

## **UNICEF's Programme to Recognise and Protect Human Rights**

**Rights Advocacy:** This project aims to ensure that all partners understand and embrace the CRC and CEDAW and its implications; legislation is closer to compliance with the CRC and implemented by relevant authorities in all 14 Pacific Island countries; and monitoring and reporting on the CRC is conducted in a timely basis. All self-governing Pacific Island countries have now signed the CRC and their governments have the obligation to prepare initial and periodic reports on its implementation.

**Protection:** This project aims to ensure that services for relief, rehabilitation and reintegration for children in need of special protection are known to caretakers and made accessible to children in 5 Pacific Island countries. In the Pacific Island countries there are increasing numbers of children and young people living on the streets, or involved in pornography and prostitution. In most countries legislation to protect children is inadequate although some improvements have been made in areas such as adoption and juvenile justice.

**Communication:** This project aims to develop information and communication strategies to increase awareness of children's and women's rights and enable rightsholders to adopt attitudes and practices that will support the implementation of the rights, and to create opportunities for child participation to ensure that Pacific children participate and have a voice in matters of direct relevance to them.

### **5.2 Women**

Fiji ratified CEDAW in 1995, which obliged the government to work on modifying the Constitution and legislation to accord with the articles of CEDAW. A survey of legislative compliance conducted in 2006 found that Fiji has achieved full compliance with 49 of 113 indicators, partial compliance with 26 indicators, and is non-compliant with 38 indicators. However, by the end of 2006, some important areas relevant to CEDAW were the subject of draft legislation before Parliament or were being investigated.<sup>105</sup>

The Constitution of Fiji guarantees the rights and freedoms of citizens in most of the areas required by CEDAW, but while equality is guaranteed before the law, it does not guarantee equal benefits or outcomes as required by CEDAW. The Constitution also establishes a Human Rights Commission which is empowered to implement affirmative action programmes, a capacity which could be used to accelerate the advancement of women. The Ministry with responsibility for women also plays a part in the advancement of women, although as it was not established by legislation, its powers could possibly be curtailed.

Areas of discrimination against women remain. Sexual assault laws give inadequate protection for the range of sexual violations against women and girls, for they require penile penetration. The Sexual Offences Report 1999 prepared by the Fiji Law Reform Commission recommended widespread changes to these laws. While sexual violence is treated seriously in the courts, with mandatory prosecution and minimum sentences, sexual assault offences are less rigorously pursued in the courts. Fiji's Penal Code does not contain offences for domestic violence and women must instead rely on the general assault provisions which are insufficient to encompass the breadth of situations in which women experience domestic violence in their daily lives.<sup>106</sup>

Article 4 of CEDAW requires special measures to be introduced into national constitutions and legislation for the advancement of women. The provision in the Fiji Constitution is however limited to education and training, land and housing, participation in commerce and in all levels of the public service. Even in these areas. However, some *de facto* discrimination

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<sup>105,106</sup> CEDAW Legislative Compliance Report, 2006

is evident. For example, Fiji has few female members of parliament (only 8 of 71 seats in 2006) and no quota systems to ensure their better representation. As well, although Fiji has compulsory education for both males and females aged 6-15 years, discrimination is still prevalent in schools where, for example, girls and women face expulsion because of their pregnant status.<sup>107</sup> Although women have in law the same employment rights as men, several aspects of employment law discriminate against women, such as minimum standard pay rates for maternity leave and lack of provision for nursing mothers in the workplace. Although the law requires that women have access to health services including family planning, abortion is still criminalised and unsafe abortion often occurs.

Fiji has a number of NGOs that actively promote women's rights and CEDAW. The most prominent of these are the Fiji Women's Rights Movement, which effectively advocates for the advancement of women and gender equality, and the Fiji Women's Crisis Centre, which assists women and children who experience domestic violence or family break-up and has effectively sensitised the Fiji public and government about the prevalence and nature of sexual violence.



