suivi et d'évaluation), mieux définir l'interdépendance entre les activités opérationnelles et la sensibilisation, planifier de façon plus stratégique les partenariats et alliances en se fondant sur une définition réaliste de l'avantage comparé de l'UNICEF et mieux évaluer et gérer les risques.

## RESUMEN EJECUTIVO

En enero de 2002, la Junta Ejecutiva recomendó la realización de una evaluación por la vía rápida del Programa del Pacífico 1997-2001, que abarcó 13 países de las islas del Pacífico. Esa evaluación, que se llevó a cabo en marzo y abril de 2002, se empleó posteriormente para elaborar la recomendación sobre el programa para el país, que se presentó en el Período de Sesiones de septiembre de 2002.

El Programa fue diseñado de manera tal que contribuyera a la conquista de las metas de la Cumbre Mundial en favor de la Infancia de 1990 y las Metas para los Niños del Pacífico de 1993. El Programa fue puesto en práctica mediante cuatro programas regionales (*las labores de promoción y planificación en pro de la juventud y la niñez, la salud y la alimentación, la educación primaria y de los niños de corta edad y la vigilancia y la evaluación*), mediante ocho programas integrados basados en zonas en el nivel de país (los Estados Federados de Micronesia, Fiji, Kiribati, las Islas Marshall, Samoa, las Islas Salomón, Tuvalu y Vanuatu) y por medio de un proyecto multinacional (las Islas Cook, Niue, Tonga, Tokelau y Palau). El total del presupuesto aprobado fue de 7 millones de dólares estadounidenses en recursos generales (ordinarios) y de 14 millones de dólares en recursos suplementarios (otros).

La aplicación del Programa del Pacífico presenta problemas considerables y de una naturaleza exclusiva. Las diversas presiones que exige poner en práctica las prioridades internacionales que se derivan del mandato de la Convención sobre los Derechos del Niño y abordar de manera adecuada las diversas prioridades que exige el desarrollo de la infancia en 13 países aliados con distintas características económicas y sociales y repartidos en 34 millones de kilómetros cuadrados, con recursos limitados en un entorno que requiere continuas inversiones, exige un enfoque altamente estratégico del programa para alcanzar resultados significativos que satisfagan a unas partes interesadas externas e internas que cada vez tienen más expectativas.

La evaluación llegó a la conclusión de que el programa era *pertinente* en la medida en que trataba importantes cuestiones relacionadas con el no cumplimiento de los derechos de los niños, que habían sido definidas previamente en los análisis de situación. Los objetivos del Programa guardaban relación con las políticas y prioridades nacionales y el mandato internacional del UNICEF. El Programa resultó innovador en varias esferas, como por ejemplo en el desarrollo de la primera infancia y la nutrición. Entre todos los organismos de desarrollo, la ventaja comparativa del UNICEF ha incidido especialmente en esferas como el análisis de situación, las campañas de promoción y actividades piloto innovadoras para avanzar el cumplimiento de los derechos de la infancia y de la mujer.

Se consideró sin embargo que se podía mejorar el proceso de obtención de datos de referencia. Asimismo, el estudio descubrió fallas en el *diseño* del programa, tales como el carácter demasiado general de los objetivos, la falta de definición con respecto a los productos y los resultados atribuibles y la ausencia de indicadores que posibilitaran la vigilancia y evaluación del desempeño. Estas fallas no son infrecuentes en el diseño de los Programas de País apoyados por el UNICEF. Es preciso, sin embargo, reconocer que se han tomado medidas importantes para mejorar la situación mediante la creación de los Planes Integrados de Supervisión y Evaluación, preparados desde 1999 para formular objetivos, resultados e indicadores más específicos.

El diseño del programa no había prestado suficiente atención a la dimensión de las *asociaciones y alianzas*. Esto debería basarse en una comprensión cabal de la ventaja comparativa del UNICEF y

la lógica estratégica del programa en los contextos nacional y regional. Debe producirse también una relación más eficaz entre las funciones operativas y promocionales del UNICEF. Esto podría haber llevado a la formulación de alianzas con los aliados nacionales y regionales y los donantes, a fin de ampliar las intervenciones a la escala de las políticas y las estrategias.

Durante la *ejecución* del programa fue necesario superar los obstáculos que planteó una geografía muy accidentada en materia de transporte y comunicaciones, los altos costos operativos, un considerable nivel de diversidad cultural y grados disímiles de vulnerabilidad y desarrollo económico y social. A pesar de que debido a las deficiencias de diseño resultó difícil evaluar la *eficacia* del programa, la evaluación concluyó que los objetivos del Programa se habían logrado en su mayoría. Sin embargo, se individualizaron diversos factores importantes que afectaron la sostenibilidad de las iniciativas que respaldó el UNICEF, así como la posibilidad de repetición. Entre ellos cabe mencionar la carga excesiva de trabajo de los recursos humanos en el ámbito nacional y el alto grado de renovación del personal, los presupuestos periódicos insuficientes, y la ausencia de políticas y estrategias nacionales previas a las que se les podía haber dado seguimiento y aprovechado para incrementar la participación comunitaria.

La evaluación recomendó mejoras en tres niveles para el próximo Programa Multinacional 2003-2007:

- En el nivel *nacional*, el fortalecimiento del sentimiento de propiedad de los programas por parte de los gobiernos, las ONG y los Consejos Nacionales de la Infancia; la garantía de que el UNICEF tendrá una presencia adecuada en los países prioritarios, y el establecimiento de asociaciones y alianzas de carácter más estratégico;
- En el nivel *regional*, una cooperación más estrecha con las instituciones regionales, como por ejemplo la Secretaría de la Comunidad del Pacífico, a fin de poder vigilar los cambios en la situación de los niños, de desarrollar los recursos humanos y complementar la capacidad humana, especialmente en los países más pequeños y menos desarrollados, y de mejorar la comunicación (sitios en la Web, la radio, etc.);
- En el nivel *programático*, fortalecer las labores relacionadas con el diseño tanto en el plano general como en el de los programas y actividades individuales (modelo lógico, el plan integrado de vigilancia y evaluación), mejorar la relación entre las funciones operativas y promocionales, planificar más eficazmente las asociaciones y alianzas, fundamentándolas en una comprensión realista de las ventajas comparativas del UNICEF, y mejorar las actividades de evaluación y gestión de riesgos.

## **1. INTRODUCTION**

### ***Motivation of the evaluation***

1. The present evaluation of the Pacific Programme 1997-2001 was implemented during the first half of 2002. It followed a request from UNICEF's Executive Board in January 2002, when the Country Note for the Pacific Programme 2003-2007 was discussed. The Executive Board recommended undertaking an evaluation of the previous Programme. It was expected that the evaluation would better inform the Country Programme Recommendation (CPR) to be presented during the Session in September 2002.

### ***Implementation of the exercise***

2. Given that the outcome of the evaluation was to feed into the preparation of the CPR in May 2002, the essential part of the exercise had to be conducted in a *fast-track* manner during March and April 2002. UNICEF's Evaluation Office in New York coordinated the evaluation with support from a Steering Committee composed of representatives of AusAID, the Secretariat of the Pacific Community and UNICEF's East Asia and the Pacific Regional Office (EAPRO).

3. Staff of all these bodies and one consultant were assigned to take part in the evaluation itself. The team was composed of Jean Quesnel and Lucien Back (Director and Senior Programme Officer Evaluation Office UNICEF Headquarters), Galumalemana Nu'ufou Petaia (Secretariat of the Pacific Community), Graham Rady (Executive Officer Evaluation and Review AusAID), Eva Jespersen (Regional Adviser UNICEF East Asia and Pacific Regional Office) and Suliana Siwatibau (Consultant).

### ***Purpose of the evaluation***

4. The evaluation is meant to be useful not only for the design of the new Programme, i.e. when drafting the CPR and the new Master Plan of Operations, but also during its implementation and future reviews. It will undoubtedly require some time to respond to recommendations. This will have to be an evolutionary process that will involve the UNICEF Office for the Pacific Island Countries as well as all its partners.

## **2. BACKGROUND AND CONTEXT**

### ***Geographical coverage***

5. The Pacific Programme of Cooperation 1997-2001 covered the following 13 Pacific Island Countries (PIC): Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tuvalu, Tokelau, Tonga, and Vanuatu.

### ***Main geographical features***

6. The population of the 13 countries covered by the Pacific Programme is relatively small (ranging from less than 2,000 in Niue to more than 800,000 in Fiji). The total combined population is 1,980,500. The countries are composed of hundreds of islands

spread over more than 34 million square kilometres of ocean. The scattered geography presents extra-ordinary challenges in terms of transport and communication.

7. The PIC are generally understood to be vulnerable economically, politically and environmentally. The Pacific Human Development Report synthesised this particular vulnerability attributable to various factors including remoteness, geographical dispersion, vulnerability to natural disasters, a high degree of economic openness, small internal markets, and limited natural resources. The cost of living is high by international standards because of the narrow production base and consequent dependence on international trade and high transport costs.

8. The vulnerability of small island economies has been extensively debated in the context of the LDC classification by the UN General Assembly. Although meaningful data on key economic and social development indicators are not always available, the following classification is commonly accepted:

- Kiribati, Solomon Islands and Vanuatu rank at the lower end of the scale along with Samoa and Tuvalu.
- The Federated States of Micronesia and the Marshall Islands would be classified in the middle range.
- The other small island states (Cook Islands, Fiji, Niue, Palau, Tokelau, and Tonga) would be considered to be at the upper end.

9. Along with the geographical dispersion, the economic, social and cultural diversity of the PIC presents formidable challenges to design and implementation of all development programmes including the ones of UNICEF.

### ***Situation of children and women***

10. The CPR of 1996 reported that the situation of children especially in the less developed countries was still unsatisfactory as measured by a number of key indicators:

- Infant mortality rates were high. Infant mortality rates (IMR) ranged from 12 per 1,000 live births in Niue to 65 in Kiribati. The range of under-five mortality rates (U5MR) was equally wide from 12 per 1,000 live births in Niue to 92 in Kiribati. Major causes of U5MR were diarrhoea and acute respiratory infections (ARI), which were probably related to severe protein-energy mal-nutrition.
- Maternal mortality rates were reported to be high especially in Solomon Islands (549 per 100,000 live births) and in Kiribati (127 per 100,000 live births). Factors that contributed to this situation were inadequate child spacing, anaemia, malaria and lack of access to safe delivery systems.
- Malnutrition was prevalent as measured in under-weight children (in Marshall Islands, Fiji, Federated States of Micronesia, Vanuatu and Solomon Islands).
- The elimination of micronutrient deficiency had not been achieved. Kiribati, FSM and Marshall Islands had some of the highest Vitamin A deficiency rates in the world.

- Although enrolment rates for education for both girls and boys were high in most countries, there were still children not attending schools, being pushed or dropping out of the system.
- There was still not enough attention for the relevance and quality of education. Employment prospects for many school leavers were reported to be bleak.
- Adolescent problems include alarming suicide rates, increasing abuse of alcohol and other drugs, involvement in criminal activity and engagement in high-risk sexual behaviour with potential exposure to Sexually Transmitted Diseases and especially to HIV / AIDS.

11. The Country Note of 2002 reports that there has been a steady decline in infant mortality rates, but that child survival remains a problem especially in the Federated States of Micronesia, the Marshall Islands, Kiribati, Vanuatu and Solomon Islands. Micronutrient deficiency persists especially in the northern Pacific countries of Federated States of Micronesia, in the Marshall Islands and in Kiribati with high prevalence of Vitamin A deficiency. Immunisation programmes have been successful resulting in coverage of approximately 80 percent. The quality of education is still unsatisfactory. Although the gender gap at enrolment is closing, there are several issues that need to be addressed, e.g. female dropouts, the lack of gender sensitivity in the curriculum, and patterns of violence against girls and women. Disparities in living standard are widening<sup>1</sup>.

### **3. FEATURES OF THE PACIFIC PROGRAMME 1997-2001**

#### ***Financial resources***

12. The total approved programme budget for the period 1997-2001 amounted to US\$ 7,000,000 in Regular (General) Resources and US\$ 14,000,000 in Other (Supplementary) Resources, both subject to the availability of funds.

13. Mobilisation of Other Resources amounted to US\$ 2,342,631, i.e. a little less than 17 percent of the resource mobilisation target of the approved budget. Taking into account recovery costs charged to contributors (3-5 percent) and carry-overs from previous years, annual programme budgets amounted on average to a little less than 2,000,000 in Regular Resources and a little more than US\$ 1,000,000 in Other Resources (cf. Appendix 4).

14. The Programme was extended for the duration of one year (2002) with an approved budget of US\$ 2,000,000 from Regular Resources and US\$ 2,800,000 from Other Resources, subject to the availability of funds.

#### ***Goals and objectives***

15. The key documents for the design of the Pacific Programme 1997-2001 were the Country Programme Recommendation (CPR) approved by the Executive Board in

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<sup>1</sup> Cf. Appendix 6 containing comprehensive Country Profiles on all key indicators.

September 1996, and the Master Plan of Operations (MPO) agreed with governments of all PIC at the beginning of the Programme. Goals and objectives were the following:

- The Pacific Programme was to contribute to Goals of the World Summit for Children of 1990 and Pacific Goals for Children of 1993: a) to reduce IMR and U5MR by at least 30 percent in countries with moderate to high mortality rates and by 20 percent with low mortality rates; b) to maintain existing low MMR and to further reduce MMR in countries where the rate exceeds 100; c) to reduce level of moderate and severe malnutrition, the prevalence of Vitamin A deficiency and eliminate iodine deficiency; d) ensure completion of primary school education by at least 90 percent of Pacific children with focus on quality of education; e) to improve protection of children and their families affected by rapid social change; and f) to assist communities and governments in understanding need for and understanding of monitoring fulfilment of children's rights.
- The 1997-2001 Programme was designed to pursue two broad objectives (Country Programme Recommendation and Master Plan of Operations): a) to facilitate the development, implementation and monitoring of national programmes for children and families, leading toward the realisation of rights for children; b) to sustain national achievements through promotion of CRC. Within the two broad objectives, the Pacific Programme was to a) identify and advocate actions on priority issues affecting children's well-being ..., b) strengthen ... the monitoring of survival, development and protection of children, c) establish and strengthen decentralisation of programmes at island level and community-based participation ..., d) continue to support development of innovative approaches to child and youth survival, development, protection and participation, and e) sustain and increase collaboration and strengthen partnerships between UN organisations, regional organisations and institutions and non-governmental organisations working on high-priority children's issues.

### ***Programme structure***

16. As from 1998, a full-fledged UNICEF Office based in Suva (Fiji) implemented the programme. Its structure was the following:

- There were four Regional Programmes, which included a) Child and Youth Advocacy and Planning, b) Health and Nutrition, c) Education with a special emphasis on Early Child Education (ECE) and Primary Education, and d) Monitoring and Evaluation.
- In addition, there were eight Integrated Area Based Programmes at the individual country level (in Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tuvalu, Vanuatu) and one multi-country programme (covering Cook Islands, Niue, Tonga, Tokelau, Palau).

### ***Mid-Term Review***

17. In 1999, Mid-Term Reviews were conducted in nine Pacific Island Countries at the national level as well as for all 13 countries at the regional level. All of them involved extensive consultations with partners. They largely confirmed the relevance of the

programme objectives and strategies. They also noted, however, that UNICEF assistance had at times provided unfocused support to small-scale activities without a clear link to reaching the agreed Programme objectives. Operational strategies had a tendency to shift to national level advocacy through national coordinating bodies for children and through relevant line ministries. Planning and reporting were to be strengthened. The Mid-Term Reviews also emphasised the need for a strengthening of the communication strategy. Last but not least, it was found vital to ensure an in-country UNICEF staff presence to order to achieve programme effectiveness.

### ***Short-Term Programme 2002***

18. A Short-Duration Programme has followed the 1997-2001 Programme in view of the harmonisation of programming cycles of UN agencies. It is basically an extension of the previous Programme covering the year 2002. The extension is to support on-going activities and to lead into a full-length Programme for the period 2003-2007. The preparation process for the new Programme was slowed down in 2000 by civil and political disturbances in Fiji and Solomon Islands. The process involved the preparation of a new Situation Analysis of Children in the Pacific, the discussion of a new Strategy Paper as well as participation in the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) process for the five Least Developed Countries of the region in early 2002. The preparation process involved extensive consultations with partners in 2001 and culminated in the preparation of a new Country Note, which was presented to the Executive Board in January 2002.

## **4. PURPOSE, OBJECTIVES, METHODS AND LIMITATIONS OF THE EVALUATION**

### ***Context and purpose of the evaluation***

19. During the Session of UNICEF's Executive Board in January 2002, The Country Note for the Pacific Programme 2003-2007 was discussed. Support was given to the intention to maximise modest resources and better align the new programme with the Medium Term Strategic Plan of UNICEF. However, the view was expressed that the Country Note did not reflect the rigorous assessment needed for informing the development of the new Five-Year Plan. It was stated that regional programmes, such as the one proposed, were complex to plan and administer. Accordingly, the Executive Board noted that coordination, consultation and evaluation processes required special attention in the Pacific.

20. The Executive Board recommended undertaking an evaluation of its work in the Pacific, which would better inform the CPR that would be presented during the Session in September 2002. While the Country Note did provide a useful overview of the challenges facing women and children in the Pacific and of UNICEF's intentions for the Programme period, the link between the prevailing assessment and the specifics of the proposed Programme was not adequately clear. There were concerns about the lack of any risk analysis. It was felt that an evaluation would strengthen the rationale of the new Programme. The information that such an evaluation would provide would be useful to

make explicit conditions that affect UNICEF's efficiency and effectiveness, including on issues related to comparative advantage and complementarities with the programmes of partner governments and other agencies.

### ***Evaluation objectives***

21. The objectives of the evaluation of the Pacific Islands Country Programme were six fold: 1) to assess the role and relevance of the Programme of Cooperation as to the situation of children and women in the Pacific Islands; 2) to assess the realisation of the Country Programme objectives as spelled out in the Master Plan of Operations against the background of World Summit for Children (WSC) and National Plans of Action (NPA) goals; 3) to assess effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent activities and results are sustainable and /or replicable; 4) to assess the comparative advantage and complementarities with the programmes of other partners, governments and agencies; 5) to assess the rationale for the new programme process; and 6) to assess the risks and level of support for the current and proposed programmes.

### ***Methods and limitations***

22. Given the short timeframe for this evaluation and the constraints existing for transport and communication, the exercise could not make extensive use of participatory methods that would have enhanced learning for all partners involved in the Pacific Programme. In general, the evaluation used a variety of information that could be verified with reference to several sources:

- An extensive desk review of all relevant documents related to programming, reporting, monitoring and evaluation (Country Notes and Country Programme Recommendations, Master Plan of Operations, Programme Plan of Operations, Strategy Paper, Integrated Monitoring and Evaluation Plan, Annual Reports, project- and country specific documents etc.)
- A series of interviews with governmental and non-governmental partners in Fiji (14-21 March 2002) and Vanuatu (25-28 March 2002) as well as with the Secretariat of the Pacific Community, The Forum Secretariat, UN organisations (UNDP, UNFPA, WHO, UNIFEM) and representatives of donor countries and organisations (Australia, New Zealand, Japan, USA, France, Asian Development Bank, European Commission);
- A survey among programme staff of the UNICEF Office in Suva and in the field;
- Field visits to UNICEF supported projects in Vanuatu;
- A review of key documents and interviews with major resource persons concerning economic and social development indicators on PIC with special reference to the situation of children and women;
- A review of key documents and interviews with major resource persons concerning national and regional policies and strategies to address development challenges;
- A review of all available documents concerning the proposed Pacific Programme (2003-2007).

- Meetings with representatives from PIC, Australia and New Zealand accredited to the United Nations in New York to discuss scope and methodology as well as preliminary findings of the evaluation.

23. A participatory workshop was scheduled to take place in Suva on 19 April to discuss evaluation issues with representatives of Kiribati, Solomon Islands, Tuvalu and Vanuatu as well as with donor representatives. For logistical reasons, it was planned to organise the workshop back-to-back with an UNDAF meeting. However, the UNDAF meeting was eventually cancelled. Most unfortunately, the participatory evaluation workshop could therefore not be held either.

## 5. FINDINGS AND CONCLUSIONS

### *Geographical coverage*

24. Delivering the Pacific Programme is a considerable and unique challenge. The competing pressures of both fulfilling the broad global agenda from the CRC mandate and adequately addressing the quite varied priority child development needs of 13 economically and socially diverse partner countries spread across over 34 million square kilometres, with finite resources in an expensive operating environment, requires a highly strategic programme approach to achieve meaningful results that meet the ever growing expectations of internal and external stakeholders.

25. In spite of limited resources and major problems related to transport and communication, attempts were made to serve all independent PIC. The choice of priority countries (Kiribati, Solomon Islands, Vanuatu as well as Federated States of Micronesia and Marshall Islands) was justified with reference to a number of very general criteria: their recognised LDC status (Kiribati, Solomon Islands, and Vanuatu) and their poor social indicators (Federated States of Micronesia and Marshall Islands). The very small population of some of the countries justified a more limited presence in spite of their having met other criteria. However, the Programme was still spread rather thin limiting chances to achieve significant results.

### *Programme relevance*

26. The goals and objectives provided a broad framework and rationale for the choice of individual projects and programmes. The choice of programmes could also be related to specific issues of non-fulfilment of children's rights as detected in the country-specific Situation Analyses. The Programme was thus *relevant* in the sense that it addressed major issues identified in the Situation Analyses.

27. Relevance can also be assessed through an examination of the relations that exist between the Programme and policies and strategies of the countries concerned (cf. Appendix 6). A quick perusal of the relevant policy documents of most of the 13 participating countries shows a close conformity of country programme priorities with each national government policy in health development. UNICEF's programmes for

immunisation, micronutrient supplementation and health education for example address priority strategies in the countries concerned.

28. The Programme focus in education and in other areas of concern of the CRC, on the other hand, addresses gaps or issues that are not as prominent in government priority programmes. Such areas include Integrated Early Childhood Care and Development (ECCD) and child protection, for example. This is not because they do not warrant urgent attention, but rather because of each government's desire to use its limited resources to serve its overall priority development goals. It is in these areas that UNICEF has the possibility not only to highlight priority policies/strategies, the particular right of the child that is addressed, but also to demonstrate best practices for government and other partners to take up.

29. UNICEF supported Programmes often focus on issues that are not part of the countries' major policy areas. They address not only the needs of the marginalized (e.g. through community-supported Early Childhood Education for pre-school children) but also the needs that did not receive the attention they deserved (e.g. micronutrient fortification of flour). UNICEF's role in servicing these needs and in advocating for mainstreaming them is considered very important.