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<sup>107</sup> CEDAW Legislative Compliance Report, 2006

# **PART 3**

## **STRATEGIES**

## **PART 3: STRATEGIES**

### **1. National policies and programmes**

This report has assessed the current status of children, youth and women in Fiji with particular reference to health, education and other services that most directly impact on their well-being. In its Strategic Development Plan 2007-2010, the government reaffirmed its social responsibility to its citizens to put in place policies that will achieve prosperity, especially for the poorest, disadvantaged and most vulnerable citizens. Notable progress has been achieved in certain areas for children, youth and women since UNICEF's last report on Fiji in 1996, but other problems have remained or emerged.

Fiji's ranking in the Human Development Index has dropped from a ranking of 46th in 1995 to 90th in 2006. Both urban and rural poverty have grown in extent and depth. Economic and political problems underlie this situation. The negative repercussions on the poor and disadvantaged are evident in a series of knock-on effects resulting from reduced working hours, loss of jobs, rising prices of essential items, reduced frequency of transport to remote communities and so on. Government has also had to introduce budgetary restrictions that have further reduced its ability to provide essential services, including critically needed welfare payments to the increasing number of individuals, families and communities in need of support.

The practice of pro-poor planning is not strong in Fiji. National plans have emphasised the need to address poverty and hardship, yet the major upheavals of recent years – the termination of thousands of agricultural leases, the periods of economic malaise that have followed episodes of political unrest, the loss of factory employment for thousands of workers, particularly women; the large out-flow of people from Vanua Levu, stagnation of the low-income urban housing market; and the visible growth of poverty – have not been sufficiently mitigated by well designed or implemented programmes. Progress in sectors such as health, education and social services, which has taken so much to achieve, is in jeopardy.

Non-government organisations have for many years made a large contribution to education, health and social services in Fiji. They provide almost all welfare services and most education services and as well make significant contributions to health and other social services. Local communities, faith-based organisations and other NGOs operate almost 95% of schools, including all that cater for people with special needs. NGOs also provide by far the largest part of welfare assistance to poor and needy people in the community, and this has been their traditional focus. Even though many of these organisations are small, have a limited range, and cannot meet all demands on their services, the contribution of NGOs to welfare in particular out-weighs that of government.

NGOs need to be able to scale up their activities, to widen and deepen their coverage, and this requires that more resources are channelled into supporting effective programmes. Local fundraising is restricted not only by the small size of the population but also by the requirements of the Act under which NGOs are registered. These organisations mainly depend on small grants from government and international donors, and usually these grants are provided for activities and not for organisational needs. Without the capacity and physical structure, NGOs struggle to deliver services with any efficiency. It is for this reason that some organisations fail in their programmes, and that most organisations fail to evolve into professional institutions. The potential role for NGOs in development has been talked about for more than a decade but many of these organisations in Fiji feel that their potential has not yet been realised.<sup>108</sup>

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<sup>108</sup> Personal communication: NZAID roundtable meetings with NGOs, February-March 2007.

**Table 3.1 Major NGOs working in social development fields**

General purpose	Organisation	Activities
Empowerment	Ecumenical Centre for Research, Education and Advocacy (ECEA)	Works with informal settlements and other groups that lack security in terms of land and employment through regular community visits and training programmes to empower people, such as economic and legal literacy, and to assist them to lobby government or work with agencies to better their lives. A recent initiative is development of a national Squatter Network as advocacy group for settlers and to help fund land purchases.
	Fiji Council for Social Services (FCOSS)	Advocates for social justice and operates various development programmes for community groups.
	Fiji Trades Union Council (FTUC)	Works to improve workers' conditions, welfare concerns and wage levels.
	Fiji Women's Crisis Centre (FWCC)	Provides counselling and other assistance to women and children who are victims of abuse or face family problems.
	Fiji Women's Rights Movement (FWRM)	Advocates for the empowerment of women and gender equality and conducts programmes to advance these goals.
Skills and livelihoods	Foundation for Rural Integrated Enterprises 'N' Development (FRIEND)	Main activities focus on income-generation for disadvantaged, low-income groups, namely the Income Generating Scheme which operates in Lautoka, Ba and nearby villages and produces and sells chutney and other items, and the Rural Banking Scheme. FRIEND is also heavily involved in empowerment, working with communities and groups with special needs, such as ex-prisoners and prisoners.
	Save the Children Fiji (SCF)	SCF assists disadvantaged children and their families through their programmes, including the Mobile Playgroup Programme that provides early childhood education in low-income communities and empowers these communities through education and mobilisation. SCF also provides assistance to victims of natural disasters.
Housing and basic services	Habitat for Humanity	Assists disadvantaged people to improve their housing. It promotes community empowerment by using community resources to build their own houses, training community members to build future houses, works with Social Welfare Department to identify people in need of better housing.