### ***Programme design***

30. The design of the Pacific Programme 1997-2001, as reflected in the Country Programme Recommendation and Master Plan of Operations, shows some conceptual weaknesses, which are admittedly not uncommon in UNICEF's programming process and, therefore, not unique to the Pacific Programme:

- The programme objectives are not SMART (specific, measurable, achievable, relevant, time-bound) and constitute an insufficient basis for performance monitoring and evaluation. There is also a general lack of indicators. They can serve at best as a broad definition of areas of interest (survival, development and protection) and intervention principles (participation, partnerships, decentralisation), but remain too general to be of great use even in this regard;
- There is neither a clear indication of results to be achieved nor a distinction between different levels of outputs and attributable outcomes or even impact. It is not clear how the Programme will *contribute* to World Summit and Pacific goals. The goals are themselves not unproblematic, as a reduction *by x percent* would imply the existence of reliable baseline data and mechanisms to monitor progress. In practical terms, goals and programme objectives are often confounded resulting in unclear and over-ambitious formulation of projects and thematic programmes. It is in fact necessary to distinguish between results (outputs) for which UNICEF is to be held accountable, results (outcomes) which are partially attributable to the UNICEF supported Programme (shared responsibility with partners) and results in the situation of

children and women, for which all partners having subscribed to the CRC and WSC / Pacific Goals share responsibility<sup>2</sup>.

- The confusion related to different levels of results also entails a rather undifferentiated approach to partnerships and alliances. There is little explicit reference in programme documents to strengths and weaknesses of programmes partners and resulting roles and responsibilities. Human and financial resources that UNICEF can mobilise for the Pacific Programme are relatively limited and thinly spread. This requires that resources be strategically used to trigger commitments by national, regional and external allies subscribing to CRC and WSC / Pacific Goals. What is important is ultimately not so much what the UNICEF supported Programme delivers itself, but what it makes others with greater means and broader presence on the ground commit themselves to in terms of the fulfilment of children's and women's rights and the realisation of CRC / Pacific Goals.

31. Similar problems characterise the more detailed but highly descriptive Programme Plan of Operations (PPO) as well as the Strategy Paper of 2001. It must, however, be acknowledged that a remarkable attempt has been made with the annual Integrated Monitoring and Evaluation Plans (IMEP) that have been prepared since 1999 to formulate more specific objectives, outputs and indicators (cf. paragraphs 70-73).

32. There are a number of other programme design issues, which will be considered in a more formative and forward-looking manner when formulating lessons learned and recommendations for the formulation of the next Pacific Programme (2003-2007). These include the strategic logic of the programme; UNICEF's comparative advantage and the need for partnerships and alliances; the distinction between regional and country-specific projects and programmes; the need for a field presence; risk assessment and management; monitoring, evaluation and learning; internal and external communication.

### ***Programme effectiveness and sustainability***

33. Above-mentioned weaknesses in the design of projects and programmes make it difficult to adequately assess programme effectiveness, i.e. determine to what extent and in what ways objectives were achieved and results obtained. Annual Reports and new programming documents make mention of the following major achievements of the Pacific Programme 1997-2001. The listing is illustrative rather than exhaustive. Examples can be grouped along specific objectives mentioned in the CPR and the MPO:

- *Identify and advocate actions on priority issues affecting children's well-being ...: National Children's Coordinating Committees* were strengthened in their role to advocate children's issues to be emphasised in national development plans. As a result, legislation has been reviewed in some cases and reviews have been conducted leading to new initiatives for child justice and assistance for children with disabilities.

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<sup>2</sup> CCA / UNDAF introduces a fourth level of accountability with results that can be reasonably attributed to partners in this framework.

- *Strengthen ... the monitoring of survival, development and protection of children ...: Situation Analyses* have been completed in five countries and four more are in final stages of completion. A regional Situational Analysis will be completed shortly. Studies and evaluations in the areas of nutrition, youth, nutrition and early childhood development have contributed to a better understanding of children and to an assessment of progress notably on disabled children, hepatitis B immunisation and Vitamin A supplementation.
- *Establish and strengthen decentralisation of programmes at island level and community-based participation ...: Immunisation rates* have improved and hepatitis B vaccines have been incorporated in all vaccination programmes. In the Federated States of Micronesia, UNICEF provided consultancy support to assist in extending immunisation services to the outer islands of Chuuk, a state with particularly low coverage. UNICEF has supplied vaccines through the *Vaccine Independence Initiative (VII)*, assessed cold chains, procured supplies and equipment and trained health staff. UNICEF has also contributed to the *Micro-Nutrient Initiative* by providing Vitamin A capsules and by support to training, monitoring and promotional activities. To counter the problem of iron deficiency anaemia, UNICEF has supported the main flour mill in Fiji, which serves other PIC as well.
- *Continue to support development of innovative approaches to child and youth survival, development, protection and participation: The Baby-Friendly Hospital Initiative* has been introduced in all PIC, resulting in documented improvements in breastfeeding rates. Supporting studies were conducted and communication and training materials were developed. In coordination with WHO, the *Integrated Management of Childhood Illness (IMCI)* was introduced in Vanuatu, Solomon Islands, Kiribati and Fiji to address the five major causes of childhood mortality and morbidity. Provincial programmes are starting in three countries. In the area of *education*, the emphasis has been on pre-school access and quality. UNICEF provided support to policy and curriculum development and training in cooperation with the University of the South Pacific and through direct support to individual country efforts, e.g. in Vanuatu and Solomon Islands. A model for child-friendly schools was developed in Tafea Province in Vanuatu. *Child protection* issues are tackled through support to legislative reviews, regional and country workshops, studies, resource materials and consultancy support. In this area, cooperation with the *Regional Rights Resource Team (RRRT)* and the *Institute of Justice and Legal Studies (IJALS)* is particularly important.
- *Sustain and increase collaboration and strengthen partnerships between UN organisations, regional organisations and institutions and non-governmental organisations working on high-priority children's issues...: Apart from cooperation on initiatives already mentioned, partnerships with other UN agencies* have been strengthened in preparation of CCA / UNDAF. There has also been increased cooperation with local and regional media involving training of journalists and support to productions (e.g. with the *Pacific International Broadcasting Association*). *Participation* of children was enhanced, as they were encouraged to express themselves in public fora, in the printed press and on radio and television. In Fiji, the first-ever Youth Parliament was held.

### ***Resource mobilisation and budget realisation***

34. The CPR for the 1997-2001 Pacific Programme included a ceiling for Regular and Other and Resources to be raised: US\$ 7,000,000 in Regular Resources (RR) and US\$ 14,000,000 in Other Resources (OR), hence a total of US\$ 21,000,000.

35. During the programme period, OR mobilisation was considerably less than the target. It amounted to US\$ 2,342,631, hence a little less than 17 percent than the target (ceiling) (cf. Appendix 4, table 1). This state of affairs reflects unrealistic expectations when defining the ceiling in the CPR and insufficiencies in the resource mobilisation process. In programming documents, there is no evidence that a resource mobilisation strategy was developed. It should be noted that Country Office Management cites several reasons for low OR mobilisation: the increase of Regular Resources in the middle of the programming cycle, the introduction of a new accounting system (PROMS), which slowed down implementation and problems of liquidation with partners holding up the release of additional funds. Lack of sufficient professional staff was also quoted as a contributing factor.

36. The programmable amount that is made available to the Programme is OR resources less a recovery cost of 3-7 percent. RR and OR together constitute the Programme Budget<sup>3</sup>. Budget allotments (on the basis of the Financial Logistics System in Headquarters) do not make a distinction between new programmable amounts and carry-overs from previous years. It is therefore impossible to compare expenditure with net programmable amounts. The Pacific Programme had annual budgets (the sum of new programmable amounts and carry-overs from previous years) of almost US\$ 2,000,000 in RR and a little more than US\$ 1,000,000 in OR. The average rates of expenditure was almost 68 percent for RR and almost 72 percent for OR (cf. Appendix 4 table 2). These averages do not compare too unfavourably with rates of spending elsewhere in the region and in the world<sup>4</sup>.

37. The total programme budget on the basis of funds received (RR and OR combined) amounted to approximately US\$ 14,000,000 for the total programme period<sup>5</sup>. The allocation of the planned budget was the following: health and nutrition 28 percent, education 5 percent, child and youth advocacy 18 percent, monitoring 3 percent, cross-sectoral programme support 13 percent and integrated area based programmes 34 percent.

38. Expenditure can also be compared to planning figures inferred from resource mobilisation targets (Appendix 4 table 4). Rates of expenditure appear to be much lower

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<sup>3</sup> Programme Budget basically covers expenditure to be made on projects and programmes including related staffing, travel cost, training, programme inputs etc. The cost of core staff and related cost is covered by the Support Budget.

<sup>4</sup> According to statistics in NYHQ, the average rates of expenditure over the past decade (1990-1999) was respectively 91 and 73 percent for RR and OR in EAPRO, and 87 and 66 percent for RR and OR worldwide.

<sup>5</sup> There is a discrepancy between programme operating statistics in NYHQ and Pacific Office data, which is due to a change of accounting systems between 1998 and 1999 (cf. Appendix 4 tables 2 and 3). The discrepancy in figures does not affect the present analysis).

in this case. This is, however, mainly due to unrealistically high planning targets and not to exceptionally low expenditure.

## **6. CONSIDERATIONS AND LESSONS LEARNED**

### ***Strategic logic of the programme***

39. The Pacific Programme supported by UNICEF is faced with the tremendous challenge of promoting the gradual realisation of children's rights in a large number of small island states that are geographically dispersed and economically and socially very diverse. The limited resource base both in terms of human capacity and financial resources calls for strategic choices. It is important to ensure the best possible programme logic and effectiveness and impact of supported activities as well as sustainability and replicability of results. Choices involve: a) an adequate assessment of the situation of children and women which should feed into the UN Common Country Assessment; b) an improved assessment and management of constraints and challenges, which amounts to a system risk analysis; c) a recognition of UNICEF's comparative advantage and the judicious use of partnerships and alliances; d) better coordination with UN partners; e) the determination of intervention strategies and resources to be mobilised in different countries and at the regional level; f) more attention to dimensions of sustainability and replicability; g) improved reporting, monitoring, evaluation and learning; and h) better internal and external communication.

### ***Assessment of the situation of children and women***

40. During the period of the Programme, the UNICEF programming process took, as a starting point, the assessment of the situation of children and women — to be updated regularly during the programme implementation period. Such Situation Analyses served as a reference for UNICEF programming and often served as a reference for development partners for their own assessments and programmes.

41. The Pacific Region is characterised by a ubiquitous lack of reliable economic and social data and analysis of key indicators. UNICEF's Analyses of the State of Pacific Children of 1995 and 2001 largely relied on existing studies. Considerable efforts were, however, made to take into account the great diversity that exists among PIC by preparing country-specific Situation Analyses first and then to integrate the information into the composite reports.

42. The 1995 Analysis took stock of progress toward World Summit of Children and National Plan of Action Goals formulated at the beginning of the 1990s. It noted the lack of certain baseline data and indicators to measure progress (for example regarding U5MR, malnutrition, education, water supply/sanitation). It drew attention to the lack of clarity or understanding of certain Goals (e.g. concerning children in especially difficult circumstances). It took particular note of the social situation of young people and women. Based on a 1994 World Bank study, it highlighted an increasingly skewed trend to allocate resources in the social sectors towards tertiary levels. It also pointed to a limited

capacity to manage and utilise the substantial levels of aid, including vulnerability to donor priorities.

43. The 2001 State of Pacific Children used the CRC as its organising principle and gave particular attention to protection issues. The draft report did not seek to give any assessment on whether trends had changed or what possible policy responses might have occurred. Nor did it show how possible policies might have turned into changes in budget allocations by governments. It made good use in boxes of examples from two national reports to the CRC and material from national committees/commissions on children. However, the draft 2001 State of Pacific Children has not been finalised and published, as the UNICEF Office found the report lacking in analytical scope and rigour. A fresh analysis is being considered.

44. The lack of data and analysis on children's issues also affected the End-Decade review of Goals of the World Summit for Children. Attempts were made in five countries to measure achievement of the Goals with support from the UNICEF Office. UNICEF's Regional Office for Asia and the Pacific summarised available information on PIC in a publication entitled *Shaping the Future for Children in East Asia and the Pacific* (May 2001). The overview contained in this publication suggests that Goals related to primary education and literacy were largely achieved, whereas the reduction of levels of infant and under-five mortality were found to be unacceptably low in most countries. Results achieved in water and sanitation and waste disposal were mixed. The publication also suggests that data, especially related to maternal mortality rates and nutrition, were either insufficient or uncertain. Although the information has to be treated with a certain degree of caution because of the weak database, it does provide a rough estimate as to the achievement of regional Goals during the 1990s.

45. UNICEF cooperated with other UN agencies in the area of data collection and analysis (especially UNDP, UNFPA, WHO) – most recently, at the beginning of 2002, in the context of the Common Country Assessment (CCA) and the United Nations Development Framework (UNDAF). However, cooperation with regional organisations with a specific mandate for data collection and analysis (especially the Secretariat of the Pacific Community) was sporadic and non-existent in a structural sense.

46. The long-term sustainability of progress towards the realisation of children's rights depends on the governments' ability to monitor the situation of women and children and to adjust and develop policy responses in a timely fashion. The Situation Analysis is apparently not always used as might be expected within the countries. UNICEF's role in assisting with the identification of appropriate indicators, of guiding national data collection and assisting in the use of the findings for advocacy and programming is critical. It is an area that has not been of high priority focus in UNICEF's programme and needs to be strengthened. Each country needs to be able to do its own situation analysis for long-term sustainability of this process. In the case of small countries, assistance with data collection and analysis may always be required. This could be achieved through sharing of resources in a regional arrangement (e.g. with the Secretariat of the Pacific Community).

47. Facilitation of CRC implementation and monitoring by countries has been largely achieved through the setting up of National Coordinating Committees (NCC) on children. These are bodies composed of representatives from government and non-governmental organisations. They are set with the task of not only monitoring and reporting on the country's progress, but also with formulating a National Plan of Action to guide the implementation of the CRC. The NCCs are usually staffed with volunteers and receive no government funding. UNICEF provides training on the CRC and assistance in the preparation of the country's reports on the implementation of the Convention on the Rights of the Child. Because of high turnover of members of the NCC, UNICEF has to continually mount training courses and provide assistance for report preparations. A more sustainable arrangement is required, not only for the institutionalisation of the NCC within each country, but also for the provision of training and of assistance with report preparations when needed. While UNICEF has developed many IEC materials to contribute towards this process, more resources may be needed to strengthen capacity of partner organisations in raising awareness among target groups. The provision of training and other technical assistance to the NCCs may be better arranged by sharing the services through a regional technical institution such as the Secretariat of the Pacific Community.

***Assessment and management of constraints and challenges***

48. Delivering a quality programme in a complex environment inherently involves dealing with constraints and challenges. It requires dealing with complex cultural dimensions, overcoming challenging development problems, establishing multiple partnerships, and working in an environment of significant competition for resources. The process is often referred to as risk assessment and management. It is an integral part of good management and something that managers often do in some form or other. However, the explicit treatment and documentation of risk management is important for improving the prospects of achieving quality outcomes, subsequent monitoring and evaluation of the effectiveness of those risk management strategies and facilitating organisational learning.

49. Unfortunately, no explicit analysis of the key constraints and challenges that affected successful implementation was conducted at the outset either at the level of the Pacific Programme as a whole or at the individual project level. There was no overt strategy for managing these key risks that could be monitored by management. However, constraints and challenges to the successful implementation of individual programmes were to some extent implicitly dealt with in the programming practice through a combination of the following processes: a) the analysis of lessons learned from earlier programme interventions; b) the evolution of programmes through long term commitments and harnessing of broader international experience of well considered and tested strategies, e.g., the fortification of flour with micro-nutrients to address anaemia; c) the emphasis on development and use of simple, low cost and hence low risk technologies to address problems, e.g., the emphasis on enhancing existing good nutrition practices such as encouraging exclusive breastfeeding as a means of improving nutritional intake for babies; and d) the process of in-depth consultation with stakeholders in developing the

programme helps to focus UNICEF on PIC priority issues, while fostering local ownership and commitment.

50. The 1999 Mid-Term Review provided a major opportunity to assess progress, strategies and priorities, crystallize lessons learned and introduce appropriate programme enhancements. It fed into the Strategy Meetings for the new Programme. There has not been, however, a systematic treatment at the end of the programme cycle as to how Mid-Term Review recommendations have been followed up during the remainder of the Programme or in preparation for the new Programmes. The evaluation recommends a more systematic documentation of responses to Mid-Term Review recommendations and to findings, conclusions and recommendations of the present evaluation.

51. The February 2001 Strategic Planning Retreat for UNICEF staff undertook an exercise of analysing the current programme's responses to the Mid-Term Review, identifying the programmes' strengths and constraints (risks), establishing areas of comparative advantage and crystallizing lessons learned. The risks identified included: a) lack of interest and commitment by PIC to the CRC agenda; b) lack of involvement/support of donors in UNICEF programmes (through Other Resources); c) lack of permanent UNICEF representation in-country; d) some duplication of effort with other donors; and e) bureaucratic central structures delaying implementation. As the discussion of these topics during the 2001 Strategic Planning Retreat involved determining the lessons learned (often actually risks to successful implementation) and suggesting remedial action, this exercise was in effect a risk analysis and the basis for a potential risk management plan. The risk analysis undertaken on this occasion is hence a good basis for a risk management plan for the 2003-2007 Programme.

52. While it is recognised that risk assessment and management beyond practices mentioned above is not part and parcel of UNICEF programming tools, the Pacific Programme could perhaps play a pioneering role and develop a model to improve the analysis, monitoring and hence management of key constraints and challenges. The following features could be incorporated in the programming process:

- A more explicit treatment in programming documents of significant constraints and challenges to efficient and effective implementation, to maximising the extent of desirable impacts, to eventual sustainability of those impacts, and to the replication of the programme's "technology models".
- An analysis of strengths and weaknesses of the key partners involved in the Programme (including UNICEF) and of the possible distribution of roles and responsibilities among partners.
- Documentation of the extent of PIC support for the programme, in terms of adequacy of existing policy, agreement that the issue to be addressed is a high priority and the level of commitment of domestic resources; and
- A review of the format of the Integrated Monitoring Evaluation Plan (IMEP) and monitoring/trip reports, to ensure that attention is given to the analysis of why programmes may be ahead or behind schedule and to track major risks/challenges identified at the outset.

***UNICEF's comparative advantages and the need for partnerships and alliances***

53. From discussions held with a range of donors and national partners there would appear to be a consensus that UNICEF had a number of actual and potential comparative advantages over other organisations. Examples include strategic Situation Analyses, systematic advocacy campaigns, innovative pilot activities to advance the realisation of children's rights, and outlines of potential interventions and marketing of such proposals. These external perceptions are largely consistent with those held by UNICEF Suva staff as expressed at the strategic planning retreat in February 2001.

54. The perceived comparative advantages mentioned above interestingly reflect in almost all cases the need to further develop partnerships and alliances with other organisations. The key documents (Country Programme Recommendation and Master Plan of Operations) governing the previous Pacific Programme and the Country Note outlining the contours of the new one do mention partnerships, but do not elaborate in any strategic manner on how such partnerships and alliances should be articulated or how existing partnerships could be optimised.

55. UNICEF's perceived strengths could stimulate donors and other funding agencies to enter into different types of relationships. These include: a) directly contribute to UNICEF's programme budget (*Other Resources*) and thus use UNICEF as a conduit of development funds; b) directly collaborate in a UNICEF supported programme of cooperation concluded with national governments or regional organisations, but without channelling funds through UNICEF; and c) choose UNICEF supported pilot projects and programmes as references and adopt tested methods and strategies in a broader context of bilateral or regional cooperation. UNICEF's advocacy for children's rights may also result in children's issues being addressed in bilateral programmes, which would be a variation of the last type of relationship, as it would reflect the donor's adherence to the Convention on the Rights of the Child and the Global Movement for Children.

56. The low rate of resource mobilisation as compared to targets for OR set out in the CPR (cf. paragraphs 34-38) reflects the need for UNICEF to clearly demonstrate to potential donors and OR contributors its comparative advantage and "added value". Donors are increasingly reluctant to consider small projects for funding and prefer larger programmatic proposals. They are also under some pressure to use alternative conduits for development spending, e.g. competitive bidding for private sector companies on domestic markets. UNICEF will have to demonstrate that it is uniquely placed to implement such programmes, e.g. because of its partnerships with governments and regional organisations, its technical expertise proven elsewhere in the world, its links with NGOs and communities, its ability to trigger broader scale applications of small and low-cost models etc. At the same time, the mobilisation of OR should be commensurate with UNICEF's ability to deliver high quality programmes on the ground given its staffing and field presence. Bilateral implementation of development programmes can in certain cases be more appropriate. To the extent that such programmes are inspired by CRC and possibly earlier pilot projects supported by UNICEF, such programmes can be seen as a success for UNICEF supported advocacy.

### ***Cooperation with other UN agencies and CCA / UNDAF***

57. As mentioned before (cf. paragraph 45), UNICEF cooperated with other UN agencies in the area of data collection and analysis (especially UNDP, UNFPA, WHO). Significant links have also been established with WHO in implementing the Expanded Programme of Immunisation (EPI) and the Integrated Management of Childhood Illness (IMCI) programmes as well as in data collection and analysis. There has been close collaboration in developing protocols and agreeing on coordinated approaches to partner governments resulting in effective partner government support.

58. Since early 2002, first steps have been undertaken to develop a Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF). The process has the potential to harmonise data collection and analysis of policies and strategies and to provide a framework for more detailed assessments by individual UN agencies and support PIC in meeting international reporting obligations, such as progress reporting against the Millennium Goals as well as on the implementation of international conventions such as the CRC and the CEDAW. The current CCA/UNDAF process offers the potential both to be an effective coordinating mechanism for the UN family of agencies and to generate certain efficiency of planning dividends for the PIC. To date, CCA and UNDAF exercises have been completed for all five LDC in the Pacific Region: Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu.

### ***Intervention strategies at national and regional levels***

59. The past Programme was implemented through four thematic programmes that were regional as well as through individual country level programmes under the label of Integrated Area Based Programme. The four Regional Programmes were the following: a) Child and Youth Advocacy and Planning, b) Health and Nutrition, c) Education with a special emphasis on Early Child Education (ECE) and Primary Education, and d) Monitoring and Evaluation.

60. The arrangement allowed for considerable flexibility in terms of financial management, as under-spending in one country could be compensated by the allocation of additional resources elsewhere. The disadvantage of the system was a certain lack of transparency for partners in different countries, as decision-making was essentially centralised in the UNICEF Office in Suva. This led to the situation that national partners owned the Programme to a much lesser extent than is customary for UNICEF supported Country Programmes. Involvement of regional bodies owned by the PIC (e.g. the Secretariat of the Pacific Community and the Forum Secretariat) was also insignificant. Lack of ownership by national and regional partners is one of the most striking characteristics of the past Pacific Programme.

61. With reference to the Mid-Term Review, the Country Note for the new Programme (2003-2005) recognises the need for the programme to focus strategically on a limited number of priorities. It suggests that all 13 (or 14) PIC<sup>6</sup> will be supported for rights

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<sup>6</sup> The number of countries to be covered by the Pacific Programme may increase to 14, since Nauru has recently submitted an application to be supported by UNICEF.

advocacy and protection, integrated child health and development, adolescent development and planning, monitoring and evaluation. Three LDC – Kiribati, Solomon Islands and Vanuatu — are singled out for more focused interventions to reach global Goals, e.g. through an integrated approach to Early Childhood Care and Development. The overall intervention strategy of thematic programmes and local integrated area-based approaches of the past Programme is thus basically confirmed.