	Housing and Relief Trust (HART)	Established in 1970 by the Fiji Council of Churches, HART provides apartments for destitute families. Government provides financial support for administration, maintenance, construction of new dwellings and purchase of land.
	Rotary Club (Rotahomes)	Since 1985, Rotahomes, has built over 800 houses for destitute families and has developed a model community, Koropita at Naikabula Road, outside Lautoka.
Welfare	Arya Pratinidhi Sabha of Fiji	Assists destitute people with monthly food rations and meets school costs for needy children.
	Bayly Welfare	Assists the elderly, the destitute without relief, the chronically ill, widows, wives whose husbands are in prison, etc. with food rations, medicine, clothing etc., and assists disadvantaged children through their educational assistance scheme.
	Counterstroke Fiji	Provides assistance to people who are disabled by strokes and their families, and conducts public education activities.
	Dorcas Society (Seventh Day Adventist Church )	Each SDA church has a Dorcas group that identifies and assists disadvantaged people in their district, providing for family disasters (such as fire) with basic items such as utensils, bedding, clothing, etc.
	Family Support & Education Group (FSEG)	Funded by the Ministry of Health, this organisation provides counselling services, including for HIV/AIDS at Western Division hospitals and education programmes in communities, and networks with other organisations such as Bayly and HART to assist clients to seek assistance.
	Lifeline Wesley Church	Provides a referral service for people with various social and economic problems.
	Lions Club	Pays school costs for needy children, including boarding fees for those who stay far away from schools. Provides some welfare assistance to other people in special need.



	Satya Sai Service Organisation of Fiji	Provides some material assistance to the poor, including food, clothing, shelter, educational assistance. Also involved in community and youth development and disaster relief.
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Fiji benefits from assistance from many international donor organisations. Multilateral organisations include the United Nations agencies and the European Union. Major bilateral donors to Fiji in the areas of health, education, social services and civil society are Australia, Japan and New Zealand.

**Table 3.2 Major bilateral donors to social services**

Sector	Donor	Type of assistance
Education	Australia	Supports the Fiji Education Sector Support Programme.
	Japan	Supports: advanced technology training; basic life skills for young people and adults; education policy, administration and management; higher education; programme formulation in secondary education and human resources; participation of Japanese citizens in education; teacher training; and vocational training.
	New Zealand	Supports: kindergartens; cyclone rehabilitation; early childhood education; SCF's Mobile Playgroup; in-country training; Nabua Secondary School; scholarships and study awards; and computers for schools.
Health	Australia	Supports: the Fiji Health Sector Improvement Programme; health personnel development; and the UNICEF Pacific Programme.
	Japan	Supports: advanced laboratory technology for care and management of HIV; basic health care; construction of Pharmaceutical Service Centre; health policy, administration and management; and medical education/training.
	New Zealand	Supports: the Fiji School of Medicine; dietary survey; distant learning; medical treatment scheme; Fiji Dental Association; Psychiatric Survivors Association.

Social services and civil society	Australia	Supports electoral assistance and strengthening civil society.
	Canada	Supports NGOs to reach women at the grassroots level.
	European Union	Supports Grassroots Opportunities for Action and Leadership (GOAL); democratisation, human rights and ethnic group reconciliation; and governance.
	Japan	Supports economic and development policy and planning and programme formulation and public sector financial management.
	New Zealand	Supports: up-grading of Champagnat Institute; cyclone rehabilitation; Fiji Council of Social Services; Habitat for Humanity squatter settlements; Children's Library at Suva City Library; Fiji Women's Crisis Centre, civil education; Elections Office; Fiji Law Reform Commission; Legal Aid; Fiji Human Rights Commission; Fiji Women's Crisis Centre.

Source: Development Gateway Foundation Accessible Information on Development Activities (AIDA).

## 2. UNICEF's regional and national programmes

**UNICEF's Medium-Term Strategic Plan 2006-2009** focuses upon the following areas:

- i. Young Child Survival and Development, to provide support in regular, emergency and transitional situations for essential health, nutrition, water and sanitation interventions, and for young child and maternal care at the policy, provider, family and community levels.
- ii. Basic Education and Gender Equality, specifically to improve developmental readiness for schools; access, retention and completion, especially for girls; improved educational quality; education in emergency situations and continued leadership of the UN Girls' Education Initiative.
- iii. HIV&AIDS and Children with emphasis on increased care and services for children orphaned and made vulnerable by HIV/AIDS, and on preventing infections among children and adolescents; and a continued strong participation in UNAIDS.
- iv. Child Protection to strengthen country environments, capacities and responses to prevent and protect children from violence, exploitation, abuse and conflict.
- v. First Call for Children in Policies, Laws and Budgets by generating and disseminating high quality, child focused data and analysis: support emergency preparedness capacity and leverage resources and results through partnerships for investing in children to reach the MDGs and foster children's and young people's participation.

**UNICEF's Multi-Country Programme for the Pacific Island Countries for the period 2008-2012** follows the following strategies:

- i. Evidence-based advocacy to influence the development and implementation of laws and policies that recognise children's rights and address clearly evident sub-national inequalities.
- ii. Systematic capacity building of duty bearers at national and sub-national levels through promotion of human-rights based programming, gender and youth mainstreaming and results-based planning and management.
- iii. Enhancements to basic service delivery through participatory evaluation of models and approaches (e.g. essential package of health interventions; Child-Friendly Schools; strengthening social service response capacity; emergency preparedness and response).
- iv. Partnerships with and for children and young people at sub-national, national and regional levels.
- v. Intensified community engagement, social mobilisation and communication for behaviour change and social change.
- vi. Partnerships with, and leveraging of, financial and/or technical resources of major development partners and regional organisations and institutions.
- vii. Strengthened monitoring and evaluation of results.
- viii. Enhanced Pacific Island Countries national and sub-national capacities for emergency preparedness and response in a coordinated and integrated manner to mitigate impact on children, women and vulnerable members of the population and ensure rapid return to normalcy.

**At the Fiji country level** the UNICEF Pacific Country Programme Document 2008-2012 identifies the following priorities and goals:

- i. **Health and Nutrition:** To increase childhood immunisation coverage (all vaccines) from the regional mean of 80% to 90% with a special focus on low-performing districts.
- ii. **HIV and AIDS:** To reduce vulnerability to and impact of HIV and AIDS among the most at risk populations with a special focus on children and women through strengthened integration of maternal and child health services and community-based initiatives.
- iii. **Child Protection:** To establish legislative and regulatory environments that increasingly protect children from violence, exploitation and abuse, and to ensure that children are better served by a well informed and coordinated child protection social service and justice system.

New programmes are also planned to develop synergies across core elements of Integrated Child Health and Development, Education, HIV and AIDS, and Child Protection. A more integrated, community-driven approach will be used to assist marginalised and vulnerable populations that will be identified through consultation with partners.<sup>109</sup>

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<sup>109</sup> UNICEF Pacific Country Programme Document 2008-2012 (Draft).