62. Whereas the previous Programme focused on five priority countries (Kiribati, Solomon Islands, Vanuatu as well as Federated States of Micronesia and Marshall Islands), the Country Note for the new Programme suggests reducing this number to three. This is largely based on the rationale that the two countries of the Northern Pacific (Federated States of Micronesia and Marshall Islands) receive considerable bilateral support from the United States, which, with some degree of UNICEF advocacy, could reasonably be expected to respond to these countries' social needs in terms of unfulfilled children's rights.

63. The previous Programme has also generated a strong lesson, which should be taken into consideration for the formulation of the new Programme: effective programme implementation requires adequate field presence of UNICEF in the countries. This would have to involve assignment of at least one full staff member of UNICEF to each of the priority countries, whose competency profile should be managerial and whose authority would involve day-to-day management of projects and programmes. There are strong indications that representation of UNICEF through volunteers (United Nations and bilateral) under the previous Programme was not effective in many ways. Even when they had the necessary professional background, they lacked the authority and recognition of professional UNICEF staff. Even small decisions required communication with the Pacific Office of UNICEF, which in practice proved cumbersome and ineffective. A stronger field presence would also increase chances to reach less accessible islands within the countries concerned.

#### ***Sustainability and replicability of results***

64. Sustainability and replicability of supported initiatives will often depend on government spending, e.g. in education and health. However, due to the extremely limited resource base, recurrent budgets of governments are usually small. Moreover, there is much pressure on public budgets, since virtually all donors and other development agencies are unwilling to cover recurrent costs related to infrastructure and services supported by them at the investment or start-up stage. Sustainability of development activities is hard to achieve under these circumstances.

65. In practical terms, for UNICEF, community-based initiatives will prove to offer greatest chances of sustainability (e.g. the kindergarten project in Vanuatu). In some cases, other development programmes may promote certain innovations initiated by UNICEF on a larger scale, e.g. the VIP latrines in Vanuatu that are now part of a broader rural development programme funded by New Zealand. UNICEF needs to develop a strategy for handing-over or encouraging the uptake of its technology models by other donors rather than continuing to support technology models for extended periods at the

expense of introducing innovations. The quest for sustainability of activities initiated by UNICEF will thus require a creative cooperation not only with communities and governments, but also with larger bilateral donors and other international partners who are likely to maintain a permanent presence in the region.

66. UNICEF's programme of continued support for innovative approaches to child and youth survival, development, protection and participation has been much appreciated in the region. Much of this support is through NGOs and community groups. Some of these groups exist precariously from one project to another having little capacity to sustain the excellent innovations they have implemented into long-term programmes. In Vanuatu, for example, notable efforts have been made by the NGO Wan Smol Bag to promote youth education in reproductive health. The Ministry of Health has made efforts in establishing demonstration home vegetable gardens for improving nutrition. The former is on going but needs continued external support for survival. The latter has already been abandoned, as continued support from other sources was lacking. UNICEF and its partners need to co-ordinate exit strategies for such effective innovative projects so that they are developed into long-term programmes with assured resources.

67. Related to issues of sustainability and replicability is the intention to decentralise programmes to strengthen community-based participation, including the participation of children, in the planning and management of child-focused development activities. The achievement of this objective would assure sustainability of results as local communities take ownership of the process of child-centred development. Many NGOs and other development agencies in the region advocate bottom-up community-based development. Structures of government however, take time to adjust and the institutionalisation of local community input into government and national plans and programmes is yet not clearly defined in any country. UNICEF may need to work more closely with other agencies promoting a similar approach to negotiate necessary structural facilitation of popular community participation in development planning and management. It should be noted that devolution of development programme responsibility to local communities is more likely to be sustainable, when access to resources for development are also devolved to local levels.

68. Another dimension of sustainability is related to the availability of human resources in the countries and in the region. Especially in the smaller countries, qualified human resources are scarce and often show a high turnover partially caused by out-migration to Australia and New Zealand. These phenomena explain why UNICEF has often been solicited to provide repeat training to ever-new generations of staff of partner organisations. Under such circumstances, this may indeed be justified. However, UNICEF should also explore all possibilities to gradually phase out of such repeat training programmes and technical assistance. One way of doing this would be by making use of regional bodies that are mandated to provide capacity supplementation, e.g. the Secretariat of the Pacific Community for training and technical advice, and the Forum Secretariat for policy development and coordination. UNICEF should develop a strategy to support capacity building in these regional bodies that would enable them to meet the need for on-going human resource capacity supplementation. Similar work could be done

with regional NGO's and projects, e.g. the Foundation of the Peoples of the South Pacific International and the Regional Rights Resource Team (RRRT – supported by DfID and presently operating as a UNDP project).

69. To enhance programme effectiveness and chances for sustainability and replicability of results in the new Programme, it will hence be necessary to support capacity building at national and regional levels concerning Situation Analysis, to strengthen National Children's Councils and to enhance conditions for the participation of families and communities and most notably of children themselves. It will be necessary to develop a strategy to phase out repeat trainings and technical assistance. The Programme should continue to develop sustainable development models with communities, but consider replicability and scaling up in cooperation with NGOs, governments as well as with other development agencies and donors. Regional organisations should be strengthened so that they can provide the capacity supplementation especially in small countries with insufficient human resources.

#### ***Reporting, monitoring and evaluation***

70. Annual Reports on the Pacific Programme provide a good summary of significant achievements during the past year and constitute an important mechanism for monitoring programme performance. In compliance with guidance from headquarters, the format for these reports has been evolving and the subject of notable improvements in recent years. These improvements include: a) a listing of the current year's objectives for each programme, progress against these objectives of the past year, challenges experienced and the future direction; b) increased discussion of key partnerships and progress with advocacy; c) an analysis of resource mobilisation; d) a simple, concise format for summarising the objectives, main findings and recommendations for all significant studies and evaluations conducted; e) a brief documentation of lessons learned and innovations developed; f) a summary of the key result areas, opportunities, constraints and support needs for the programmes; and g) the trial in 1998 of a report section on management efficiency indicators for the Regional Office (though it is not clear why this was discarded in subsequent years). The Pacific Office is to be commended for its commitment to a continuous process of improvement in transparency and utility in its Annual Reports and to be encouraged to ensure that this information has its basis in the Integrated Monitoring and Evaluation Plan (IMEP).

71. The IMEP is a results-oriented monitoring and evaluation system that provides an improved framework of programme logic to assess programme effectiveness against the stated programme objectives. It has a requirement to record results or achievements and it requires a statement of the baseline year and the data sources. The IMEP records annual progress against indicators for all objectives, for all programmes and all outputs and outcomes. The framework incorporates a zero to five scaled "achievement rating system" for assessment of achievement of objectives within the planned period. Such a standard rating system offers the prospect of cross programme comparisons and analysis<sup>7</sup>.

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<sup>7</sup> It should be mentioned that, although IMEP has been mandatory in UNICEF since the mid-1990s, its scope, contents, format and use varied in field offices. This was partly due to the fact that the tool was not fully integrated in overall programme guidance from Headquarters. Related issues have been addressed

72. The importance of establishing and maintaining a results-oriented monitoring and evaluation system has been well recognised by UNICEF Suva. In 1998, a Junior Professional Officer was employed to develop a Monitoring and Evaluation System for the Pacific Programme. In 1999, UNICEF Suva introduced the Integrated Monitoring Evaluation Plan (IMEP) and in 2002, the maintenance of this system became the responsibility of a full-time locally engaged monitoring and evaluation specialist.

73. The system constitutes a tremendous improvement in terms of results based management. The outputs seem appropriate products or steps towards achieving the objectives and generally, the indicators being monitored seem measurable and appropriate. However, at present, not all UNICEF programme managers consistently complete the IMEP report. The M&E system is hence not comprehensive. Moreover, some aspects could be improved.

- The plans are currently designed and completed only for individual programmes and projects. In addition, it may be appropriate to consider the framing of strategic results of the Pacific Programme as a whole and define expected outcomes and indicators at that level. The Pacific Programme could be conceptualised in a comprehensive logical model with strategic results at the top, programme objectives in terms of outcomes at an intermediate level and project objectives / outcomes at the bottom.
- Programme and project objectives are not always SMART (specific, measurable, achievable, relevant, time-bound) and should be accompanied by indicators. The objectives are presently framed in a long-term goal format. It is not always clear what exactly is to be achieved by the end of the programme period and within the accountability framework of the overall Programme. The system therefore does not yet constitute an adequate basis for assessment of individual programme effectiveness for the planning period.
- The system should provide an opportunity to programme managers to indicate, whether they consider the original objectives as still appropriate or whether the programme needs to be redesigned in some manner to improve efficiency, effectiveness, impact and/or sustainability;
- There should also be an opportunity to identify or mention known or emerging risks or challenges to successful programme implementation as well as strategies for managing these risks and tracking the subsequent success of these strategies in addressing these risks;
- The plan should include measures of efficiency of programme implementation, e.g. staff inputs, financial assistance, and supply assistance in support of efforts made by partners.
- The plan should give an indication of factors likely to influence eventual sustainability or replication of the programme outcomes and long-term effects.

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more vigorously in UNICEF over the past two years with more coherent guidance being given in new versions of the Programme Policy and Procedure Manual and related technical notes, which are drafted taking into account efforts to harmonise and simplify policies and procedures in the UN context.

### ***Internal and external communication***

74. The complex development context for the Pacific programme requires the establishment of innovative communication and dissemination strategies. Strategies would have to essentially support programme implementation and outreach to programme partners and stakeholders in a context of geographical dispersion and cultural diversity and also enhance access to information beyond the Pacific, notably among donors. The February 2002 draft *Communication Situation Analysis of PIC* recognises these challenges and suggests a greater focus on radio and the use of vernacular.

75. However, there is a need for more detailed enunciation of a suggested communication and dissemination programme, which will require the urgent filling of the vacant post of Communication Officer in the Pacific Office as well as cooperation with a number of external partners that are deploying some innovative initiatives in the region (e.g. UNDP, UNESCO, SPC, the University of the South Pacific). Opportunities for telephone and video conferencing should be used whenever possible and feasible (e.g. existing infrastructure at the SPC).

76. The evaluation team suggests establishing one of the Pacific's most innovative regional websites, which would make available to PIC, NGOs, regional organisations, other UN agencies, donors and the general public, electronic copies of all research studies, evaluations, and IEC materials developed and detailed programme documentation. Key CRC advocacy messages could be presented in a stimulating manner so that people of the Pacific and their key partners will be attracted to the website. Existing IEC materials could be supplemented with linkages to other relevant materials or sources of materials (e.g., initially this might simply hyperlink to the Secretariat of the Pacific Community and UNICEF Headquarter websites). It would also be important to establish an email feedback facility to encourage feedback and contact from the public.

77. Documenting and disseminating all replicable "child development models" in a "toolbox/trainer resource kit" format would enable potential users to obtain all information required to understand the concept, assess the effectiveness of the model and to be able to replicate the model. It is suggested that such an approach will act as storage of corporate memory and experience and will facilitate future uptake of desirable technologies. There should also be continuing support for production of radio programmes and more innovative mechanisms of communicating key messages, such as through the Wan Smolbag Theatre.

## **7. RECOMMENDATIONS**

### ***Scope of the follow-up to recommendations***

78. The findings, conclusions and lessons learned of this evaluation may be translated into a number of recommendations to be taken into account during preparation and implementation of the next Pacific Programme. A number of broad insights and principles may already be included in the CPR to be prepared for the Session of the Executive Board of September 2002. The next opportunity to spell out in greater detail

strategies and measures in line with recommendations of this evaluation will be the Master Plan of Operations that may already be accompanied by an enhanced IMEP. It will take time, however, to implement most of the recommendations, especially those that involve partnerships and alliances. The next Mid-Term Review will be an excellent opportunity to review and report on implementation of the recommendations. The bulk of responsibility for follow-up to this evaluation lies with the Pacific Office and its partners. EAPRO will play a role of support and oversight on behalf of UNICEF.

***Recommendations to be implemented at the national level***

79. A closer relation should be established with national partners especially in the focus countries, which would involve consultations in all stages of programme development: planning, programming, implementation, monitoring and evaluation. National partners – governments, NGOs, communities, families - should to the largest possible extent own these Country Programmes. Such ownership would also allow taking into consideration more specific needs arising from the unique situation of the countries concerned.

80. Especially the National Children’s Councils (NCCs), presently still lacking a clear mandate and role as well as human and financial resources – should be strengthened. They would ideally identify issues of non-fulfilment of children’s rights (hence assume responsibilities related to Situation Analysis), speak on behalf of children (advocacy) and potentially mobilise actions for the realisation of children’s rights.

81. In priority countries (Kiribati, Solomon Islands, Vanuatu), UNICEF should ensure a stronger field presence through the appointment of a staff member in the country (in addition to volunteers’ services already in place). This may involve a re-arrangement of staffing between the Pacific Office and the field. The field representative should interact closely with all national partners as well as with local representatives of regional, bilateral and international partner organisations. The competency profile should be managerial and the authority would involve day-to-day management of projects and programmes. There are strong indications that representation of UNICEF through volunteers (United Nations and bilateral) under the previous Programme was not effective in many ways. Even when they had the necessary professional background, they lacked the authority and recognition of professional UNICEF staff. Even small decisions required communication with the Pacific Office of UNICEF, which in practice proved cumbersome and ineffective. A stronger field presence would also increase chances to reach less accessible islands within the countries concerned.

82. Such a decentralised approach would correspond to intervention strategies common for UNICEF in most countries and regions of the world. Decentralisation, presence *on the ground* and national / local ownership of programmes is a recognised comparative advantage of UNICEF all over the world. It is also important to note that a decentralised intervention model need not necessarily limit flexibility in terms of financial management. It can be agreed with partners that un-spent financial resources can be re-allocated elsewhere and that such decisions would be made during periodic consultations.

***Recommendations to be implemented at the regional level***

83. At the *regional* level, ownership of the Programme and its components should be enhanced by regional organisations, e.g. the Secretariat of the Pacific Community and the Pacific Forum. Moreover, the Programme should establish and / or strengthen partnerships with other regional organisations, e.g. the University of the South Pacific. Specific areas that should be developed further with regional organisations are the following: a) monitoring of the evolving situation of children in the region; b) human resource development and human capacity supplementation especially in the smaller and less developed countries; c) improvements in communication and dissemination.

84. As far as the monitoring of the situation of children and women is concerned, UNICEF's Situation Analyses have fulfilled an important role in data collection and analysis benefiting not only the formulation and implementation of the Pacific Programme. They also constituted a major and highly appreciated reference for other partners. It is recommended that Situation Analyses be conducted continuously and feed into the Common Country Assessments in the UN framework. Moreover, UNICEF should contribute to the capacity building at regional centres of excellence such as the Secretariat of the Pacific Community and the University of the South Pacific to identify and analyse emerging issues for children. UNICEF should also contribute to fill data gaps, possibly through Multiple-Indicator Cluster Surveys. Last but not least, UNICEF should also commission topical studies in cooperation with local partners.

85. Rather than conducting small and isolated projects in distant places, which have little impact and outreach, the capacities of the regional bodies should be used and strengthened to allow them to provide human capacity supplementation especially in the smaller and less developed countries. A privileged partner in this regard seems to be the Secretariat of the Pacific Community.

86. SPC, the Forum, the University of the South Pacific as well as some UN partners and NGOs also offer excellent opportunities to strengthen communication and dissemination of messages and results. This dimension is especially important given the exceptional degree of geographical spread and isolation that exist in the Pacific.

***Recommendations for programme design and implementation***

87. The Pacific Programme 1997-2001 had limited human resource capacity and a rather small programme budget of approximately US\$ 3,000,000 per year at its disposal that had to be used in 13 island countries spread out over a huge geographical area. The basic parameters will be very similar during the next Programme. Under these circumstances, it is vital to plan the use of scarce resources strategically to ensure their effectiveness. The real importance of the Programme will not only be what it delivers directly itself, but what it makes others deliver for the fulfilment of children's and women's rights through partnerships and alliances.

88. The overall design of the next Pacific Programme will be enhanced with the application of a comprehensive logical model and an IMEP approach. This will allow for a systematic distinction between different levels of outcomes and outputs through the

formulation of strategic results, SMART objectives and indicators. It is recommended that programme relevance be assessed not only with a clear reference to outstanding children's rights issues, but also in support of and complementary to policies and strategies of governments and other partners with a clear aim that these issues be effectively addressed. It will be necessary to assess constraints and challenges, i.e. undertake a risk analysis.

89. The further preparation of the new Pacific Programme should involve a clear assessment and analysis of strengths and weaknesses of all partners and determine potential roles and responsibilities in its implementation. UNICEF will have to make a greater effort in demonstrating its comparative advantages especially with donors. On the other hand, UNICEF should make a realistic assessment if any partner could implement a specific programme similarly well or better and opt out of the programme. In that case, it may nevertheless wish to make sure that CRC principles are applied and perhaps even inspiration is sought from earlier UNICEF supported initiatives. For the new Pacific Programme, it is recommended that the determination of ceilings for resource mobilisation be realistic and that a resource mobilisation strategy be developed. It will be important to draw up a budget and clearly formulate assumptions.

90. To enhance programme effectiveness and chances for sustainability and replicability of results in the new Programme, it will be necessary to support capacity building at national and regional levels concerning Situation Analysis, to strengthen National Children's Councils and to enhance conditions for the participation of families and communities and most notably of children themselves. It will be necessary to develop a strategy to phase out repeat trainings and technical assistance. The Programme should continue to develop sustainable development models with communities, but consider replicability and scaling up in cooperation with NGOs, governments, regional organisations as well as with other development agencies and donors.

91. The current CCA/UNDAF process offers the potential both to be an effective coordinating mechanism for the UN family of agencies and to generate certain efficiency of planning dividends for the PIC. However, until the CCA process can be fine-tuned to at least partially substitute for individual UN agency planning requirements and to demonstrate the ability to save PIC input, it will remain an additional layer of regional planning. The evaluation recommends that UNICEF Suva work closely with the UNDP and other UN agencies to ensure that future CCA/UNDAF processes achieve these and other potential programming efficiencies.

**APPENDIX 1**  
**TERMS OF REFERENCE**

# **UNICEF's Programme of Cooperation Pacific Islands Countries (1997-2001)**

## **Terms of Reference for a Fast-Track Evaluation March 15, 2002**

### **1. Background and Context**

The Pacific Islands Countries consist of 21 sovereign States and dependent Territories, which show a high degree of diversity. UNICEF has programmes of cooperation with 13 of these countries. UNICEF presence in Pacific Islands dates from the early 1970s. From 1986, the cooperation has been structured in five-year Country Programme Cycles. Effective in 1999 the programme annual budget was raised from \$1.4 million to \$2.0 million. The first formal Country Programme Management Plan was developed in 2000.

A series of nine, *In-Country Mid-Term Review Meetings* were held between UNICEF staff and counterparts in early 1999. A *Regional Mid-Term Review* took place in November 1999 with partners and colleagues from across the Pacific. The purpose of MTR meetings was to identify the strengths and weaknesses of current initiatives and to formulate recommendations for the remainder of the programme cycle.

In late 2000, UNICEF commissioned a situation analysis entitled *The State of Pacific Children, 2001*, which provides a synopsis of major issues and trends affecting children and service providers in the region.

In February, March and April 2001 a series of *Strategy Meetings* were held with national counterparts, donor agencies and regional institutions and UNICEF staff about strategies in the Pacific region using the findings of the draft situation analysis, lessons learned from implementation of the current programme and Mid-Term Review, global trends and priorities as indicated in UNICEF's Mid-Term Strategic Plan 2002 – 2005. A *Strategy Discussion Paper* provided the basis for consultation with stakeholders during these Pacific regional strategy meetings.

Late 2001 the first Country level strategy meetings took place to identify country specific needs and priorities at the national level and to discuss UNICEF's role and contribution. In 2002 similar meetings are being held in other PICs in preparation of the MPO/PPO.

The Country Note for the new Programme of Cooperation (2003-2007) was presented to UNICEF's Executive Board for consideration, in January 2002.

During the meeting of the Executive Board, support was given to UNICEF's intention to

maximize its modest resources and better align the new programme with the Medium Term Strategic Plan of UNICEF. However, the view was expressed that the Country Note, as it stands, does not reflect the rigorous assessment needed for informing the development of the new five-year plan. Experience in the Pacific shows that regional programmes, such as the one proposed, are complex to plan and administer. Accordingly, coordination, consultation and evaluation processes require special attention.

UNICEF was urged to undertake an evaluation of its work in the Pacific, which would better inform the Country Programme Recommendation that will be presented to the Executive Board in September 2002. While the Country Note does provide a useful overview of the challenges facing women and children in the Pacific, and of UNICEF's intentions for the Programme period, the link between the prevailing assessment and the specifics of the proposed Programme are not adequately clear. There were concerns about the lack of any risk analysis. It was felt that an evaluation would strengthen the basis for the objective and focus of the new programme. The information that such an evaluation would provide is essential for establishing UNICEF's efficiency and effectiveness to data, including on issues related to comparative advantage and complementarities with the programmes of other partners governments and other agencies.

The Evaluation Office at UNICEF Headquarters in New York has prepared the present draft terms of reference in consultation with the Regional Director of EAPRO, the UN delegations of the Pacific Island Countries and the delegations of Australia and New Zealand. They are submitted for discussion in order to develop a proposal that is agreeable to all partners.

## **2. Objectives of the Evaluation**

The objectives of the evaluation of the Pacific Islands Country Programme are six fold:

- to assess the role and relevance of the Programme of Cooperation as to the situation of children and women in the Pacific Islands,
- to assess the realization of the Country Programme objectives as spelled out in the Master Plan of Operations against the background of World Summit for Children (WSC) and National Plans for Action (NPA) goals,
- to assess effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent activities and results are sustainable and /or replicable,
- to assess the comparative advance and complementarities with the programmes of other partners governments and agencies,
- to assess the rationale for the new programme process, and
- to assess the risks and level of support for the current and proposed programmes.

The evaluation will yield findings, which will inform the strategic programming of UNICEF presence in Pacific Islands Countries cycle 2003-2007.

### 3. Key Questions

**Taking into account the short timeframe for the conduct of the evaluation, as well as the availability of information, the evaluation team will focus on the most critical among the questions listed below, in order to fulfil their mandate in light of the objectives of the evaluation.**

#### ***Role and Relevance of the Country Programme – Did UNICEF and its partners do the right things?***

How was the Country Programme designed? To what extent did the 1995 Master Plan of Operations address issues identified in the WSC / NPA and in the Situation Analysis of 2000?

To what extent did the design of the Country Programme address major economic and social factors affecting the lives and well being of children and women?

How compatible was the Country Programme with policies and strategies of the Governments of Pacific Islands? Was UNICEF support to governmental activities designed to be implemented (support to implementation / facilitating and / or innovative)?

How did the Country Programme relate to activities of NGOs and other institutions of civil society in Pacific Islands? Was UNICEF support to non-governmental activities designed to be implemented (support to implementation / facilitating and / or innovative)?

To what extent was the Country Programme complementary / innovative rather than substitutive with regards the implementation of governmental and non-governmental policies, strategies and activities? To what extent was sustainability of UNICEF supported activities ensured by governmental and non-governmental organisations?

To what extent was the Country Programme complementary to the intervention and programmes of other country partners and UN agencies?

What have been the key functions of UNICEF presence during the Country Programme? Have governmental and non-governmental partners gradually taken over certain functions during the period under review? Which vital functions are still assumed by UNICEF upon completion of the Country Programme?

Which are the lessons that can be learned from the consideration of role and relevance of the Country Programme for the new programme process?

Did UNICEF make a difference? How can UNICEF make a difference?

***Realization of WSC / NPA Goals and Country Programme Objectives – Did UNICEF and its partners do things right?***

- To what extent have objectives stated in the Master Plan of Operations been achieved?
- To what extent has the Convention of the Rights of the Child (1989) become operational in Pacific Island Countries? What role has UNICEF played in this regard?
- To what extent were WSC / NPA goals achieved (cf. End-Decade Reports 2001)? What factors explain achievement / non-achievement of the goals? How did UNICEF support the achievement of the goals?
- To what extent and in what ways did UNICEF support contribute to the empowerment and capacity building of Pacific Island Countries to fulfil children's rights in general and achieve WSC / NPA goals in particular?
- What role did Regular Resources granted to the Country Programme play in the context of governmental spending on social sectors and other resource mobilization?
- Are there areas that UNICEF has not addressed sufficiently and that remain as unfinished business for the new Country Programme?
- Which are the lessons that can be learned from the implementation of the Country Programme as a whole for the new programme process?
- Did UNICEF make a difference? How can UNICEF make a difference?

***Effectiveness, Efficiency and Impact of Supported Projects and Programmes and Sustainability and / or Replicability of Activities and Results – Did UNICEF and its partners achieve intended results?***

- How effective and efficient have UNICEF supported projects and programmes of the Country Programme been (child rights promotion and realization, early childhood care and development, adolescent protection and participation)?
- What outputs did these projects and programmes have? What outcomes did they produce in terms of capacity building among governmental and non-governmental partners? How did they impact the lives of children? What contributions did they make to WSC / NPA goals and Country Programme objectives?
- How sustainable have activities and results of projects and programmes been, i.e. to what extent will they be sustained beyond UNICEF direct support? To what extent can governmental and non-governmental partners replicate innovations?
- To what extent have evaluations and studies supported decision-making concerning projects and programmes and the Country Programme (e.g. during the Mid-Term Review)?
- Are there aspects of specific programmes that UNICEF has not addressed sufficiently and that remain as unfinished business for the successive Country Programme and / or for the future?
- Which are the lessons that can be learned from the implementation of UNICEF supported projects and programmes for the new programme process?
- Did UNICEF make a difference? How can UNICEF make a difference?

***Preparation for the new programme Process – Have major challenges been addressed and have appropriate actions been undertaken?***

- How did UNICEF and its partners understand the need for the objectives of the new programme? What has so far been accomplished in the search for adequate institutional arrangements in Pacific Island Countries to ensure the fulfilment of children's rights?
- How did the Regional Office as well as UNICEF Headquarters support the intended new programme in Pacific Island Countries?
- To what extent has the cooperation between UN agencies and under UNDAF / Common Country Assessment been conducive to the new programme process? What functions of this Framework should be maintained or strengthened in the further evolution of new programme?
- To what extent do key indicators of economic and social development in Pacific Island Countries and national capacities to address unfinished business bode well for the well being of children and the fulfilment of their rights until 2015?
- What lessons can be learned for the new Country Programme (2003-2007)?
- To what extent has there been a mobilization of resources to cope with the limitation of Regular Resources from UNICEF?

***Comparative advantages and complementarities with the programmes of other partner governments and agencies***

- What does UNICEF maintain are its areas of comparative advantage?
- What evidence does it have in support of these areas of comparative advantage?
- What do other donors consider are UNICEF's areas of comparative advantage?
- What evidence is there that donors support these perceptions of comparative advantage with supplementary funding?
- Does UNICEF know what other donors are undertaking in sectors/areas/programmes of interest?
- What evidence is there that programming decisions have been influenced by analysis of existing complementarities with other programs?
- What evidence is there that programme design has been influenced by analysis of existing complementarities with other partner government and donor programs?
- What is the evidence of programme design being influenced by an assessment of complementarities with other UN Agencies?
- How effective is donor coordination during implementation?
- How effective is UNICEF's coordination of programmes for which it is the lead donor/UN Agency?

***Risk assessment and level of support for the current and proposed programmes.***

- What formal/explicit risk analysis has been undertaken for the overall programme or individual country programmes? That is, is there an explicit statement about the risks to successful implementation of the country or overall programme?

What formal/explicit risk analysis has been undertaken during design of individual programme initiatives? That is, is there an explicit statement about the risks to successful implementation of the individual programme initiatives?

Has a risk management plan been developed at individual initiative level?

What evidence is there that this risk management plan is regularly updated/reviewed during implementation?

As partner government support is a significant generic risk to both successful implementation and eventual sustainability, is the level partner government financial and other support adequate for each individual programme initiative?

#### **4. Methodology**

The evaluation will comprise an extensive desk review of relevant documentation and interviews with key informants. Key documents will be the following:

Role and Relevance: One important document of reference will be the Pacific Islands Country Reports on Follow-Up on the World Summit for Children (January 2001). A collection of documents will be assembled on macro-economic developments in Pacific Island Countries, government policies and strategies and on the situation of children and women in the country.

WSC / NPA Goals and Country Programme objectives: All relevant documents related to the country NPAs prepared during the 1990s will be assembled. Apart from that, there will be a full documentation of the Country Programme cycle (Situation Analyses, Master Plans of Operation, Mid-Term Reviews, Country Plans, Annual Reports etc.).

Projects and Programmes. The evaluation will make use of relevant reports, studies, evaluations and MTRs that already exist and not attempt to undertake individual evaluations of projects and programmes.

Preparation of the new programme. The evaluation will consider all relevant documents that exist at the global level. It will examine and analyse documents prepared for the new programme in Pacific Islands.

Interviews will follow the desk review. It will include key stakeholders in the Country Programme and in the new programme process in Pacific Island Countries. The evaluation will be an inter-active learning process culminating in a participatory workshop during which main findings, conclusions and recommendations of the evaluation will be discussed and finalized. The results of the workshop will be incorporated in the evaluation report.

Dissemination of the evaluation report will be ensured by the Pacific Islands Area Office in Suva and by the Evaluation Office in UNICEF Headquarters.

## **5. Organisation and Management**

The evaluation will be guided by a Joint Steering Committee composed of representatives of the Secretariat of the Pacific Community, UNICEF/EAPRO, AusAID and New Zealand. When possible participation of the Governments of Pacific Island Countries, NCCC representatives will be facilitated during a workshop convened to review the findings of the evaluation. The Evaluation Office in UNICEF Headquarters will ensure the management of the evaluation and reporting.

UNICEF/EAPRO and the Area Office in Suva will be closely associated in all stages of the evaluation process. Evaluation management will involve the following steps:

Finalization of the terms of reference (February 2002)

Identification of selected studies and evaluations (February 2002)

Selection of the evaluation team (February 2002)

Briefing of team members (February 2002)

Meeting of the Steering Committee (conference call / e-mail consultations March 2002)  
to launch the evaluation, ensure full agreement and participation of major stakeholders

Desk review and interview phase, field visit and report writing (March / April 2002)

Organization of the workshop in Suva (19 April 2002)

Finalization of the evaluation report (May 2002)

The Director of UNICEF Evaluation Office will lead the team of evaluators who will conduct the evaluation. It will be composed of a senior evaluator from UNICEF's Evaluation Office, a senior evaluator from AusAID, a senior macro-economist / social scientist from UNICEF/EAPRO, a professional staff from the Secretariat of the Pacific Community. Good knowledge of evaluation standards and methodologies is required for all team members. None of the team members should have had close involvement with the Country Programme or should be eligible to play a role in successive stages of the new programme process.

The tasks of the evaluation team entail meeting at the outset with the stakeholders, to proceed with documentary review, conduct interviews of key informants, conduct the workshop, and prepare the report.

**APPENDIX 2**

**LIST OF PERSONS MET**

## LIST OF PERSONS MET

### REGIONAL AGENCIES

#### **Pacific Islands Forum Secretariat, Suva, Fiji**

Dr. Helen Tavola, Social Policy Consultant

Margaret Leniston, Gender Issues Advisor

#### *Secretariat of the Pacific Community, Suva, Fiji*

Mr Jimmy Rodgers, Senior Deputy Director General

### **GOVERNMENT OF FIJI**

#### *National Planning Office*

Mr Krishna Prasad, Principal Economic Planning Officer, National Planning Office

*Ms Paulini S. Matavensa*

Ms Laisani Petersen, Pacific Children's Programme

### **GOVERNMENT OF VANUATU**

#### *Department of Economic and Social Development*

Ms Flora Kalsaria Bani, Senior Analyst (Chair, National Children's Committee)

#### *Ministry of Education*

Mr. Gideon John, Principal Education Officer Projects

Mr Jacques Gedeon, Principal VITE

Ms Janet Bunyan, President/Programme Assistant, Pre-School Association

Ms Jenny James, National Pre-School Co-ordinator

Mr Jesse Dick, Director, Policy and Planning Services (Round Table Chairman)

Mr Joe Tautim, Principal Education Officer, Education Planning

John Niroa, Acting Director, Secondary, Technical, Further Education

Johnson Toa, Acting Director, Vocational and Continuing Education

Maylyne Q Ngwele, Principal Education Officer, Examination and Assessment Unit

Mr Pierre Gambella, Acting Director, Primary, Pre-School and Special Education

Ms. Sue Baereleo, Principal Education Officer, Curriculum

#### *Ministry of Health*

Mr Johnson Wabaiat, Director General

Ms Myriam Abel, Director of Public Health

Mr Len Tarivonda, IMCI program officer

Ms Nellie Ham, Infant Feeding Project

***NON-GOVERNMENTAL PARTNERS***

**Foundation of the Peoples of the South Pacific International, Suva, Fiji**

Mr Rex S. Horoi, Executive Director

***Save the Children Fiji***

Ms Mereia Carling, Child Rights Officer

***University of the South Pacific, Suva, Fiji***

Ms Mere Pulea, Director and Associate Professor IJALS

Mr Laitia Tanata, Rights Research Officer, IJLALS

**Kam Pussum Hed Yut Drop In Senta, Port Vila, Vanuatu**

Ms Leimako Simon, KPH Nurse

Mr Joe KPH Nurse

Leina, Lina, Franky, and Agnes –all Volunteers at the KPH centre.

**PreSkul Assosiesen Blong Vanuatu (PSABV)**

Ms Helen Joseph, preschool teacher, Epau Village Kindergarten

Ms Tora Andre, preschool teacher, Epau Village Kindergarten

Ms Rosalyn David, preschool teacher, Ekipe Village Kindergarten

Ms Nanette Natali trainee teacher, Ekipe Village Kindergarten

Ms Ans van Sabben and Mr Peter van Sabben, Volunteers with PSABV

**Wan Smol Bag, Port Vila, Vanuatu**

Mr Peter Walker, Director

Mr Yaksley Nanof, Co-ordinator, Child and Youth Advocacy

***Others***

Ms Margaret Chung, Consultant

**DONORS**

***AusAID***

Ms Heather B. Macdonald, Sectoral Advice and Analysis Group, Canberra

Mr Peter Waddell-Wood, Counsellor, Suva

Mr Geoff McConnell, First Secretary, Development Co-operation, Port Vila, Vanuatu

Ms Margaret Macfarlane, Senior Programme Officer, Health Education and Training, Vanuatu.

***Embassy of Japan Suva***

Ms Miwako Takase, First Secretary

***New Zealand***

Mr Nick Hurley, Wellington

Ms Linda Te Puni, Wellington

Ms. Elizabeth Wilson, Deputy High Commissioner Port Vila

*U.S. Embassy Suva*  
Mr Ronald K. McMullen, Acting Ambassador  
Ms Lynne B. Gadkowski

*French Embassy, Port Vila*  
Mme Hamart, Advisor, Education and French Language

*Delegation of the European Commission for the Pacific, Suva*  
Ms Maria João Ralha, Economic Adviser

*Delegate of the European Commission, Vanuatu*  
Costas Tsilogiannis, Charge d'Affaires, Port Vila

**Asian Development Bank, Pacific Office, Port Vila, Vanuatu**  
Mr Cheolgee Kim, Acting Chief

## **UNITED NATIONS**

*UNDP, Suva*  
Mr Peter Witham, United Nations Resident Coordinator and UNDP Representative  
Mr Yuxue Xue, Deputy Resident Coordinator  
Mr Garry Wiseman, Advisor Sub-Regional Resource Facility  
Mr Leonard Chan, Project Manager of the Pacific Regional Human Rights Education Resource Team

*UNFPA, Suva*  
Ms Catherine Shevlin Pierce, Representative and Director Country Technical Services Team for the South Pacific

*UNESCAP/Pacific Operations Centre, Port Vila, Vanuatu*  
Mr Nikenike Vurobaravu, Head  
Mr Serge Belloni, Economic Advisor  
Mr Siliga Kofe, Development Economist  
Mr Alistair Wilkinson, Social Development Advisor  
Ms. Kimiko Uno, Senior Economic Officer

*UNIFEM, Suva*  
Ms Amelia Siamomoa, Regional Programme Adviser

*World Health Organisation, Suva*  
Dr Shichuo Li, Representative  
Dr Michael O'Leary, Medical Officer / Epidemiologist  
Mr Franklin Rousar, Technical Officer

*World Health Organisation, Port Vila, Vanuatu*  
Dr Yves Renault, Country Liaison Officer for Vanuatu  
Dr Corinne Capuano, MO Communicable Diseases Control

***UNICEF***

Ms Nancy Terreri, Representative  
Mr Ronald van Dijk, Programme Officer  
Mr Anselme Motcho, Operations Officer  
Ms Sarita Neupane, Health and Nutrition Officer  
Ms Davila Toganivalu, Education Officer  
Ms Asenaca Vakacegu, Monitoring and Evaluation Officer  
Ms Sarah Mills, Child Rights Legal Officer  
Mr William Pryor, Assistant Programme Officer  
Mr Peter Dulvy, Assistant Programme Officer  
Ms Kiji Makrava, Senior Administrative and Finance Assistant  
Ms Emily Manasietava, Senior Programme Assistant  
Ms Shirley Netten, UNICEF Coordinator Vanuatu

## **APPENDIX 3**

### **LIST OF DOCUMENTS CONSULTED**

## LIST OF DOCUMENTS

### 1. Annual Priorities

- Office Priorities 2000
- Regional Programme Priorities for the Year 2001
- Countries Priorities for the Year 2001
- Setting the Priorities for the Year 2002

### 2. IMEPS – 1999, 2000, 2001, 2002

### 3. Evaluations/Assessments

#### 1997

1. *A Study on a Form of Child Labour in Western Samoa – “Child Vendors in Apia”* by Donna Tili Va’a
2. Evaluation Study of Hepatitis B Control (UNICEF and Pacific Island Countries) – 17 November 1997
3. Evaluation of the UNICEF-Pacific Social Mobilization Program – October 1997 by Dr. Geoff Elvy
4. Pacific Regional Family Food Production and Nutrition Project – 3 to 25 March 1997
5. Women’s and Youth Reproductive Health Project – Vanuatu, Solomon Islands, Marshall Islands and Federated States of Micronesia – June 1997
6. Minutes of the PCC meeting for the Control of Hepatitis B Infection in the PIC Project – September 1997
7. Pacific Women and Household Food Production – 1997

#### 1998

8. Control of Hepatitis B Infection in Pacific Island Countries Project – Mid Term Review by Tony Kolbe and Don Matheson
9. Anaemia Survey Results – Ministry of Health Fiji – 1998
10. Honiara Breastfeeding Survey – May 1998
11. Young People Speak... - A Report on the Vanuatu Cultural Centre- April 1997 to June 1998

#### 1999

12. The Effectiveness of the Infant Hepatitis B Immunisation Programme in Fiji, Kiribati, Tonga and Vanuatu: Final Report on Component Two of the Hepatitis B Infection Project – March 1999
13. Substance Use Among Adolescents in Fiji - A Surveillance Report from the Fiji Global Youth Tobacco Survey 1999

14. Street Children Survey – Suva, Fiji – 1999
15. Cold Chain Report – Republic of Vanuatu by Michael J. Reeves- 14 October to 28 November 1999
16. Report on the joint UN Assessment Mission to the Solomon Islands – 29 June to 3 July 1999
17. FSM Vitamin A Program 1998 – 1999 Report

## **2000**

18. Developing Health Education Strategies for the Expanded Programme of Immunisation in Vanuatu by Heather Kizito – February to March 2000
19. Assessment of Cold Chain Management and Vaccine Storage under the EPI for Solomon Islands by K.K. Wadhawan – 7 April – 7 June 2000
20. Primary Health Care assistance to Chuuk, FSM by Judith Standley – May 2000
21. Cold Chain Management Plan for Marshall Islands by K.K. Wadhawan – 18 June to 6 July 2000
22. A Needs Assessment of Juvenile Justice Issues in Fiji and Vanuatu – 26 October to 9 December 2000 by Gail Super
23. A Descriptive Situation Analysis on the Abandonment of Babies in Fiji – October 2000
24. Results of Kosrae and Yap Nutritional Survey by Jane Elymore

## **2001**

25. Formative Research Reports for the Infant and Young Child Nutrition Projects in Suva and Labasa, Fiji and Malekula, Vanuatu
26. Baby – friendly Hospital Initiative Monitoring System:
  - Honiara National Referral Hospital, Solomon Islands
  - Vaiola Hospital, Tonga
  - Taveuni Hospital, Fiji
  - Tavua Hospital, Fiji
  - Lautoka Hospital, Fiji
  - Belau National hospital, Palau
  - Pohnpei State Hospital, FSM
  - Vanuatu Vila Hospital
 Monitoring Assessment
  - Pacific Update on BFHI
27. Health Behaviour and Lifestyle of Pacific Youth Pohnpei Survey Implementation Report – 3 April to 13 May 2001 by Tom Spangler
28. Cold Chain Technician’s Training Report in Vanuatu by Michael J Reeves- 14 May to 2 June 2001
29. The State of Health Behaviour and Lifestyle of Pacific Youth – 2001
  - Vanuatu (Draft)
  - Tonga (Draft)
  - Federated States of Micronesia (Draft)
30. Mission Report to Solomon Islands by Ms Salanieta L. Makutu – 1 to 29 September 2001

31. Micronesia Cold Chain Study – November 2001 by Mogens Munck
32. Protocol on Vitamin A Supplementation in Kosrae, FSM – November 2001
33. SCF Report on Fiji – Study of the Impacts of the Political Crisis on Children and Families in Fiji – December 2001
34. Vanuatu Basic Education Project – Annual Technical Report – December 2001

#### **4. Annual Work Plan submitted to Donor**

- 1) Pacific Regional The Control of Hepatitis B Infection in Pacific Island Countries – Annual Work Plan 1997 – 1998
- 2) Pacific Regional Family Nutrition Project – Annual Work Plan 1997 – 1998
- 3) Pacific Regional The Control of Hepatitis B Infection in Pacific Island Countries – Revised Annual Work Plan 1998- 1999
- 4) Pacific Regional Family Nutrition Project – Annual Work Plan 1998 – 1999

#### **5. Data – CRING, Country Programme Overview Updates, Pacific Islands Country Profiles**

- CRING – 1999, 2001
- Pacific Islands Country Profile

#### **6. Overheads – updates on all programme accomplishments by project**

1. UNICEF Pacific

##### Programme Accomplishments

2. Country Programme Preparation
3. Mandate and Mission
4. CRC History
5. World Summit Goals for Children
6. Master Plan of Operations 1997 – 2001
7. Programme Structure 1997 – 2001
8. Health – WSC
9. Summary of the major achievements in recent years
10. MPO objectives Health
11. Nutrition WSC
12. MPO objectives Nutrition
13. Education WSC
14. Education in the Pacific
15. CRC – WSC
16. Making the CRC a reality
17. Young People Speak
18. Child Protection
19. Monitoring MPO
20. UNICEF 5 Year Planning Cycle

### Programme Achievements

1. Pacific Stars Life Skills
2. Programme Structure 1999- 2001
3. Nut BFHI and Flour Fortification
4. Nut Infant and Young Child Feeding Bri
5. Nut Infant and Young Child Feeding
6. Pacific Stars Life Skills
7. Programme Structure 1997 – 1998

### **7. Annual Report**

- 1997, 1998, 1999, 2000 and 2001
- RC's Annual Report 2001 for Samoa, Cook Islands, Niue and Tokelau

### **8. MTR Reports**

1. Kiribati
2. Vanuatu
3. Solomon Islands
4. Tonga
5. Tuvalu
6. Samoa
7. Federated States of Micronesia
8. Fiji
9. Marshall Islands
10. Pacific Mid Term Review Report 1999
11. Summary of Mid Term Reviews and Major Evaluations of Country Programmes

### **9. CCA/UNDAF Reports**

1. Tuvalu (Draft)
2. Kiribati (Draft)
3. Vanuatu (Draft)
4. Solomon Islands (Draft)

### **10. HIV/AIDS Plan (UNAIDS)**

- Activity Proposal – 10/12/2001

### **11. Country Programme Planning:**

#### Strategy/Programme Meetings

1. Overview of UNICEF Pacific Programme Preparation Process- June 2001
2. Country Programme Preparation – The Process, The Status, The Contents

3. Strategic Planning Retreat – 15 February 2001- Raintree Lodge
4. UNICEF Strategic Planning “Brainstorm Session” – Divisional Heads – February 22/01
5. Strategy Meeting Agenda – 3-5 April 2001
6. List of Participants – Pacific Regional Strategy Meeting Nadi 3 to 5 April 2001
7. Draft letter for Stakeholders Meeting
8. UNICEF Strategy Stakeholders Meeting – UN Heads of Agencies/Donors – Holiday Inn – 10 April 2001- List of participants
9. UNICEF Pacific Strategy Meeting Programme Planning Process – Consultation with Donors and Regional Organizations – Agenda
10. UNICEF Pacific Outcome of Strategy Consultations – Feb-Apr 2001

*Country Strategy Meeting*

**FSM**

1. Agenda
2. Letter to Dr Eliuel K Pretrick
3. Trip Report by Ronald van Dijk – 2 to 9 Sep 2001 FSM
4. Note for the Record – For comments
5. Notes for Press Release

**12. End of Decade Reports**

1. Fiji
2. Palau
3. Solomon Islands
4. Vanuatu

**13. MPO 1997 – 2001 and PPO**

MPOs (signed copies received)

1. Cook Islands
2. Niue
3. Palau
4. Solomon Islands
5. Tonga
6. Western Samoa
7. Marshall Islands
8. Federated States of Micronesia
9. Tuvalu
10. Kiribati
11. Vanuatu