### **3. Strategic approaches for UNICEF**

#### **a) Greater coordination and partnership with local organisations and donors**

There is scope for an increased emphasis on a community-based approach to addressing the needs of children, women and youth. NGOs in Fiji play an essential role in providing welfare services to the needy and poor in the community but often they require additional support and resources so as to be able to expand their activities. Greater coordination with NGOs, including community or faith-based organisations, will facilitate the identification of key community needs, a more thorough understanding of their origin and nature, and a more accurate determination as to how best these needs can be met. It will also further foster partnerships with those at the community level who are most likely to be committed to, and best positioned to guarantee that activities are implemented in ways that meet community needs. Working with communities is often easier to identify and address needs in a more holistic manner, than often is the case at a more central level, where organisational compartmentalisation can frustrate efforts to address issues in integrated and synergistic manner. A greater emphasis on a community-based approach is also likely to appeal to many donors who have indicated their increased interest in providing assistance at this level through partnerships with NGOs

#### **b) A balance of structural assistance and community level practical assistance**

Specific problems, particularly at the community level, can have a large negative impact on the delivery of essential services, yet there are often relatively simple and inexpensive solutions. Addressing these obstacles not only presents a cost-effective way of enhancing the actual delivery of services, but also has an important role in raising the morale of the service providers upon which these services critically depend. When these problems are found to be widespread or systemic, then additional larger scale structural assistance may be also required.

### **4. Addressing UNICEF's regional priorities**

#### **Young Child Survival and Development**

In order to further reduce both infant and child mortality it is necessary to identify and address sub-national patterns in maternal health conditions, pregnancy-related illnesses, child illnesses and death. This will assist a more specific and effective targeting of mothers and children with special health risks, particularly those in families living in hardship or poverty.

There is a pressing need to further strengthen aspects of the Expanded Programme on Immunisation, particularly in its delivery in remote areas.

The 2004 National Nutrition Survey identified a wide range of health and nutrition related issues in which UNICEF can productively collaborate with its various partners. Additional emphasis also needs to be given to the early identification, correct diagnosis and appropriate treatment of children with various disabilities, to ensure that their special needs are not neglected or delayed, for this can cause further complications to the children and their families.

The NCCC has recommended that a comprehensive analysis be undertaken of the impact on children and their families of the current and predicted economic situation. UNICEF's experience of working in countries that have experienced similar problems could be useful in identifying ways and means to mitigate against the consequences of an economic downturn on the most vulnerable people.

### **Basic Education and Gender Equality**

Further improvement of schools, especially those in remote areas, would particularly benefit poor and disadvantaged communities.

There is a need to undertake a national assessment of the demand for non-formal education and to review existing non-formal education, both in terms of its effectiveness and its availability, particularly for women and young people.

In the interest of gender equity, ways should be explored to increase the enrolment of females in technical and vocational education courses from the current level of 30% of all students. To address the social and economic needs of youths, greater focus needs to be placed upon the provision of youth-specific life skills and vocational training, and employment generation activities.

### **HIV&AIDS and Children**

Much work has been undertaken in STIs and HIV awareness and education programmes, but research is required to assess the effectiveness and impact of these activities. Further improvements could be made to the reproductive health services, especially to make them more youth-friendly

### **Child Protection**

This report noted the progress that has been achieved in the area of child protection, but it also noted areas where far more must be done, including the need to address the lack of reliable and accurate data on the subject.

Progress has been achieved in exposing and dealing with domestic violence, but its nature and prevalence are still subjects of considerable denial. Greater emphasis needs to be given to various issues related to child protection both at the family and community levels, including the prevention of physical punishment both in the home and at school, greater vigilance to prevent various forms of sexual exploitation of children and juvenile justice.