## PPOs Country Programmes

1. Cook Islands
2. Niue
3. Tokelau
4. Tonga
5. Palau
6. Marshall Islands
7. Vanuatu
8. Solomon Islands
9. Tokelau
10. Tuvalu
11. Western Samoa

## Regional Programmes

1. Monitoring
2. Education
3. Child and Youth Advocacy Planning
4. Health and Nutrition

### 14. Strategy Paper

1. UNICEF Regional Strategy Meeting – 18 to 20 July 1996 – Nadi, Fiji
2. UNICEF Pacific Strategy Paper – November 2001

### 15. NPA's

1. Marshall Islands
2. Cook Islands
3. Federated States of Micronesia
4. Palau
5. Solomon Islands
6. Vanuatu
7. Fiji

### 16. Stakeholder analysis

### 17. List of NGO's per country

### 18. Situation Analyses for the PICs

1. A Situation Analysis of Children and Women in Western Samoa 1996
2. A Situation Analysis of Children and Women in the Federated States of Micronesia 1996
3. A Situation Analysis of Children and Women in Fiji 1996

4. A Situation Analysis of Children and Women in Tokelau 1996
5. A Situation Analysis of Children and Women in Nieu 1996
6. A Situation Analysis of Children and Women in Marshall Islands 1996
7. A Situation Analysis of Children and Women in Tonga 1996
8. A Situation Analysis of Children and Women in Solomon Islands 1998
9. A Situation Analysis of Children in Palau 1998
10. A Situation Analysis of Children and Women in the Cook Islands 1998
11. A Situation Analysis of Children and Women in Vanuatu 1998
12. The State of Pacific Children 2001 – Draft
13. A Situation Analysis of Children, Youth and Women in Kiribati – December 2001 – Draft

## **19. CRC Reports**

### **1998**

1. Solomon Islands National Report on Two Years Implementation of the United Nations Convention on the Rights of the Child-March 1998
2. The International Convention on the Rights of the Child and the Children of Palau – April 7, 1998
3. Tuvalu Report on Two Years Implementation on the United Nations Convention on the Rights of the Child – August 1998

### **1999**

4. Convention on the Rights of the Child Country Report Samoa 1999

### **2001**

5. The International Convention on the Rights of the Child in the Republic of Kiribati – Initial Report on Implementation – July 2001
6. The Convention on the Rights of the Child – 2000 Report (Draft) – Federated States of Micronesia December 2001
7. Convention on the Rights of the Child – Government of Kiribati First Report – CRC Overview 1997-2001 compiled by Members of the Kiribati National Advisory Committee for Children
8. Concept Paper as prepared by UNICEF Pacific – Convention on the Rights of the Child and Child Protection

## **20. Workshops/Conferences Reports**

### **1997**

1. Workshop Report on Breastfeeding Counselling – A Training Course- Apia, Samoa- 20 to 31 October 1997

### **1998**

2. Regional Workshop on Youth and the Media – 11 to 13 March 1998
3. Report on WHO Sponsored Workshop on Iodised Salt Monitoring held at Labasa on 27/08/98

## **1999**

4. Report on WHO/UNICEF Workshop on the Expanded Programme on Immunization and Control of Vaccine-Preventable Diseases in the Pacific Island Countries and Areas- Nadi, Fiji – 4 to 8 October 1999
5. Report on the UNICEF/RMI Regional Breastfeeding Training on Trainers Workshop – Breastfeeding Counselling: A Training Course- 27 November to 8 December 1999

## **2000**

6. CRC Workshop in Nuku'alofa, Tonga – 22 to 24 November 2000

## **2001**

7. Report on the WHO/UNICEF Workshop on the Expanded Programme on Immunization and Control of Vaccine Preventable Diseases in the Pacific Island Countries and Area – Nadi, Fiji – 2 to 6 April 2001
8. Regional Juvenile Justice Workshop Report – Tanoa Hotel – Nadi, Fiji – 22 to 25 May 2001
9. Infant and Young Child Feeding Projects in Vanuatu and Fiji – Creative Messages and Materials Development Workshop Report – Nadi, Fiji, 11 to 26 June 2001
10. CRC Workshop in Pohnpei, FSM – 28 to 30 August 2001
11. CRC seminar for Kiribati Parliamentarians – Tarawa, Kiribati – 13 and 14 November 2001
12. National Workshop on Early Childhood Care and Education – Plan of Action 2001- 2010-6 to 13 December 2001

## **2002**

13. CRC Workshop for Youth in Vava'u, Tonga – 4 to 8 February 2002

## **21. Other documents**

1. UNICEF, Formative Research in Malekula, Vanuatu, May 2001
2. UNICEF, Regional Juvenile Justice Workshop Report
3. UNICEF, Draft Communication Strategy for Pacific Island Countries
4. UNDP, Pacific Human Development Report 1999
5. Asian Development Bank, Office of Pacific Operations, Vanuatu, Discussion Papers: I. Poverty Assessment, II. Strategies for Equitable Growth and Poverty Reduction, March 2001

**N.B. Other documents are mentioned in Annex 7 (Policy Profiles).**

## **APPENDIX 4**

### **RESOURCE MOBILISATION AND BUDGET REALISATION**

**PACIFIC ISLAND COUNTRIES**  
**TABLE 1: CONTRIBUTIONS OTHER RESOURCES 1997-2001**

| Origin                     | 1997           | 1998          | 1999           | 2000           | 2001           | Total            |
|----------------------------|----------------|---------------|----------------|----------------|----------------|------------------|
| New Zealand Govt.          | 249,700        | 0             | 280,134        | 75,590         | 269,035        | 874,459          |
| Australia NATCOM           | 375,600        | 0             | 184,518        | 223,818        | 53,140         | 837,076          |
| Japan NATCOM               | 20,000         | 0             | 60,000         | 60,000         |                | 140,000          |
| Australia Govt.            | 0              | 0             |                | 0              | 194,298        | 194,298          |
| UN Foundation              | 0              | 0             | 104,998        | 0              | 0              | 104,998          |
| Other Pacific Islands      | 89,700         | 0             |                | 0              | 0              | 89,700           |
| UK NATCOM                  | 0              | 83,300        | 0              | 0              | 0              | 83,300           |
| UK Govt.                   | 0              | 0             | 16,000         | 0              | 0              | 16,000           |
| New Zealand NATCOM         | 2,800          | 0             | 0              | 0              | 0              | 2,800            |
| <b>Total</b>               | <b>737,800</b> | <b>83,300</b> | <b>645,650</b> | <b>359,408</b> | <b>516,473</b> | <b>2,342,631</b> |
| Recovery cost              | - 22,134       | - 4,165       | - 30,732       | - 17,108       | - 24,584       | - 98,723         |
| <b>Programmable amount</b> | <b>715,666</b> | <b>79,135</b> | <b>614,918</b> | <b>342,300</b> | <b>491,889</b> | <b>2,243,908</b> |

N.B. Total contributions to Other Resources (US\$ 2,342,631) constitute 16.7 % of resource mobilization target (CPR ceiling Other Resources).  
Source: Programme Funding Office NYHQ

**PACIFIC ISLAND COUNTRIES**  
**TABLE 2: EXPENDITURE PROGRAMME BUDGET 1997-2001**  
**x US\$ 1,000**

|             | Regular Resources |             |               | Other Resources |             |               | All Programme Accounts |             |               |
|-------------|-------------------|-------------|---------------|-----------------|-------------|---------------|------------------------|-------------|---------------|
|             | FLS Allotment     | Expenditure | % Expenditure | FLS Allotment   | Expenditure | % Expenditure | FLS Allotment          | Expenditure | % Expenditure |
| <b>1997</b> | 1,190             | 1,061       | <b>89</b>     | 1,644           | 1,188       | <b>72</b>     | 2,834                  | 2,231       | <b>79</b>     |
| <b>1998</b> | 1,319             | 927         | <b>70</b>     | 1,063           | 729         | <b>69</b>     | 2,382                  | 2,249       | <b>70</b>     |
| <b>1999</b> | 2,338             | 1,392       | <b>60</b>     | 1,062           | 497         | <b>47</b>     | 3,400                  | 1,656       | <b>56</b>     |
| <b>2000</b> | 2,400             | 1,392       | <b>43</b>     | 864             | 746         | <b>86</b>     | 3,264                  | 1,889       | <b>54</b>     |
| <b>2001</b> | 2,400             | 1,851       | <b>77</b>     | 584             | 467         | <b>84</b>     | 2,984                  | 2,888       | <b>78</b>     |

1. FLS Allotment comprises programmable amounts and carry-overs from previous years.
2. Average expenditure rates are the following: RR: 68 %, OR: 72 %, all Programme Accounts: 67 %.
3. Amounts rounded off to nearest US \$ 1,000

Source: Programme Operating Statistics of Programme Division NYHQ based on Monthly Monitoring Reports

**PACIFIC ISLAND COUNTRIES**  
**TABLE 3: EXPENDITURE 1997-2001 BY PROGRAMME / SECTOR AGAINST FUNDS RECEIVED**  
(in 1,000 US\$)

| Programme Sectors / Areas          | Regular Resources |              |           | Other Resources |              |           | Total Programme Budget |              |           |
|------------------------------------|-------------------|--------------|-----------|-----------------|--------------|-----------|------------------------|--------------|-----------|
|                                    | Funds received    | Actual       | %         | Funds received  | Actual       | %         | Funds received         | Actual       | %         |
| Health and Nutrition               | 1,411             | 904          | 64        | 2,279           | 2,067        | 91        | 3,690                  | 2,971        | 80        |
| Education                          | 624               | 356          | 57        | 54              | 32           | 59        | 678                    | 388          | 57        |
| Child and Youth Advocacy           | 914               | 544          | 59        | 1,547           | 1,031        | 67        | 2,461                  | 1,575        | 64        |
| Monitoring                         | 461               | 269          | 58        | 0               | 0            | 0         | 461                    | 269          | 58        |
| Cross-Sectoral (Programme Support) | 1,877             | 1,418        | 75        | 0               | 0            | 0         | 1,877                  | 1,418        | 75        |
| Integrated Area Based              | 1,148             | 832          | 72        | 757             | 542          | 71        | 4,773                  | 3,261        | 68        |
| <b>Total</b>                       | <b>9,300</b>      | <b>6,211</b> | <b>67</b> | <b>4,637</b>    | <b>3,672</b> | <b>79</b> | <b>13,940</b>          | <b>9,882</b> | <b>71</b> |

1. Funds received comprise programmable amounts and carry-overs from previous years.
2. Amounts rounded off to nearest US \$ 1,000

Source: Pacific Office data (GFSS/Manual Data for 1997-1998, COGNOS CUBE data for 1999-2001)

**PACIFIC ISLAND COUNTRIES**  
**TABLE 4: EXPENDITURE 1997-2001 BY PROGRAMME / SECTOR AGAINST RESOURCE MOBILISATION TARGET**  
(in 1,000 US\$)

| Programme Sectors / Areas          | Regular Resources |              |           | Other Resources |              |           | Total Programme Budget |              |           |
|------------------------------------|-------------------|--------------|-----------|-----------------|--------------|-----------|------------------------|--------------|-----------|
|                                    | Planned           | Actual       | %         | Planned         | Actual       | %         | Planned                | Actual       | %         |
| Health and Nutrition               | 534               | 904          | 169       | 3,971           | 2,067        | 52        | 4,505                  | 2,971        | 66        |
| Education                          | 374               | 356          | 95        | 3,596           | 32           | 1         | 3,970                  | 388          | 10        |
| Child and Youth Advocacy           | 381               | 544          | 143       | 2,628           | 1,031        | 39        | 3,009                  | 1,575        | 52        |
| Monitoring                         | 167               | 269          | 161       | 1,284           | 0            | 0         | 1,451                  | 269          | 18        |
| Cross-Sectoral (Programme Support) | 2,209             | 1,418        | 64        | 0               | 0            | 0         | 2,209                  | 1,418        | 64        |
| Integrated Area Based              | 3,335             | 2,720        | 82        | 2,521           | 542          | 21        | 5,856                  | 3,261        | 56        |
| <b>Total</b>                       | <b>7,000</b>      | <b>6,211</b> | <b>89</b> | <b>14,000</b>   | <b>3,672</b> | <b>26</b> | <b>21,000</b>          | <b>9,882</b> | <b>47</b> |

1. Planned figures are those of resource mobilization targets (CPR ceilings).
2. Amounts rounded off to nearest US \$ 1,000

Source: Pacific Office data (GFSS/Manual Data for 1997-1998, COGNOS CUBE data for 1999-2001)

**APPENDIX 5**  
**COUNTRY PROFILES**

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The Pacific is a large culturally diverse region consisting of 22 sovereign states and dependent territories. The Pacific has few common cultures and it is difficult to generalise. UNICEF's current Pacific Programme of Co-operation operates in the 13 poorest of the 22 developing island nations. There is a separate Country Office for PNG.

| Statistics data<br>(UN Rate 01/03/2001) 1 US\$ =   | Cook Islands<br>2.319 NZ\$ | Fiji Islands<br>2.2 FJ\$ | Fed. of Micronesia<br>1 US\$ | Kiribati<br>1.9 AU\$ |
|--|----------------------------|--------------------------|------------------------------|----------------------|
| <b>Demography</b> (Sources: SPC Oceania Populations – 2000, SOWC 2000 and the State of Pacific Children 1995 unless otherwise indicated) |                            |                          |                              |                      |
| Population ('000)  | 18 (2000)                  | 824 (2000)               | 118 (2000)                   | 84 (2000)            |
| Population under 5 ('000)  | 2 (1999)                   | 84 (1999)                | 16 (1999)                    | 12 (1999)            |
| Population under 18 ('000)   | 8 (1999)                   | 317 (2000)               | 52 (2000)                    | 37 (1999)            |
| % Population growth rate   | -0.5 (2000)                | 1.6 (2000)               | 2.3 (2000)                   | 2.5 (2000)           |
| Land area ('000 sq.km) (SPC,1998)  | 0.2 (1997)                 | 18.3 (1995)              | 0.7 (1995)                   | 0.7 (1995)           |
| Density per sq.km  | 79 (2000)                  | 45 (2000)                | 145 (2000)                   | 112 (2000)           |
| % urbanized  | 59 (2000)                  | 46 (2000)                | 48 (2000)                    | 38 (2000)            |
| Total fertility rate (per woman)   | 3.7 (1995-96)              | 2.6 (1999)               | 4.9 (1993-94)                | 4.5 (1995)           |
| Life expectancy (male/female) (UNDP-1999)  | 68/71 (1997)               | 64/68 (1996)             | 64/66 (1992)                 | 65/69 (1999)         |
| Crude birth rate   | 30 (1997)                  | 25 (1999)                | 31 (1999)                    | 33 (1999)            |
| Crude death rate   | 4 (1996)                   | 6 (1999)                 | 6 (1994)                     | 8 (1999)             |
| Number of births ('000)  | 0 (1999)                   | 17 (1999)                | 4 (1999)                     | 3 (1999)             |
| Number of under-5 deaths ('000)  | 0 (1999)                   | 0 (1999)                 | 0 (1999)                     | 0 (1999)             |
| <b>Socio-economic environment</b> (Sources: SOWC 2001, UNDP 1999 and the State of Pacific Children 1995 unless otherwise indicated)      |                            |                          |                              |                      |
| GNP per capita (US \$)   | 1550 (1996)                | 2210 (1999)              | 1810 (1999)                  | A\$844 (1999)        |
| PPP per capita (US \$) (UNDP 2001)   | ...                        | 196 (1998)               | ...                          | ...                  |
| Human development index (UNDP 1999)  | 0.822 (1999)               | 0.757 (1999)             | 0.569 (1999)                 | 0.515 (1999)         |
| Health exp. (% of gov't exp.)  | 12.5 (1998)                | 10 (2000)                | 11.8 (1998)                  | 17.9 (1998)          |
| Education exp. % of gov't exp.)  | 13.1 (1997)                | 18 (1992-99)             | ...                          | 17.5 (1995)          |
| Social services expend. (% of total exp.)  | ...                        | ...                      | ...                          | ...                  |
| Military exp. (% of gov't exp.)  | 0 (2000)                   | 1 (2000)                 | 0 (2000)                     | 0 (2000)             |
| Radio sets per 1000 pop. (SOWC01)  | 711 (1997)                 | 636 (1997)               | ...                          | 212 (1997)           |
| TV sets per 1000 pop. (SOWC01)   | 110 (1997)                 | 27 (1997)                | ...                          | 15 (1997)            |
| % female participation in labor force (UNDP, 1999)   | 38 (1986-1991)             | 21 (1993)                | 35 (1993)                    | 46 (1986-1991)       |
| % child labor force (% of age 10-14 yrs)   | ...                        | ...                      | ...                          | ...                  |
| Official dev. Assistance (% of GNP)  | 16 (1996)                  | 2 (1996)                 | ...                          | ...                  |
| Debt service (% of exports)  | ...                        | 3 (1998)                 | ...                          | ...                  |
| <b>UNICEF &amp; WSC goals</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                     |                            |                          |                              |                      |
| Infant mortality rate  | 11 (1999)                  | 16 (1999)                | 19.3 (1999)                  | 53 (1999)            |
| Under five mortality rate  | 30 (1999)                  | 25 (1999)                | 37.8 (1999)                  | 62 (1999)            |
| Maternal mortality ratio   | 6 (1995) (d)               | 31 (1998)                | 122 (1997)                   | 225 (1998)           |
| HIV/AIDS (reported cases/deaths) (WHO: 2001, UNDP)   | 0/0 (2000)                 | 70/15 (2001)             | 9/... (2001)                 | 49/... (2001)        |
| <b>Immunization Coverage:</b>  |                            |                          |                              |                      |
| (2000) % BCG   | 100                        | 97                       | 24                           | 70                   |
| % DPT3   | 97                         | 98                       | 85                           | 78                   |
| % OPV3   | 94                         | 100                      | 85                           | 77                   |
| % Measles  | 76                         | 95                       | 85                           | 62                   |
| % TT2  | 15                         | .../...                  | .../...                      | 39                   |
| Neonatal tetanus (cases/deaths)  | 0 (1998) (f)               | 0 (1997) (d)             | 0 (1997) (d)                 | 0 (1996) (d)         |
| Measles (cases)  | 9 (1998)(f)                | 39 (1996)                | 930 (1994)                   | 355 (1998) (f)       |
| Polio reported (cases)   | 0 (1996) (f)               | 0 (1997) (d)             | 0 (1997) (d)                 | 0 (1996) (d)         |
| % Receiving adequate Vit A   | n.a (2000)                 | n.a (2000)               | 50 (1998-00)                 | ...                  |
| % Total goitre rate (6-11 yrs)   | n.a (2000)                 | n.a (2000)               | ...                          | ...                  |
| % ORT use (pre1993def.)  | 8 (1992)                   | 100 (1993)               | ...                          | ...                  |
| BFHI designated (number of hospitals)  | 0 (2000)                   | 3 (2000)                 | 0 (2000)                     | 0 (2000)             |
| % exclusive breastfed 0-3 mos.   | 19 (2000)                  | 47 (1993)                | 60 (1999)                    | 80 (1993)            |
| % Underweight (mod.&severe/severe)   | .../...                    | 8/1 (1995-00)            | 30/.. (1997)                 | 13/... (1995-00)     |
| % Net enrol. in prim. School (total)   | 99 (2000)                  | 99 (2000)                | ...                          | 78 (1995)            |
| boy/girl   | 99/98 (1995-99)            | 99/100 (1995-99)         | .../...                      | ...                  |
| % Reaching grade-5 at prim. level  | 61 (1995-99)               | 92 (1995-99)             | ...                          | 95 (1995-99)         |
| boy/girl   | ...                        | ...                      | ...                          | ...                  |
| % Females(15+) illiterate (% of total)   | 1 (1995)                   | 11 (1995)                | 21 (1995)                    | 8 (1995)             |
| % Access to safe water   | 100 (1999)                 | 85 (1999)                | 44 (1997)                    | 47 (1999)            |
| urban/rural  | 100/100 (1999)             | 90/80 (1999)             | .../...                      | 82/25 (1999)         |
| % Access to sanitary disposal  | 100 (1999)                 | 85 (1999)                | 41 (1997)                    | 48 (1999)            |
| urban/rural  | 100/100 (1999)             | 90/80 (1999)             | .../...                      | 54/44 (1999)         |

PACIFIC ISLANDS country profile (page 2)

| Statistics data<br>(UN Rate 01/03/2001) 1 US\$ =  | Marshall Is.<br>1 US\$ | Niue<br>2,319 NZ\$ | Palau          | Samoa<br>3.24 WST |
|---|------------------------|--------------------|----------------|-------------------|
| <b>Demography</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                            |                        |                    |                |                   |
| Population ('000)   | 51 (2000)              | 1 (2000)           | 19 (2000)      | 169 (2000)        |
| Population under 5 ('000)   | 9 (1999)               | 0 (1999)           | 3 (1999)       | 24 (1999)         |
| Population under 18 ('000)  | 28 (1999)              | 1 (1999)           | 9 (1999)       | 80 (1999)         |
| % Population growth rate  | 2.0 (2000)             | -3.1 (2000)        | 2.2 (2000)     | 0.6 (2000)        |
| Land area ('000 sq.km) (SPC, 1998)  | 0.2 (1995)             | 0.25 (1999)        | 0.5 (1999)     | 2.8 (1995)        |
| Density per sq.km   | 286 (1997) (a)         | 7 (2000)           | 39 (2000)      | 58 (2000)         |
| % urbanized   | 65 (1999)              | 35 (1999)          | 71 (1999)      | 21 (1999)         |
| Total fertility rate (per woman)  | 5.7 (1996)             | 3.0 (1991-97)      | 2.6 (1994-96)  | 4.5 (1998)        |
| Life expectancy(male/female)(UNDP2000)  | 65/69 (1999)           | 69 (1993)          | 65/69 (1990)   | 65/71 (1998)      |
| Crude birth rate  | 42 (1992)              | 21 (1991)          | 21 (1990)      | 30 (1999)         |
| Crude death rate  | 4.9 (1992)             | 6.6 (1991)         | 7.2 (1990)     | 6.4 (1999)        |
| Number of births ('000)   | 2 (1999)               | 0 (1999)           | 1 (1999)       | 4 (2000)          |
| Number of under-5 deaths ('000)   | 0 (1999)               | ...                | 0 (1999)       | 0 (1999)          |
| <b>Socio-economic environment</b> (Sources: SOWC 2001, UNDP 1999 and the State of Pacific Children 1995 unless otherwise indicated) |                        |                    |                |                   |
| GNP per capita (US \$)  | 1560 (1999)            | ...                | 790 (1999)     | 1060 (1999)       |
| PPP per capita (US \$) (IBRD)   | ...                    | ...                | ...            | ...               |
| Human development index (UNDP1999)  | 0.563 (1999)           | 0.774 (1999)       | 0.861 (1999)   | 0.590 (1999)      |
| Health exp.(% of gov't exp.)(SOWC '01)  | 13.3 (1998)            | 8.1 (1998)         | 15 (1997)      | 10.0 (1998)       |
| Education exp.% of gov't exp.)(SOWC '01)  | 30 (1995)              | ...                | 20 (1997)      | ...               |
| Social services expend. (% of total exp.)   | ...                    | ...                | ...            | ...               |
| Military exp. (% of gov't exp.)(SOWC '01)   | 0 (2000)               | 0 (2000)           | 0 (2000)       | 0 (2000)          |
| Radio sets per 1000 pop. (SOWC '01)   | ...                    | 586 (1997)         | 663 (1997)     | 1035 (1997)       |
| TV sets per 1000 pop. (SOWC '01)  | ...                    | ...                | 608 (1997)     | 61 (1997)         |
| % female participation in labor force   | 23 (1993)              | 44 (1998)          | 38 (1999)      | 40 (1992)         |
| % child labor force(% of age 10-14 yrs)   | ...                    | ...                | ...            | ...               |
| Official dev. assistance (% of GNP)   | 41 (1996)              | ...                | ...            | 16 (1996)         |
| Debt service (% of exports)   | ...                    | ...                | ...            | 4 (1998)          |
| <b>UNICEF &amp; WSC goals</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                |                        |                    |                |                   |
| Infant mortality rate   | 37 (1998)              | 18 (1995)          | 11 (1999)      | 23 (1999)         |
| Under five mortality rate   | 92 (1999)              | ...                | 34 (1999)      | 27 (1999)         |
| Maternal mortality ratio  | 109 (1993)             | 0                  | ...            | 70 (1999)         |
| HIV/AIDS (reported cases/deaths) (WHO:2001, UNDP)   | 11/.. (2001)           | 0/0 (1999)         | 1/1 (1996)     | 16/... (2001)     |
| <b>Immunization Coverage: % BCG (1997-99)</b>   |                        |                    |                |                   |
| % DPT3  | 86                     | 100                | 96             | 100               |
| % OPV3  | 36                     | 100                | 96             | 100               |
| % Measles   | 93                     | 100                | 96             | 93                |
| % TT2   | 53                     | 40                 | ...            | 100               |
| Neonatal tetanus (cases/deaths)   | 0 (1998) (f)           | 0 (1998) (f)       | 0 (1997)       | 0 (1998)(f)       |
| Measles (cases)   | 0 (1998) (f)           | 0 (1998) (f)       | 0 (1997)       | 8 (1998) (f)      |
| Polio reported (cases)  | 0 (1998) (f)           | 0 (1998) (f)       | 0 (1997)       | 0 (1998) (f)      |
| % Receiving adequate Vit A  | 35 (1998-00)           | n.a (2000)         | n.a (2000)     | n.a (2000)        |
| % Total goitre rate (6-11 yrs)  | ...                    | ...                | ...            | ...               |
| % ORT use (pre1993def.)   | ...                    | ...                | ...            | 60 (1998)         |
| BFHI designated (number of hospitals)   | 0 (1999)               | 0 (1999)           | 0 (1999)       | 0 (1999)          |
| % exclusive breastfed 0-3 mos.  | 63 (1991)              | 90 (2000)          | 59 (1995-00)   | 60 (1993)         |
| % Underweight (mod.&severe/severe)  | .../...                | .../...            | .../...        | .../...           |
| % Net enrol. in prim. School (total)  | 79 (1999)              | 100 (1999)         | 90 (1995-99)   | ...               |
| boy/girl  | (1995-99)              | 100/100 (1995-99)  | .../...        | 94/91 (1995-99)   |
| % Reaching grade-5 at prim. level   | 61 (1992)              | ...                | 87 (1995)      | 84 (1995-99)      |
| boy/girl  | .../...                | .../...            | .../...        | .../...           |
| % Females(15+) illiterate (% of total)  | 10 (1995)              | 1 (1995)           | 3 (1995)       | 2 (1995)          |
| % Access to safe water  | 82 (1995)              | 100 (1999)         | 79 (1999)      | 99 (1999)         |
| urban/rural   | .../...                | 100/100 (1999)     | 100/20 (1999)  | 95/100 (1999)     |
| % Access to sanitary disposal   | ...                    | 100 (1999)         | 100 (1999)     | 99 (1999)         |
| urban/rural   | 88/57 (1995)           | 100/100 (1999)     | 100/100 (1999) | 95/100 (1999)     |

PACIFIC ISLANDS country profile (page 3)

| Statistics data<br>(UN Rate 01/03/2001) 1 US\$ =  | Solomon Is.<br>5.09 SB\$ | Tokelau       | Tonga<br>1.64 TOP | Tuvalu<br>1.9 AU\$ |
|---|--------------------------|---------------|-------------------|--------------------|
| <b>Demography</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                            |                          |               |                   |                    |
| Population ('000)   | 477 (2000)               | 1.5 (2000)    | 100 (1999)        | 9 (1999)           |
| Population under 5 ('000)   | 70 (1999)                | ...           | 12 (1999)         | 1 (1999)           |
| Population under 18 ('000)  | 210 (2000)               | ...           | 41 (1999)         | 5 (1999)           |
| % Population growth rate  | 3.4 (2000)               | 0 (2000)      | 0.6 (2000)        | 0.9 (2000)         |
| Land area ('000 sq.km) (SPC, 1998)  | 28 (1995)                | 0.012 (1997.) | 0.7 (1997)        | 0.026 (1997)       |
| Density per sq.km   | 16 (2000)                | 125 (2000)    | 154 (2000)        | 381 (2000)         |
| % urbanized   | 13 (1999)                | 0 (1995)      | 32 (2000)         | 42 (2000)          |
| Total fertility rate (per woman)  | 4.7 (1999)               | 3.6 (1995)    | 3.6 (1998)        | 3.3 (1995)         |
| Life expectancy (male/female)(UNDP2000)   | 70/74 (1998)             | 67/70 (1996)  | 69/71 (1996)      | 67/64 (1991)       |
| Crude birth rate  | 41 (2000)                | 33 (2000)     | 27 (2000)         | 21 (2000)          |
| Crude death rate  | 4 (1999)                 | 5 (1991-95)   | 6 (1998)          | 11 (1995)          |
| Number of births ('000)   | 14 (2000)                | ...           | 2 (1999)          | 0 (1999)           |
| Number of under-5 deaths ('000)   | 0 (1999)                 | ...           | 0 (1999)          | 0 (1999)           |
| <b>Socio-economic environment</b> (Sources: SOWC 2001, UNDP 1999 and the State of Pacific Children 1995 unless otherwise indicated) |                          |               |                   |                    |
| GNP per capita (US \$)  | 750 (1999)               | ...           | 1720 (1999)       | 650 (1996)         |
| PPP per capita (US \$) (IBRD)   | 2350 (1997)              | ...           | 7 (1990-97)       | ...                |
| Human development index (UNDP 2000)   | 0.371 (1999)             | ...           | 0.647 (1999)      | 0.583 (1999)       |
| Health exp. (% of gov't exp.) (SOWC '01)  | 11.6 (1998)              | 9.2 (1998)    | 12.3 (1998)       | 9.4 (1998)         |
| Education exp. % of gov't exp.)(SOWC '01)   | 15.4 (1997)              | ...           | 17.8 (1997)       | 16.8 (1990)        |
| Social services expend. (% of total exp.)   | ...                      | ...           | ...               | ...                |
| Military exp. (% of gov't exp.)   | ...                      | 0 (2000)      | 0 (2000)          | 0 (2000)           |
| Radio sets per 1000 pop. (SOWC '01)   | 141 (1997)               | ...           | 619 (1997)        | 384 (1997)         |
| TV sets per 1000 pop. (SOWC '01)  | 6 (1997)                 | ...           | 21 (1997)         | 13 (1996)          |
| % female participation in labor force   | 37 (1993)                | ...           | ...               | 33 (1999)          |
| % child labor force (% of age 10-14 yrs)  | ...                      | ...           | ...               | ...                |
| Official dev. assistance (% of GNP)   | 12 (1996)                | ...           | 18 (1996)         | ...                |
| Debt service (% of exports)   | 2 (1998)                 | ...           | 7 (1998)          | ...                |
| <b>UNICEF &amp; WSC goals</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                |                          |               |                   |                    |
| Infant mortality rate   | 22 (1999)                | 30 (1990)     | 18 (1999)         | 26 (1999)          |
| Under five mortality rate   | 26 (1999)                | 30 (1990)     | 22 (1999)         | 56 (1999)          |
| Maternal mortality ratio  | 550 (1980-99)            | 170 (1994)    | 160 (1998)        | 0 (1999)           |
| HIV/AIDS (reported cases/deaths) (WHO:2001, UNDP)   | 2/0 (1996)               | .../...       | 19/...            | 1/0... (1998)      |
| <b>Immunization Coverage:</b> % BCG (2000)  | 98                       | 100           | 99                | 100                |
| % DPT3  | 79                       | 100           | 95                | 90                 |
| % OPV3  | 77                       | 100           | 95                | 95                 |
| % Measles   | 96                       | 100           | 97                | 94                 |
| % TT2   | 55                       | 100           | 94                | 65                 |
| Neonatal tetanus (cases/deaths)   | 1 (1996)                 | 0 (1997) (d)  | 0 (1997) (d)      | 0 (1998) (f)       |
| Measles (cases)   | 640 (1994)               | 0 (1997) (d)  | 1081 (1997) (d)   | 0 (1998) (f)       |
| Polio reported (cases)  | 0 (1996) (d)             | 0 (1997) (d)  | 0 (1997) (d)      | 0 (1998) (f)       |
| % Receiving adequate Vit A  | n.a (2000)               | n.a (2000)    | n.a (2000)        | n.a (2000)         |
| % Total goitre rate (6-11 yrs)  | ...                      | ...           | ...               | ...                |
| % ORT use (pre1993def.)   | ...                      | ...           | ...               | ...                |
| BFHI designated (number of hospitals)   | 0 (2000)                 | 0 (2000)      | 0 (2000)          | 0 (2000)           |
| % exclusive breastfed 0-3 mos.  | 65 (2000)                | ...           | 62 (1999)         | ...                |
| % Underweight (mod.&severe/severe)  | 21/4 (1995-00)           | .../...       | .../...           | .../...            |
| % Net enrol. in prim. School (total)  | 88 (2000)                | 98 (1999)     | 91 (1999)         | ...                |
| boy/girl  | .../...                  | 98/98         | 98/93 (1995-99)   | 100/100 (1995-99)  |
| % Reaching grade-5 at prim. level   | 81 (1995-99)             | ...           | 92 (1995-99)      | 96 (1995-99)       |
| boy/girl  | .../...                  | .../...       | .../...           | .../...            |
| % Females(15+) illiterate (% of total)  | 44 (1995)                | 1 (1994) (d)  | 1 (1995)          | 1 (1990)(d)        |
| % Access to safe water  | 71 (1999)                | ...           | 100 (1999)        | 100 (1999)         |
| urban/rural   | 94/65 (1999)             | .../...       | 100/100 (1999)    | 100/100 (1999)     |
| % Access to sanitary disposal   | 34 (1999)                | ...           | 85 (1997)         | 78 (1999)          |
| urban/rural   | 98/18 (1999)             | .../...       | .../...           | 92/65 (1999)       |

| Statistics data<br>(UN Rate 01/03/2001) 1 US\$ =   | Vanuatu<br>143.19 VUV |            |
|--|-----------------------|------------|
| <b>Demography</b> (Sources: 1999 Vanuatu National Population and Housing Census and the State of Pacific Children 1995 unless otherwise indicated) |                       |            |
| Population ('000)  | 186                   | (2000)     |
| Population under 5 ('000)  | 28                    | (1999)     |
| Population under 18 ('000)   | 89                    | (1999)     |
| % Population growth rate   | 3.0                   | (2000)     |
| Land area ('000 sq.km) (SPC,1998)  | 12.5                  | (1995)     |
| Density per sq.km  | 16                    | (2000)     |
| % urbanized  | 21                    | (2000)     |
| Total fertility rate (per woman)   | 4.5                   | (1999)     |
| Life expectancy (male/female)(UNDP2000)  | 66/70                 | (1998)     |
| Crude birth rate (Census - 1999)   | 33                    | (1999)     |
| Crude death rate   | 6                     | (2000)     |
| Number of births ('000)  | 5                     | (2000)     |
| Number of under-5 deaths ('000)  | 0                     | (1999)     |
| <b>Socio-economic environment</b> (Sources: SOWC 2001, UNDP 1999 and the State of Pacific Children 1995 unless otherwise indicated)                |                       |            |
| GNP per capita (US \$)   | 1170                  | (1999)     |
| PPP per capita (US \$) (IBRD)  | 3020                  | (1997)     |
| Human development index (UNDP 1999)  | 0.425                 | (1999)     |
| Health exp. (% of gov't exp.) (SOWC 2001)  | 11.0                  | (1998)     |
| Education exp. % of gov't exp.) (SOWC 2001)  | 19.9                  | (1993)     |
| Social services expend. (% of total exp.)  | ...                   |            |
| Military exp. (% of gov't exp.) (SOWC 2001)  | 0                     | (2000)     |
| Radio sets per 1000 pop. (SOWC '01)  | 350                   | (1997)     |
| TV sets per 1000 pop. (SOWC '01)   | 14                    | (1997)     |
| % female participation in labor force  | 47                    | (1998)     |
| % child labor force (% of age 10-14 yrs)   | ...                   |            |
| Official dev. assistance (% of GNP)  | ...                   |            |
| Debt service (% of exports)  | 1                     | (1998)     |
| <b>UNICEF &amp; WSC goals</b> (Sources: SOWC 2001 and the State of Pacific Children 1995 unless otherwise indicated)                               |                       |            |
| Infant mortality rate  | 37                    | (1999)     |
| Under five mortality rate  | 46                    | (1999)     |
| Maternal mortality ratio   | 92                    | (1997)     |
| HIV/AIDS (reported cases/deaths) (UNDP)  | 1                     | (1998)     |
| <b>Immunization Coverage: (2000)</b>   | % BCG                 | 99 2000    |
|  | % DPT3                | 90 2000    |
|  | % OPV3                | 87 2000    |
|  | % Measles             | 94 2000    |
|  | % TT2                 | 88 2000    |
| Neonatal tetanus (cases/deaths)  | 0                     | (1997)     |
| Measles (cases)  | 114                   | (1997) (e) |
| Polio reported (cases)   | 0                     | (1997)     |
| % Receiving adequate Vit A   | n.a                   | (2000)     |
| % Total goitre rate (6-11 yrs)   | ...                   |            |
| % ORT use (pre1993def.)  | 66                    | (1993)     |
| BFHI designated (number of hospitals)  | 0                     | (1999)     |
| % exclusive breastfed 0-3 mos.   | 50                    | (1996)     |
| % Underweight (mod.&severe/severe)   | 20/...                | (1995-00)  |
| % Net enrol. in prim. School (total)   | 74                    | (1995-99)  |
| boy/girl   | 76/72                 | (1995-99)  |
| % Reaching grade-5 at prim. level  | 65                    | (1995-99)  |
| boy/girl   | .../...               |            |
| % Females(15+) illiterate (% of total)   | 40                    | (1995)     |
| % Access to safe water   | 88                    | (1999)     |
| urban/rural  | 63/94                 | (1999)     |
| % Access to sanitary disposal  | 28                    | (1990)     |
| urban/rural  | 72/18                 | (1990)     |

**Political/administrative systems:**

**Cook Islands** comprise 15 islands  
**Main Islands** Rarotonga ; **Capital** Avarua  
**Political status** Administered by New Zealand until 1965. It is now a parliamentary democracy headed by a prime minister.

**The Republic of Fiji** made up of 300 islands  
**Main Islands** Vanua Levu and Viti Levu  
**Capital** Suva  
**Political status** Independent. In June 1997 adopted a new Constitution that recognizes gender equity and equal rights and opportunities for its citizens; re-admitted to the Commonwealth in 1998 ; Parliamentary election in 1999; Coup in May 2000 and had another election in Sept. 2001. New elected Government now in place but expelled again from the Commonwealth in 2000.

**The Federated States of Micronesia (FSM)**  
**Main Islands** divided into the four states of Pohnpei, Chuuk, Yap and Kosrae. FSM has 607 islands.  
**Capital** Kolonia located on Pohnpei.  
**Political status** self-governing in free association with the United States in 1986.

**Kiribati** a country of 33 low-lying, coral atolls  
**Capital** Bairiki on the island of Tarawa.  
**Political status** an independent state since 1979. The government is popular democracy with a president and a legislature. Last election held in October 1998.

**Marshall Islands** a series of 34 low-lying coral atolls  
**Largest island and capital** Majuro.  
**Political status** self governing in free association with the United States since 1986. A legislature and president govern it.

**Niue** a small uplifted coral atoll  
**Capital** Alofi  
**Political status** self governing in free association with New Zealand since 1974. It is a parliamentary democracy headed by a prime minister.

**Palau** a group of 200 islands  
**Main island and administrative centre** Koror  
**Political status** The executive branch is of a ministerial type with the president choosing his cabinet. A bicameral legislature is composed of a House of Delegates made up of one delegate each from 16 states, and a senate of 14 members.

**Samoa (Western)** made up of 5 islands; two large and three small inhabited islands.  
**Capital** Apia located on the island of Upolu.  
**Political status** Independence Republic. It has a parliamentary democracy based on the English model and traditional culture.

**Solomon Islands** a chain of 105 islands; six large islands and the rest are very small islands.  
**Capital** Honiara located on the island of Guadalcanal.  
**Political status** Independence since 1978. The government is a parliamentary democracy. Politically unstable due to current civil unrest that escalated since 1999.

**Tokelau** consists of three atolls, Atafu, Nukunonu, and Fakaofu.  
**Political status** a non-self governing territory administered by an administrator of tokelau who is responsible to the New Zealand Ministry of Foreign Affairs through the office for Tokelau Affairs.

**The Kingdom of Tonga** comprises three main island groups and some other 160 islands of which 36 are inhabited.  
**Capital** Nukualofa located on the southerly island of Tongatapu.  
**Political status** a constitutional monarchy. The executive and legislative functions are vested in the king, the prime minister and parliament.

**Tuvalu** a chain of nine low-lying coral atolls  
**Main island and capital** Funafuti.  
**Political status** parliamentary democracy. Last election held in 1998.

**Vanuatu** made up of 80 islands.  
**Capital** Port Vila on the island of Efate.  
**Political status** Independent since 1980. It is a parliamentary democracy headed by a prime minister. The political status has remained unstable.

| Schedule of Pacific Islands country programme milestones   |  |          |
|--|--|----------|
| ACTIONS  |  |          |
| Documentation  | Events   | Due Date |
| Mid-term review 1999   | Report received at HQ, 1999                                  | 1999     |
| Situation analysis available for all PICs individually (1996-98).<br>Situation analysis for Pacific Children (SOPC) in draft (2000).<br>UNICEF Pacific Strategy Paper (2001) | Strategy meetings in 2001<br>Pacific regional and in-country | 2000     |
| Country programme recommendation for a short duration programme for 2002.  | UNICEF Executive Board and regular session – September 2001  | 2001     |
| Country Note for the programme of co-operation for the period 2003-2007.   | UNICEF Executive Board and regular session – January 2002    | 2001     |
| Master Plan of Operation/Project Plans of Operation/Country Programme Management Plan/Integrated Budget 2003-2007  | Submission 2002  | 2002     |
| Country Programme Recommendation for 2003-2007   | Submission 2002  | 2002     |
|  |  |          |
|  |  |          |

| Classification of major problems among the Island countries:   |   |
|--|---|
| High population growth rates and continued high fertility levels result in a young population structure with a dependency ratio and large costs in terms of service needs. | All, particularly Marshall Is. and Solomon Is.                            |
| Land and resources constraint and the environmental degradation.   | All.  |
| Weak economies and high donor dependency.  | Especially Vanuatu, Solomons Is., Kiribati, FSM, Marshall Is. and Tuvalu. |
| Social inequities due to high rates of urbanization and economic and demographic transition.   | All.  |
| Diarrhea, ARI and Malaria,   | Solomon Is., Vanuatu (highest of malaria incidence in the world)          |
| Emerging youth problems. i.e. teenage pregnancies, crimes,   | Fiji, Marshall, Solomon Is. and Kiribati.                                 |
| Measles outbreaks  | Some countries in the 90s.  |
| Hepatitis B infection, with carrier rates of 20-25%  | Tonga, Vanuatu and Kiribati   |
| Iodine deficiency disorders (IDD)  | Fiji  |
| Increasing reported cases of HIV/AIDS  | Some countries particularly Fiji, Kiribati and Marshall Is.               |
| High rate of maternal mortality.   | Solomon Is. and Vanuatu.  |
| Vitamin A deficiency among school children and pregnancy.  | FSM, Kiribati, Marshall Is.   |
| Malnutrition, approximately one in four children under-5 is underweight.   | Solomon Is., Vanuatu  |
| Anaemia among pregnancy and children under-5   | Fiji  |
| Education problem i.e. insufficient schools and teachers, outreach constraints.  | Kiribati, Marshall, Solomon Islands and especially Vanuatu                |
| Lack of sanitation and access to water supply  | FSM, Kiribati, Marshall, Solomon Is., Vanuatu and Tuvalu.                 |
|  |   |