### **First Call for Children in Policies, Laws and Budgets**

There is a recognised need for the adoption of a National Plan of Action for Children. In order to remove existing ambiguities, particularly with regard to various laws, further clarification is required concerning the definition of a child

The NCCC provides an essential mechanism for coordinating the work and experiences all the various agencies involved with children in Fiji, but its work warrants additional support. There remains a chronic need to generate and disseminate high quality child-focused data and analysis, and to ensure that this is disaggregated beyond crude national averages that fail to provide a sound basis for either policy or necessary interventions. There is also a need for additional disaggregated data on key issues related to unemployment, urban growth, squatter settlements, etc.

In the context of human rights programming, key duty bearers, in particular government, need to be encouraged to recognise and more effectively fulfil their responsibilities in regard to the provision of health, education, welfare and other services, in particular to the most marginalised, disadvantaged, vulnerable and poorest communities.

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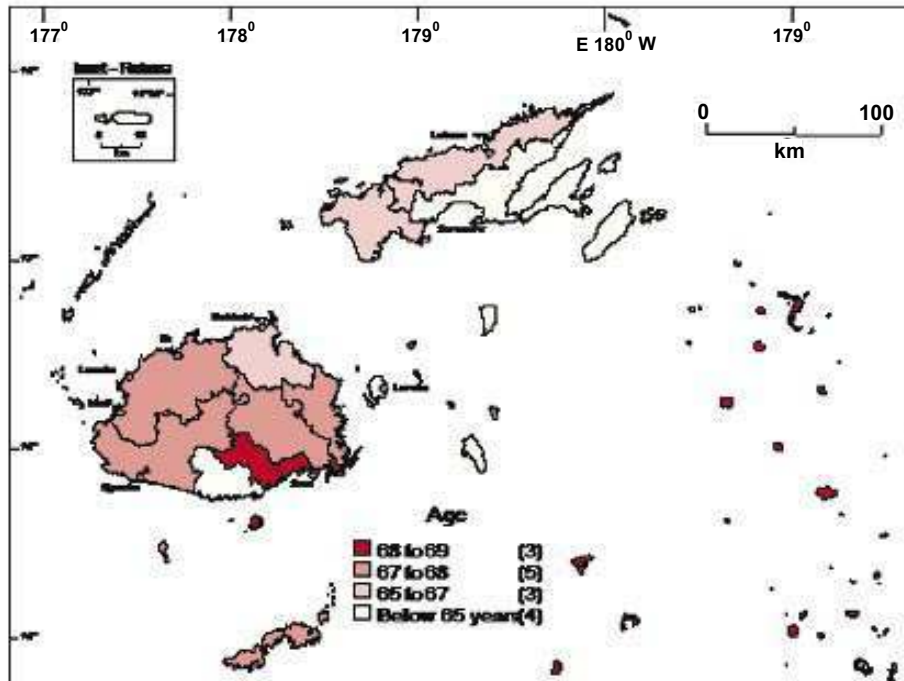
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# ANNEXES

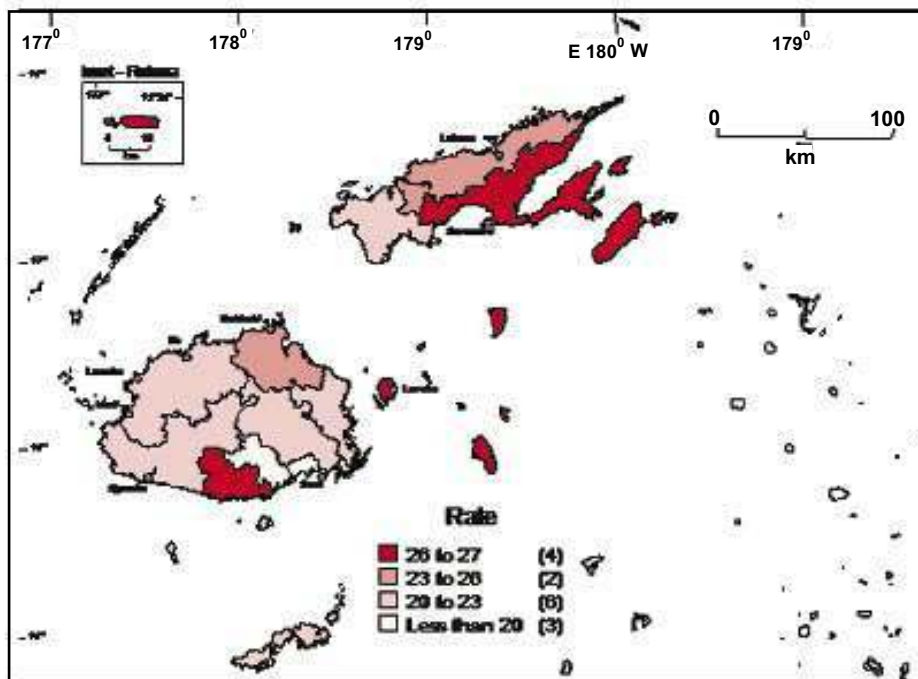
## ANNEX 1: GEOGRAPHICAL PATTERNS OF DISADVANTAGE