**Overall situation of the Pacific Islands countries:**

- The Pacific countries continued to experience changes in its social structures. Long time harmonious social conditions are under threat as the traditional social fabric is challenged by modernizing influences and the economic crises of the countries. The Pacific island countries also continue to undergo rapid changes with six new governments out of 13 countries, and continued rapid social change brought about by the new access of television and the internet to many Pacific island countries. In the Kingdom of Tonga for example, the Catholic Women's League won a battle to ban gambling, a rare sign of public opinion changing policy in opposition of the King.
- Pacific Island countries are diverse in their geography, culture, resources and socio-economic structures.
- The demographic situation in the Pacific presents particular challenges to protecting the well-being of children. High rates of urbanization have introduced a host of social concerns. Many Pacific Island Countries are described as being in a state of transitional political independence and the introduction of cash economies have brought about changes which have resulted into economic and social strain.
- The economies of the Pacific countries continued to be dependent on foreign aid in 1998. The ratio of aid to GNP ranged from 2% in Fiji, to 15-30% in Cooks Islands, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu, and to over 50% in Palau, Marshall Islands and Micronesia. The Asian and the global economic crisis had affected the economic performance of the Pacific countries as well. There has been a gradual decline in real GDP growth in these countries from an average of 3.3% in 1994 to 2.7% in 1996 and -1.3% in 1997.
- As the main sources of income in most countries are natural, the economies of the Pacific Island Countries remain vulnerable to fluctuations of commodity prices in the world markets, environmental and climatic factors and natural disasters.
- In 1998, the severe drought in the main sugar cane producing region of Fiji forced schools to close due to lack of water; families of cane farmers had no income to meet basic needs such as food or transport fares for their children to go to school; and an increase of malnutrition cases. An estimated 30,000 school children were affected by the drought. In the atolls of Kiribati, Marshall Islands and Tuvalu the drought resulted in the rationing of water. There were no reported outbreaks of diarrhoea diseases.
- In 1998, Economic and structural reforms were undertaken in the Federated States of Micronesia, Marshall Islands and Vanuatu with financial assistance from the Asian Development Bank. The Cook Islands, Niue, Samoa and Tonga obtained support from New Zealand for their reform programmes, while the Solomon Islands was supported by the World Bank.
- Solomon Islands. In 1999, civil unrest erupted violently when warring factions took over. Peace negotiations and assistance from countries so far not resulted in the re-establishment of the status quo. The country continues to decline economically with the ongoing political instability and social unrest.
- Fiji. In May 2000 an attempted coup d'etat led to the fall of the democratically elected government in Fiji. Military installed interim government took over and prepared election in 2001 that resulted in a new elected government. The political instability has caused economic decline of which the size has yet to be determined.
- Fiji is well advanced on its demographic transition, with relatively low fertility and mortality; Vanuatu, Solomon Islands, Marshall Islands, Federated States of Micronesia and Kiribati maintained high but falling levels of fertility and mortality that results in high natural rates of population growth; and the Polynesian countries ( Cooks, Niue, Samoa, Tokelau, Tonga and Tuvalu) have lower levels of fertility and mortality.
- A particular feature of the Pacific is its high proportion of children and youths; children under 18 years make up between 35% (Niue) to 49% (Solomon Islands) of the population, and young adults (15-24 years) make up 11% to 22% of the population. Because of the young age structure of the populations, the population growth of the region will still be significantly high in the 21st century regardless of the declining rates of fertility and changes in reproductive and sexual health behavior and practices.
- Youth are increasingly vulnerable and high rates of juvenile crime, teen suicides and unwanted pregnancies reveal the social pressures. A survey of Marshalese youth showed that 23 % of boys and 17% of girls had attempted suicide in 1995.
- The cumulative numbers of reported HIV/ AIDS cases in the 20 Pacific countries in 2000 is 725 and of particular concern is the rapid increase of cases in Kiribati with a total of 49 and Fiji with 70 reported cases of HIV/AIDS.
- The Federated States of Micronesia, Marshall Islands and Samoa reported the highest numbers of suicides among youths. The causes of suicides were family and social pressures, such as family breakdown and arguments. Available data on STDs showed that the proportion of youths/adolescents had progressively increased over the years. For example, in Fiji 65% of cases were aged between 15-24 years; in Tonga the highest numbers were in the 20-24 age group; and in Micronesia 52% were below 20 years of age.
- Environmental degradation is now endangering the natural resources of sea and land which had always formed the basis for culture as well as food, shelter and necessities of life providing in Pacific island countries.
- Basic indicators differ across the region, for examples (2000 data):
 

|                                 |  |       |          |    |      |              |
|---------------------------------|--|-------|----------|----|------|--------------|
| - Annual population growth rate | from   | - 3.1 | (Niue)   | to | 3.5  | (Vanuatu)    |
| - IMR                           | from   | 10.8  | (Niue)   | to | 46   | (Vanuatu)    |
| - U5MR                          | from   | 22    | (Tonga)  | to | 92   | (Marshall s) |
| - Life expectancy               | averages 60 - 75 years (females are higher in all countries) |       |          |    |      |              |
| - GNP per capita                | from   | 650   | (Tuvalu) | to | 2470 | (Fiji)       |

## PACIFIC ISLANDS country profile (page 7)

### The Decade Goals Status:

(Most WSC goals have been achieved - the Cook Islands, Niue, Palau, Tokelau and Tonga; WSC goals are on track - Samoa, Tuvalu, and Fiji; countries where child survival issues are relevant- the Solomon Islands, Vanuatu, Federated States of Micronesia, Marshal Islands and Kiribati)

**EPI** Immunization is almost universal but pockets of poor coverage. The geographically dispersed locations, isolated islands, difficult terrain, coupled with transportation and communication problems makes it difficult to implement the immunization programme. Hepatitis B is being integrated into the EPI schedules.

#### % Immunization coverage in 2000 (measured by DPT3 coverage)

|              |   |      |
|--------------|---|------|
| Cook Is.     | - | 100% |
| Marshall Is. | - | 86%  |
| Micronesia   | - | 85%  |
| Fiji         | - | 98%  |
| Samoa        | - | 100% |
| Solomon Is.  | - | 79%  |
| Tonga        | - | 95%  |
| Tuvalu       | - | 90%  |
| Vanuatu      | - | 90%  |
| Tokelau      | - | 100% |
| Niue         | - | 100% |
| Kiribati     | - | 78%  |
| Palau        | - | 96%  |

The EPI coverage surveys were carried out in Pohnpei and in Chuuk. The surveys revealed much lower immunization coverage rates than reported rates, especially in lagoon islands.

**NNT** Eliminated according to WHO criteria, however, surveillance systems in Pacific Island countries do not enable full verification.

**MSL** Measles outbreaks continue, even in countries with high immunisation coverage rates and deaths from measles still occur as a result of cyclical epidemics. Outbreaks of measles were noted in some Polynesian countries in 1996 and spread to a few Micronesian and Melanesian countries in 1997. Successful campaigns following a Pacific outbreak have resulted in no new measles cases in 1999.

**Polio** Pacific Island Countries are pursuing a polio-free environment and hope to eradicate the disease. There were 10-suspected AFP cases reported in 1997, and another 4 uncovered during retrospective record reviews. No definite case has been detected (for many years), but it is still necessary to have a good epidemiological surveillance so that the disease can be certified as being totally eradicated.

**HBV** Hepatitis B vaccination coverage has been achieved since 1995 with some countries like Kiribati moving to 97% coverage from 36%, Tuvalu with 88% from 49% and Vanuatu with 75% from 69%. The over-all coverage rates are exceeding 80% in the Pacific island countries.

**BFHI** 17 maternity facilities aim to achieve baby friendly status in 1995, three hospitals in Fiji has been accredited BFH. These hospitals passed the re-assessment in 2001. The Code of Marketing Breastfeeding Substitutes is under preparation in Fiji. The principal hospitals in Solomon Islands, Tonga, Palau, Vanuatu and Federated States of Micronesia were internally assessed, and the Breastfeeding Committee was briefed on their progress and current status. Samoa has measured the impact of their effort and raised breastfeeding rates for children between 18 and 24 months from 20% in 1988 to 89% in 1999. The FSM bill for legislation on the Code of Marketing of Breast Milk Substitutes is being processed.

**ORT** Diarrhea is a problem among Pacific countries although there is no routine surveillance in place for collection of data. Some survey indicates that 80% usage of ORT has not been reached. There is widespread of mixing ORS with coconut water for controlling diarrhea disease.

**Vit A** Vitamin A deficiency remains in some countries such as FSM, Marshall Islands and Kiribati. (FSM have among the highest rates of VAD in the world). Atoll environments with poor soil, inadequate water supply, limited land area and salt damage problems make horticultural improvements difficult. In FSM, the progress of the Vitamin A and Vermox campaign continued. Other VAD assessment and prevention activities are ongoing in Kiribati, Republic of Marshall Islands and Solomon Islands.

**Anaemia** The severe drought experienced during the year had further exacerbated the iron deficiency problems in the Pacific. Iron deficiency anaemia is a public health problem in Fiji, affecting 56% pregnant women, 43% under-5 boys and 35% under-5 girls. A recent anaemia study involving female garment workers in Suva confirmed evidence of loss in productivity by 10% that is associated with anaemia. The Ministry of Health is forging ahead with its iron fortification programme to combat this public health problem.

**IDD** Latest estimated iodised salt consumption = 31%. Fiji is the only country in the Pacific region where IDD have been found. Fiji enacted legislation from 1996 to import only iodised salt. In 1997, Fiji has regulated sale of only iodized salt to control iodine deficiency and is studying the possibility of iron fortification to prevent anaemia.

**Malaria** In Vanuatu, the bednet campaign achieved a 90% coverage. Malaria morbidity rates appear to be declining in high incidence areas, and there has been an overall decrease from >100 to <40 per 1000, as well as a decline in complicated clinical cases. Demochin was withdrawn because of side-effects but its re-introduction is under consideration. More than 200 persons contracted dengue in the last outbreak, but there were no deaths. Port Vila and Santo were hardest hit.

**MMR** Maternal mortality is a major problem in Solomon Islands. The latest estimates (1992) is at 549 per 100 000 live births.

**NUT** Protein energy malnutrition varies from almost nil in most of the Polynesian countries to reported rates of 15 to 23% in RMI, Samoa, Fiji, FSM, Solomon Islands and Vanuatu. Need improvement of baseline data for monitoring this goal.

**EDU** There is no reliable region wide data on primary school completion. Only Solomon Islands and RMI have yet to achieve 80% gross enrolment in primary education. The gender gap in primary school stands at between 3 - 23%. According to the recently published EFA report, net enrollment rate in primary education in Samoa was 84.8% for 1994 and 92.5% for 1999. Despite the fact that Samoa had above 90% net enrollment for the last 5 years, the less than 10% unaccounted for is still an important issue to be considered. There is a national policy in compulsory education, however there is no strategy in place to implement such policy. In addition, dropout rates are high and literacy rates for school children are disappointing.

**The Decade Goals Status (continued) :**

- CRC** All Pacific countries have ratified or acceded to the CRC.
- Fiji** - Law Reform commission has reviewed the national laws on child labour and has proposed national regulations and policies on child labour that are consistent with the principles and provisions of the CRC.
  - Marshall Is.** - the first CRC report was finalized and forwarded to UN CRC.
  - Micronesia** - Submitted initial CRC report in 1996 and had its pre-sessional meeting in October 1997
  - Niue** - Formally established a National Committee on the CRC in June 1998.
  - Palau** - Initial report on the Implementation of the CRC was completed and submitted to the CRC Committee in 1999.
  - Solomon** - Interim report on the Implementation of the CRC was completed and submitted to the CRC Committee in 1999.
  - Kiribati** - First Draft CRC Report completed and awaiting submission into Cabinet.
  - Cook, Tonga** - Began reporting process in 1999.
  - Tokelau** - As the Island is not covered by New Zealand's ratification, it will need independent ratification.
- WATSAN** Water and sanitation is virtually a problem in many Pacific countries although severe data problems make it difficult to assess.

| Convention of the Rights of the Child (CRC) |                               |   |                        |   |                    |                |                        |                        |
|---|-------------------------------|---|------------------------|---|--------------------|----------------|------------------------|------------------------|
| Pacific Islands                             | Nat'l CRC Coordinating Agency | CRC Reporting Status in East Asia and the Pacific |                        |   |                    |                |                        |                        |
|   |                               | Date of Ratification                              | Date of 1st report due | Date of 1st report submitted and reviewed |                    |                | Concluding observation | Date of 2nd report due |
|   |                               |   |                        | submitted                                 | Pre-session review | session review |                        |                        |
| Cook Is.                                    | NACC                          | 6 June 97   | May 99                 |   |                    |                |                        | July 2004              |
| Fiji  | CCC                           | 13 Aug. 93  | Aug. 95                | Dec. 96                                   | Jan. 98            | May 98         | Yes                    | Sept. 2000             |
| FSM   | FNACC                         | 5 May 93  | May 95                 | Apr. 96                                   | Oct.97             | Jan. 98        | Yes                    | June 2000              |
| Kiribati                                    | KNACC                         | 11 Dec. 95  | Dec. 97                | Draft - 2000                              |                    |                |                        | Jan. 2003              |
| Marshall Is.                                | NNCC                          | 4 Oct. 93   | Nov. 95                | April 98                                  |                    |                |                        | Nov. 2000              |
| Niue  | NACCRC                        | 1 Dec. 95   | Dec. 97                |   |                    |                |                        | Jan. 2003              |
| Palau                                       | CoPopChi                      | 4 Aug. 94   | Aug. 97                | Oct.98                                    |                    |                |                        | Sept. 2002             |
| Samoa                                       | NCC                           | 29 Nov. 94  | Nov. 96                | Draft - 2000                              |                    |                |                        | Dec. 2001              |
| Solomon Is.                                 | NACC                          | 10 Apr. 95  | Apr. 97                |   |                    |                |                        | May. 2002              |
| Tokelau                                     | In formation                  | (positive intention)                              |                        |   |                    |                |                        |                        |
| Tonga                                       | NACC                          | 6 Nov. 95   | Oct. 97                |   |                    |                |                        | Dec. 2002              |
| Tuvalu                                      | NCC                           | 22 Sep. 95  | Sep. 97                |   |                    |                |                        | Oct. 2002              |
| Vanuatu                                     | CAH                           | 7 Jul. 93   | Jul. 95                | Jan. 97                                   | Feb 99             | Sep 99         |                        | July. 2000             |

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***(Last revision and update by Fiji Country Office: Oct.2001)***

**APPENDIX 6**  
**POLICY PROFILES**

**ROLE AND RELEVANCE OF PACIFIC PROGRAMME IN  
RELATION TO GOVERNMENT POLICIES AND STRATEGIES**

**TABLES OF SUMMARY POLICIES ON SELECTED AREAS OF INTEREST  
IN PACIFIC ISLAND COUNTRIES  
AND PACIFIC PROGRAMME FOCUS**

**TABLE 1**

**FEDERATED STATES OF MICRONESIA**

|  |  |
|--|--|
| INDICATORS                                 | *GNP/capita = USD 1,830 (1999) ** GNI/capita = USD 2,110 (2000)<br>^U5MR = 44 (boys) & 31 (girls) – 1999; ^^ U5MR (all) = 37.82 (1997)<br>***Total Children 0 – 18 years = 61,024  |
| Policy on Youth and Children in General    | Expand summer youth work exposure programme; provide counselling; co-ordinate youth job training.  |
| Policy on Immunisation and Micro-nutrients | Improve health status with efficient monitoring, early detection and immunisation campaign to reach 100% of children.  |
| Policy on IECE                             | Government support through subsidy for use pay policy and facilitate grants to NGOs that run head start centres.   |
| Policy on Child Protection                 |  |
| Policy on Health                           | Reduce unwanted and high risk pregnancies through primary health care for maternal and child health.<br>Support improvements in safe water supply, sewerage and solid waste disposal.<br>Improve public awareness of health and related issues including population, environment and health education.<br>Improve management system and raise awareness on costs.  |
| Policy on Education                        | Enhance public awareness of education as development priority.<br>Improve access and quality and support private institutions.   |
| Policy on Women                            | Establish a national council of women<br>Train women in income generation<br>Provide small equipment loans<br>Support the marketing of local products of women<br>Strengthen MCH and family planning particularly to increase contraceptive prevalence rate.   |
| UNICEF programme foci                      | FSM is one of five high priority countries for UNICEF. The programme includes – support for promotion of breastfeeding through BFHI; distribution of vitamin A capsules; assist in safe water supply and construction of toilets for improved sewerage disposal; teacher training in health and nutrition; reduce incidence of major childhood illnesses; assist with education on reproductive health and family planning.<br>In addition FSM also participates in the inter-country programme for child survival issues. |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source “2001 World Development Indicators database” World Bank Atlas methodology 7/16/01, taken off the web site

^ “The World Health Report 2000” World Health Organisation

^^ “Country Health Information Profiles 2001 Revision” WHO Regional Office for the Western Pacific.

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: Government of the Federated States of Micronesia, “Second National Development Plan 1992 - 96”.

**TABLE 2**  
**FIJI**

|  |   |
|--|---|
| INDICATORS                                 | *GNP/capita =USD 2,310 (1999) **GNI/capita = USD 1,830 (2000)<br>^ U5MR/000 = 25 (boys) & 19 (girls) (1999) ^^ U5MR (all) = 23.66 (1998)<br>*** Total Children 0 – 18 years = 380,120   |
| Policy on Youth and Children In General    | Empower young people to secure gainful employment or self –employment locally and abroad<br>Support establishment of National Youth Service Scheme<br>Reduce use of drugs amongst youth<br>Promote health education including sexual and reproductive health<br>Encourage cross-cultural understanding to celebrate cultural diversity<br>Encourage partnerships for information sharing and co-ordination of activities<br>Establish a comprehensive data base for youth development<br>Promote adoption of traditional cultural values by youth   |
| Policy on Immunisation and Micro-nutrients |   |
| Policy on IECCE                            | The education needs of the pre-school child is not specifically addressed although the government stated its policy intention to strengthen community partnerships, particularly by promoting family as a primary educator.<br>The health policy states the intention to adopt an integrated management of childhood illness as part of the Health System.  |
| Policy on Child Protection                 | The Fiji government recognised the tremendous stress placed on children after the May 2000 political upheaval and formulated policies and strategies specifically for the protection of children as follows;<br>Ensure access to education and health for all children<br>Develop a mechanism for systematic collection of comprehensive and disaggregated data on children and develop a data base;<br>Family life education to encourage family units to look after their children;<br>Harmonise legislation with the principles and provisions of the CRC;<br>Protect and strengthen the sanctity of the family unit.  |
| Policy on Health                           | The Fiji government recognises the detrimental impact of the May 2000 coup on the health of the population including the loss of skilled health professionals through outward migration. Its short-term policies therefore address increasing access by improving outreach and ensuring quality through overseas recruitment.<br><u>In the medium term the policy states its intention to :</u> <ul style="list-style-type: none"> <li>• Deliver effective and efficient primary, preventative and curative health services particularly to rural and peri-urban areas</li> <li>• Adopt a more active approach in primary and preventative health care including new initiatives on reproductive and adolescent health and integrated management of childhood illnesses as part of the health system.</li> <li>• Develop a comprehensive nation-wide health information system</li> <li>• A series of strategies to improve and maintain quality management.</li> <li>• Encourage private sector involvement</li> </ul> |
| Policy on Education                        | Provide access to basic education for all from class one to form seven. Improve education provisions in rural and isolated schools. Provide relevant and responsive education curriculum including technical, vocational and computer education.<br>Broaden curriculum to include sports, visual and performing arts, aquaculture<br>Upgrade teacher training. Strengthen community partnerships.   |

|                       |  |
|-----------------------|--|
| Policy on Women       | Policies emphasise the need to mainstream women in the development process including planning and policy formulation, legal systems, savings, credit and marketing systems, as well as decision-making bodies. Government recognised the need to educate the community and law enforcement agencies to prevent and eliminate violence against women and to improve the participation of women in sports.   |
| UNICEF programme foci | Health & Nutrition, Child and Youth Advocacy, Monitoring & Evaluation, UNICEF's country programme for Fiji has focussed on health and nutrition as well as on education. UNICEF has also assisted in the production of the country report on implementation of CRC. A medium priority country, Fiji benefits from inter-country health programmes such as for iodine supplementation and for addressing under 5-child malnutrition. In education Fiji has received support in the ECCE sector as well as for an assessment of the need to incorporate life skills training into the formal curriculum. |

Notes: \* Source "Key Indicators 2001: Growth and Change in Asia and the Pacific" Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source "2001 World Development Indicators database" World Bank Atlas Methodology 7/16/01, taken off the web site

^ The World Health Report 2000" World Health Organisation

^^ "Country Health Information Profiles 2001 Revision" WHO Regional Office for the Western Pacific.

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: Fiji Government, Ministry of National Planning "Strategic Development Plan 2002 – 2004" (Draft) November 2001.

Budget data - HEALTH in 2001 was allocated about 10% government-operating budget  
EDUCATION in 2001 was allocated about 20% government-operating budget  
(Source : Fiji Government 's national budget for 2002).

**TABLE 3**  
**KIRIBATI**

|  |   |
|--|---|
| INDICATORS                                 | <p>*GNP/capita = USD 910 (1999) **GNI/capita = USD 950 (2000)<br/>         ^ U5MR/000 = 62 (boys) &amp; 58 (girls) (1999)<br/>         ***Total Children 0 – 18 years = 43,898</p>  |
| Policy on Youth and Children in General    | <p>While there was no special policy chapter for youth and children, the government stated its intention to develop special programmes for youth and sports. There is general concern over the existence of an unskilled majority unemployed youth. These concerns include substance abuse, teenage pregnancies, and STDs.</p> <p>The government stated its intention to strengthen mechanisms to control tobacco and alcohol use through tax and legislation.</p> <p>The health policy places emphasis on maternal and child health care.</p> <p>NOTE: It should be noted that the social system of Kiribati is still strongly influenced by traditional values of respect for the elders. Male elders particularly wield considerable influence. This has implications for the work of UNICEF in promoting the rights of children as embodied in the CRC.</p>   |
| Policy on Immunisation and Micro-nutrients | Government policy in this area was to strengthen the immunisation programmes in order to improve coverage   |
| Policy on IECE                             | The approach to meeting the needs of the pre-school child had not yet been integrated as the government policy focused on education needs through its intention to support community and church groups that offer Early Childhood Education through their own pre-school centres.   |
| Policy on Child Protection                 | No specific recognition for policy in this area.  |
| Policy on Health                           | <p>Strive for greater community acceptance of family planning and maternal and child health</p> <p>Expand community awareness programmes on nutrition and maintenance of a healthy living environment to control communicable diseases.</p> <p>Mobilise community groups in health education and extension services. Instil in communities a feeling of ownership to health initiatives and programmes.</p> <p>Upgrade facilities to outer islands</p> <p>Introduce charges for services particularly those that do not involve positive public health externalities</p> <p>Review and strengthen existing charge mechanisms on private ward fees, dental and ophthalmic needs</p> <p>Review referral system with aim to cut down number of caretakers</p> <p>Explore ways to improve training and retain personnel</p> <p>Strengthen all curative support sections</p> <p>Give priority to maintenance of existing assets over new construction</p> <p>Encourage private clinics, pharmacies and health insurers</p> |

|                     |  |
|---------------------|--|
| Policy on Education | <p>Retain and build on church and community participation<br/>Phased development of Junior secondary schools established in rural areas.</p> <p>Restructuring of primary and secondary education with greater decentralisation.<br/>Priority primary teacher training and services<br/>Fees for non- compulsory services<br/>Efficiencies in provision of post secondary education and for training at overseas tertiary institutions<br/>Improve linkages between education and the job market</p>  |
| Policy on Women     | <p>Policies that would impact on women include the intention to develop programmes specifically for them, to address domestic violence, smoking and alcoholism amongst men, to focus on maternal and child health, and to increase rural maternity service and family planning.</p>  |
| UNICEF focus        | <p>One of five high priority countries for UNICEF Kiribati's country programme covers; Health &amp; nutrition; ECCE; youth substance abuse; STDs. Monitoring and implementation of CRC and National Plan of Action.</p> <p>The UNICEF country programme priorities address some of the outlined national policies. In health it continued support for improvement in nutrition. In education, it continued support for ECCE which has remained the responsibility of local communities. For youth UNICEF planned to implement a youth project on substance abuse/ STDs.</p> <p>Additionally the inter-country programme addresses specific priority needs in health development for Kiribati through programmes for Vitamin A supplementation, CDD/ARI control, improvements in water and sanitation, and addressing lifestyle diseases. It is noted that UNICEF's report on the state of Pacific children reported a regression in the reduction of MMR and basic sanitation in Kiribati from the 1980s to the 1990s. A high priority country, Kiribati also accesses UNICEF assistance in its programmes for ECCE support and for youth advocacy at inter-country level.</p> |

Notes: \* Source "Key Indicators 2001: Growth and Change in Asia and the Pacific" Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source "2001 World Development Indicators database" World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000" World Health Organisation

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: Republic of Kiribati "Medium Term Strategy 1997 – 2000"  
National Planning Office and Ministry of Finance and Economic Planning, Nov. 1997

Budget data -HEALTH In 1999 –12.4% government recurrent budget  
EDUCATION In 1999 – 18.2% government recurrent budget

**TABLE 4  
MARSHALL ISLANDS**

|  |   |
|--|---|
| INDICATORS                                 | *GNP/capita = USD 1,950 (1999) **GNI/capita = USD 1970 (2000)<br>^U5MR = 60 (boys) & 51 (girls) (1999) ^^U5MR (all) = 31 (1998)<br>***Total Children 0 – 18yrs = 29,491   |
| Policy on Youth and Children in General    | Acknowledging the family as the building block in building a nation, implement relevant recommendations of the CRC<br>Institute the teaching of spiritual principles and morals in the school curriculum starting at kindergarten to nurture the characters of the young people.  |
| Policy on Immunisation and Micro-nutrients | Maintain prevailing level of incidence of vaccine preventable diseases through immunisation   |
| Policy on IECE                             | Amend the Education Act to make school compulsory right from kindergarten. Make it compulsory for all schools to institute and organise physical education and first aid to promote and foster wellness amongst children.   |
| Policy on Child Protection                 | Review relevant provision in the constitution and any legislation to establish clearly the specific rights and freedoms of individuals under these laws.<br>Establish a framework where the Bill of Rights would work in harmony with Marshallese traditions and culture.<br>Adopt policies and programmes to improve and implement the collection, processing and dissemination of data on human rights.   |
| Policy on Health                           | Build capacity of each individual, family, community to care for own health through public awareness and heightened sense of responsibility.<br>Aggressive promotion of nutritious diet, healthy life style, and sanitation. Enhance reproductive health programme, reduce STDs, increase family planning<br>Focus particularly on educating communities for elementary health care to improve well being of mothers and children<br>Develop Action Plan for aggressive promotion of nutrition, increased production of local foods and local medicines in support of the Nutrition and Agricultural Policy<br>Increase health education in schools and promote school lunches of local foods<br>Re-enforce primary health care (PHC) concept and actively promote PHC strategies for NGOs and atoll communities<br>Increase resources for primary and curative services<br>Improve and implement collection, processing and dissemination of data on health. |
| Policy on Education                        | Ensure effective management and quality education for all<br>Make school compulsory right from kindergarten to high school<br>Ensure school supervision and monitoring including school and curriculum standards<br>Public media programme to promote education as the number one priority for the nation<br>Raise education standards and invest in teacher training.<br>Establish school-counselling services for teachers and students.<br>Forge closer partnerships with communities and achieve consistent and high degree of parent and community involvement.<br>Closely assess education information management system.<br>Reaffirm importance of non-formal education and link with formal education.<br>Raise vocational skills to externally competitive levels<br>Incorporate in school curricula a stream on individual freedom and fundamental human rights.  |

|                       |  |
|-----------------------|--|
| Policy on Women       | Equal job opportunities, equal access to education, health care, family planning and nutrition for women. Strengthen pre- and post-natal health services and immunisation programmes<br>Protection of women's rights including elimination of domestic violence, providing child support, and protecting matrilineal land rights.  |
| UNICEF programme foci | The Marshall Islands is another of the five high priority countries for UNICEF. Country programme focuses on Child and Youth Advocacy such as in support for life skills programme and advocacy and awareness on CRC. It also addresses Health and Nutrition such as through training for ARI/CDD, vitamin A capsules for VAD, and supporting EPI.<br>Additionally the Marshall Islands receives support from the inter-country programme child survival issues. |

Notes: \* Source "Key Indicators 2001: Growth and Change in Asia and the Pacific" Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source "2001 World Development Indicators database" World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000" World Health Organisation

^^ "Country Health Information Profiles 2001 Revision" WHO Regional Office for the Western Pacific.

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: The Republic of the Marshall Islands "Strategic Development Plan Framework 2003 – 2018 – Vision 2018" May 2001.

**TABLE 5**  
**PALAU**

|  |   |
|--|---|
| INDICATORS                                 | GNP/capita =<br>^U5MR = 23 (boys) & 16 (girls)<br>***Total Children 0 – 18 years = 6,172  |
| Policy on Youth and Children in General    | Bureau of Public health working towards establishment of child care centres with community groups participation.<br>Youth Service Corps proposed by CoPopChi  |
| Policy on Immunisation and Micro-nutrients |   |
| Policy on IECE                             |   |
| Policy on Child Protection                 |   |
| Policy on Health                           | Increase resources allocated to health promotion for healthier life style.<br>Redirect subsidies to disadvantaged individuals and households.   |
| Policy on Education                        | Reduce school dropouts<br>Enhance relevance and increase achievement levels<br>Empower parents to assist children   |
| Policy on Women                            | Promote full integration of women into national economic and political life.  |
|  |   |
| UNICEF programme foci                      | Palau is a low priority country for UNICEF. The programme focus is in support of the government in the area of Child and Youth Advocacy and Planning. UNICEF also continues linkages with available regional training on ECCE, health and nutrition, programme planning and management. In addition, the services of the inter-country programme in all its 4 areas were available for support to the Palau country efforts. Specific areas of support include provision of ORS, centralised ordering and distribution of EPI vaccines, control of Hepatitis B, prevention of substance abuse, Baby Friendly Hospital initiative, and benefits from the Pacific BELS project. |

Notes:

^ The World Health Report 2000” World Health Organisation

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by  
Arthur Jorari Demography Unit

Policy references: The Republic of Palau “ Palau – Sustainable Human Development :  
Progressing with the Past” Palau National Committee on Population and  
Children, 1995.

**TABLE 6**  
**SAMOA**

|  |  |
|--|--|
| INDICATORS                                 | *GNP/capita = USD 1070 (1999) ** GNI/capita = USD 1,460 (2000)<br>^U5MR = 28 (boys) & 25 (girls) (1999) ^^ U5MR (all) = 37.29 (1998)<br>*** Total Children 0 – 18yrs = 89,522  |
| Policy on Youth and Children In General    | The National Youth policy aims to facilitate and support the participation of youth in local, national, and international forums.<br>Promote equitable share by youth in Samoa’s rich cultural heritage<br>Appoint MP portfolio focussed on youth<br>Address concerns over substance abuse, lifestyle diseases, and youth suicides.  |
| Policy on Immunisation and Micro-nutrients |  |
| Policy on IECE                             |  |
| Policy on Child Protection                 | The National Youth Policy calls for research into problem of vulnerable youth, abused, exploited, suicidal, delinquent, substance abuse, pregnant teenage, unemployed, school dropouts, physical disabilities, working children, street vendors, victims of domestic violence and incest.<br>Review legislation including a proposal to ban employment of children during normal school hours and at night.  |
| Policy on Health                           | To examine rural health services by women’s committees.<br>Greater attention to environmental health and food handling practices. Concern about increase in life style diseases but logistic factors inhibit increase in funding for primary health care.  |
| Policy on Education                        | Village school committees to agree to a school charter with Department of Education for minimum building standard. Focus on improvement of quality of education at primary and secondary levels.<br>Strengthen teacher training.   |
| Policy on Women                            | WOMEN More efforts for family planning to improve women’s health status and options. The National Youth Policy promotes equal rights and opportunities for all young women and men. It calls particularly for the women to be respected and valued as equal and able partners.   |
| UNICEF programme foci                      | Samoa is a medium priority country for UNICEF. The country programme includes – Health and Nutrition focussing on health of infants, young children, pregnant and lactating mothers, and general health education. In Education, UNICEF gives support to strengthen ECCE. The programme lends support for monitoring of CRC implementation.<br>Additionally, the inter-country programme assists Samoa in all five focus areas including vaccines, BFHI, prevention of substance abuse, and support for ECCE linked with the BELS programme addressing the quality and relevance of basic education at primary school level. |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source “2001 World Development Indicators database” World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000” World Health Organisation

^^ “Country Health Information Profiles 2001 Revision” WHO Regional Office for the Western Pacific.

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: “The Budget Statement” by the Minister of Finance – Hon Tuilaepa S. Malietegaioi. Government of Samoa  
“Samoa National Youth Policy 2000 – 2009” July 2000 draft Government of Samoa.

Budget data – EDUCATION – 19.5% for 1998/99  
HEALTH – 14.5% for 1998/99

**TABLE 7**  
**SOLOMON ISLANDS**

|  |  |
|--|--|
| INDICATORS                                 | *GNP/capita = USD 750 (1999) **GNI/capita = USD 630 (2000)<br>^U5MR = 49 (boys) & 47 (girls)<br>*** Total Children 0 – 18 years = 231,605  |
| Policy on Youth and Children in General    | Approve the National Youth Policy and develop a Plan of Action for its implementation by government, NGOs and churches.<br>Encourage and support parental efforts to make responsible decisions regarding family size and upbringing of children.  |
| Policy on Immunisation and Micro-nutrients | Strengthen MCH programme with a view to expanding maternal care, child care, immunisation and family planning activities.  |
| Policy on IECE                             | No specific policies mention on IECE. (Communities are active in this area).   |
| Policy on Child Protection                 | No specific mention on child protection  |
| Policy on Health                           | Reduce mortality and morbidity by improving access to health care services and enhancing the quality and quantity of human resources available for health care delivery.<br>Promote environmental and family health education<br>Promote maternal and child health care and family planning<br>Improve health care management and supervision with effective allocation and use of resources<br>Promote partnerships (NGOs, donors, private sector) for health care development. |
| Policy on Education                        | Improve access to and quality of primary and secondary education<br>Expand education at lower levels<br>Minimise gender and regional inequalities<br>Enhance financial and budgetary capability of MEARD<br>Increase adult literacy rate.  |
| Policy on Women                            | Approve National Women's Policy<br>Completion of comprehensive baseline data<br>Institutional strengthening of the Division of Women and Development<br>Formation of gender management system in all sectors<br>Co-ordination of activities that address women's problems and networking between Government, women's groups and NGOs.<br>Improve maternal and child health and increase emphasis on family planning.<br>Increase girls' facilities in secondary boarding schools |
| UNICEF programme foci                      | Solomon Islands is one of five high priority countries for UNICEF. Priority of the programme is on health and nutrition and education while assistance is also given to monitoring the implementation of CRC. Specific programmes water and sanitation, malaria control, and promotion of home gardens with local foods.<br>Additional benefits as gained from the inter-country programme include - rehabilitation outreach, malaria control, and CDD/ARI training.             |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source “2001 World Development Indicators database” World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000” World Health Organisation

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: Government of the Solomon Islands “ Medium Term Development Strategy 1999 – 2001” Vol.1 Policy and Strategy ( Draft )

Budget data - HEALTH In 1999 – 11.6% national budget  
EDUCATION In 1999 – over 15% national budget

**TABLE 8  
TONGA**

|  |  |
|--|--|
| INDICATORS                                 | *GNP/capita = USD 1730 (1999) **GNI/capita = USD 1660 (2000)<br>^U5MR = 29 (boys) & 23 (girls)<br>^^ U5MR (all) = 13.80 (2000)<br>*** Total Children 0 – 18 years = 49,866   |
| Policy on Youth and Children In General    | Policy on youth - create opportunities in sports especially for youth.   |
| Policy on Immunisation and Micro-nutrients |  |
| Policy on IECE                             |  |
| Policy on Child Protection                 |  |
| Policy on Health                           | Efficient high quality affordable health care services. Promote healthy towns, schools, urban centres and nation.  |
| Policy on Education                        | Provide quality education at all levels from pre-school to tertiary.<br>Upgrade vocational and technical training.<br>All school age children to attend school   |
| Policy on Women                            | Full employment and high income for both men and women.<br>Equitable access and opportunity to education for men and women at all levels   |
| UNICEF programme foci                      | Tonga is a low priority country for UNICEF. The country programme addresses priority areas of ECCE, improving childhood health, increasing level of women's education and health, re focussing the immunisation programme, support and assistance to nutrition programme, and support to monitoring CRC. |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source “2001 World Development Indicators database” World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000” World Health Organisation

^^ “ Country Health Information Profiles 2001 Revision” WHO Regional Office for the Western Pacific.

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

**TABLE 9**  
**TUVALU**

|  |   |
|--|---|
| INDICATORS                                 | *GNP/capita = USD1,360 (1999) ^U5MR = 45 (boys) & 32 (girls) (1999)<br>*** Total Children 0 –18 years = 4,355   |
| Policy on Youth and Children In General    | Promote breast-feeding, nutrition and personal hygiene at home.<br>Provide supportive environment for youth groups and encourage them to take active part community affairs and in the development of Tuvalu.<br>Promote good health and recreational facilities<br>Promote participation in overseas sports tournaments<br>Encourage respect for the rights of youth   |
| Policy on Immunisation and Micro-nutrients | Aim to reach 100% coverage  |
| Policy on IECCE                            | Government support to continue for community owned and managed pre-schools.   |
| Policy on Child Protection                 |   |
| Policy on Health                           | Slight decrease in core expenditure for health, women and community affairs but maintain previous levels for medical supplies, equipment and overseas medical treatment. (bgt) Lower population growth rate through improved MCH and family planning. Improve health and well being of population through attention to environmental health, sanitation, water supply, technical assistance to NGOs and women's groups, recording and integration of traditional medicine, public health education programmes, improved health services (plan). Promote breast feeding, nutrition and personal hygiene at home. |
| Policy on Education                        | In 2001 – largest share of budget to increase scholarship awards and for rural school buildings. Review of philosophy and goals for Tuvalu education system.(bgt) - Policy developed within the framework of the Education For Life programme. Mainly to provide compulsory education to meet development objectives. Emphasis on equality of access, and encouragement of parental and community participation and support.  |
| Policy on Women                            | Support through Technical Assistance and training<br>Implement National Policy on Women<br>Promote equitable access to education and participation in the cash economy.   |
| UNICEF programme foci                      | Tuvalu is a medium priority country for UNICEF. The country programme priority focuses on reduction of infant mortality, provision of good food and nutrition, empowerment of women, effective health education programme, and strengthening of early childhood education. Additionally, Tuvalu participates in the inter-country programmes  |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

^ The World Health Report 2000” World Health Organisation

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by

Arthur Jorari Demography Unit

Policy references: “Tuvalu Kakeega O Tuvalu – National Development Strategy 1995 – 1998. “ Government of Tuvalu“

“Tuvalu. 1997 Economic Report” Asian Development Bank

Budget data:

HEALTH In 1999 – 9.4% recurrent budget. - EDUCATION IN 1996 – 18.2% of recurrent budget

**TABLE 10  
VANUATU**

|  |   |
|--|---|
| INDICATORS                                 | *GNP/capita = USD 1180 (1999 ) ** GNI/capita = 1140 (2000)<br>^U5MR = 64 (boys) & 57 (girls) (1999)<br>*** Total Children 0 – 18 years = 104,277  |
| Policy on Youth and Children in General    | Implement Vanuatu’s commitments to the CRC. The Ministry of health will include as a new priority area of activities, programmes that address the reproductive health of adolescents.   |
| Policy on Immunisation and Micro-nutrients | The Ministry of Health is committed to carrying out the Expanded Programme on Immunisation as a priority area.  |
| Policy on IECE                             | The Ministry of Health will include in its Health Promotion Policy support for Health Promoting Schools. The Ministry of education continues to support efforts by communities to establish pre schools.  |
| Policy on Child Protection                 |   |
| Policy on Health                           | Improve management, quality and coverage of health services. Strengthen community-based public health through community education, mobilisation, and empowerment. Promote devolution and strengthen rural health care programmes, malaria control, sewage and sanitation, and public health, adequate provision of supplies and medicines. Consider establishing a Health Services Commission, develop and implement minimum standards for health facilities, monitor and regulate private practices, and committed to carrying out integrated public health programmes through inter-sectoral collaboration. |
| Policy on Education                        | Improve the quality, coverage and relevance of education. This includes provision of basic education, increased access to secondary, vocational, technical and non-formal education, improved teacher training, infrastructure and resources.   |
| Policy on Women                            | Conduct special studies on equity issues under the Comprehensive Reform Programme. Define benchmarks for gender equity under CRP for a plan to implement gender mainstreaming. Greater use of existing structures for servicing women, eg more effective co-ordination for family planning rural maternity services, counselling and family health education. Continuing programmes in maternal and child health and setting minimum training standards for traditional birth attendants.   |
| UNICEF programme foci                      | Health and nutrition – malaria control and child immunisation against TB, polio, diphtheria, tetanus, etc<br>Home food gardens and advocacy for nutrition improvement. Strengthen ECCE activities, encourage health promoting schools Strengthen VNYC through establishing a secretariat for the National Population Board to assist in the development of youth and for on-going advocacy.   |

Notes: \* Source “ Key Indicators 2001: Growth and Change in Asia and the Pacific” Table 11 page 47 Asian Development Bank web site. GNP figures are calculated according to World Atlas method

\*\* Source “2001 World Development Indicators database” World Bank Atlas methodology 7/16/01, taken off the web site

^ The World Health Report 2000” World Health Organisation

\*\*\* Source Secretariat of the Pacific Community (SPC) mid 2002 estimates by Arthur Jorari Demography Unit

Policy references: Comprehensive Reform Program (CRP) Matrix Phase III 2001 – 2003  
Department of Strategic Management, Government of Vanuatu.

“Education Master Plan” Republic of Vanuatu, October 7, 1999

:Amended Policies – Ministry of Health internal paper.

**N.B. Not enough data could be found for the Cook Islands, Tokelau and Niue.**

**APPENDIX 7**

**INFORMAL MINUTES OF THE MEETING  
WITH REPRESENTATIVES OF MISSIONS IN NEW YORK  
30 MAY 2002**

*Meeting on Pacific Island Countries Evaluation of country programme 1997-2001*  
**Held at Maurice Pate Conference Room, 10-12 noon, 30 May 2002**

Participants:

Missions:

Asenatha Uluiviti, Second Secretary, Fiji  
Sam Lanwi, Adviser, Marshall Islands  
Desna Solofa, First Secretary, Samoa  
Vilami Malolo, First Secretary, Tonga  
Evelyn Adams, Third Secretary, Vanuatu  
Lisa Brice, Adviser, Australia  
Mark Palu, Counsellor, Australia  
Mark Ramsden, Counsellor, New Zealand

UNICEF

Jean Quesnel, Director, Evaluation Office  
Lucien Back, Senior Programme Officer, Evaluation Office  
Mirna Yacoub, PFO  
AR Mendoza, Asia Desk  
Melissa Fernandez, Asia Desk  
Shenaz Valli, Asia Desk

Attachments:

- 1) One-page summary of evaluation of Pacific Programme, 1997-2001
- 2) Powerpoint presentation on evaluation

**Salient points of meeting:**

**Lucien Back** presented the evaluation background, methodology, findings and recommendations.

**Jean Quesnel** thanked all for their support to this process and in particular Australia for its role as part of the Evaluation Team.

- Cautioned meeting participants that evaluation should not be viewed with ‘eyes of today’ as programme design was done some time ago.
- Fast track evaluation ‘cut corners’ and could not involve all governments (except for Fiji and Vanuatu) because of time constraints
- Purpose of meeting is debriefing, but evaluation process is open and final draft is not yet done
- Key lessons should shape future programme
- PIC evaluation will contribute to a summary paper to be prepared by Evaluation Section in 2003 dealing with development challenges in small island countries
- Report by EAPRO RD to the June Board will contain information on PIC evaluation

**Fiji** pleased about evaluation, thanked Australia for spearheading process in Board, and hoped that interest in PIC is sustained for long term

- Agreed that sustainability is critical issue for programmes; suggested that training of locals would contribute to sustainability
- Indicated that UNICEF comparative advantage should be more properly understood, and seized to have more catalytic effect on programmes
- Stated that database issue should not be tackled as an isolated exercise but should be part of scorekeeping towards MDG goals
- Supported setting up of several offices in other countries (Suva +2) as it would result in more effective programmes
- Expressed concerns about possible budget reductions and resource mobilization in light of evaluation findings

**Australia** expressed appreciation for being involved in the evaluation; stated that findings are important not only for PIC programme but for all of UNICEF as a whole; hoped that some of the findings could be more widely circulated to other board members as part of broader programme issues

- Noted that the Review report presented a clear understanding of UNICEF's strengths and constraints.
- Commented that given limited field work involved in evaluation, how relevant would the findings be to other PIC countries; ways must be found to validate findings in other countries not covered through country visits
- Mentioned that presentation on situation analysis could be more action-oriented, i.e. how findings are critical to regional strategies, and that the findings related to the situation analysis should be more prominent in the report.
- Expressed support to risk analysis and management assessments
- Suggested more explicit identification of who is responsible for different recommendations, a time table including when the next phase will be to look at progress
- Inquired regarding status of collaboration with regional organizations; i.e. what is their view of the dialogue so far

**New Zealand** thanked UNICEF for clear and useful report which displayed a good grasp of constraints of working in region, e.g. limited government capacity, small size, recurrent costs. Noted that they would have liked to be involved in the Steering Committee but were constrained due to the changes occurring in NZODA.

- Supports regional mechanism approach; suggests getting view of regional organizations early on to ensure that they are on board. Noted the limits to capacity of regional organisations.
- Supports reduction in the number of key countries; realizes increase in administration costs, but believes in substantial payback in return. Suggests use of UN Volunteers in these countries who are well qualified, older and more experienced
- States that report should elaborate more on achievements (deliverables) of past country programme
- Endorses collaboration with regional organizations which have greater commitment to increase sustainability

- Notes recurrent cost issues and difficulties to resolve these; suggests more collaboration with other partners, e.g. New Zealand, which could fund related activities
- Endorses full incorporation of sustainability in the design phase of the programme
- Cautions against focus on outmigration as the reason for high staff turnover constraints as there are other internal variables unrelated to outmigration such as headhunting.

**Tonga** thanked UNICEF for keeping Missions in NY engaged; even shortly following the UNSSC events wherein PIC Missions were also very much involved

- Noted that there was no interactive workshop since only Fiji and Vanuatu were involved for evaluation visits; inquired about opportunity for other countries which were not included this time to have input.
- Suggested that UNICEF advise Governments when this evaluation would be discussed during the June Board to allow possible interventions (Note: Asia Desk promised to inform Missions when the evaluation would be discussed.)

**Lucien Back** clarified that evaluation has a specific role, but it is up the RO/CO to translate the recommendations into action

- Stated that evaluation document will be ready before September Board, and that recommendations will be as concrete as possible; also that achievements can be more elaborate, as well as cooperation with regional organizations
- Informed group of very positive feedback from regional organizations; cautioned that implementation cannot be instantaneous; informed that there were interesting models to follow such as that of UNFPA

**Jean Quesnel** assured group that next programme will reflect recommendations in response to concerns; also that a study next year could address structural issues, such as recurrent costs

- Emphasized the need for programme approaches which would be based on multi-stakeholder cooperation, on issues such as recurrent costs, basic statistics for a common country assessments (UNDAF), or human resource-based development
- Suggested that the mid term review would be the time to engage all stakeholders in a followup evaluation

/gm Asia Desk  
x 6395