### Life expectancy at birth in 1996 (years)



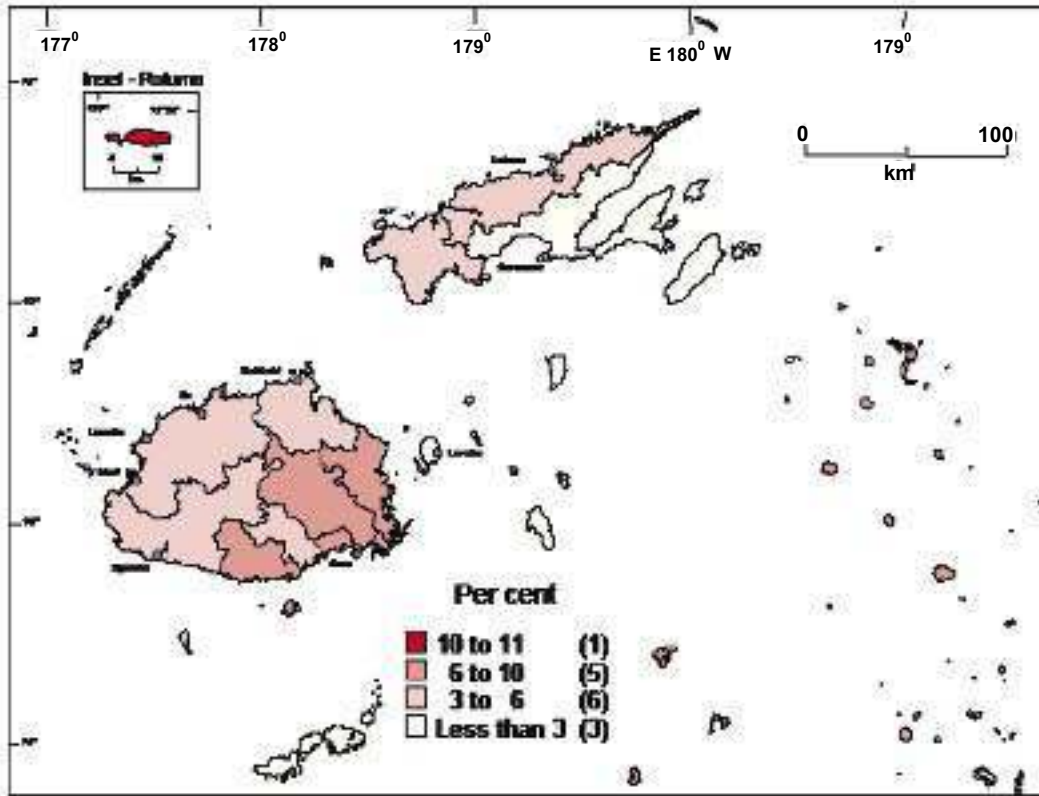
Source: Fiji Islands Bureau of Statistics (2000b)

### Infant mortality rate in 1996 (deaths per 1,000 live births)



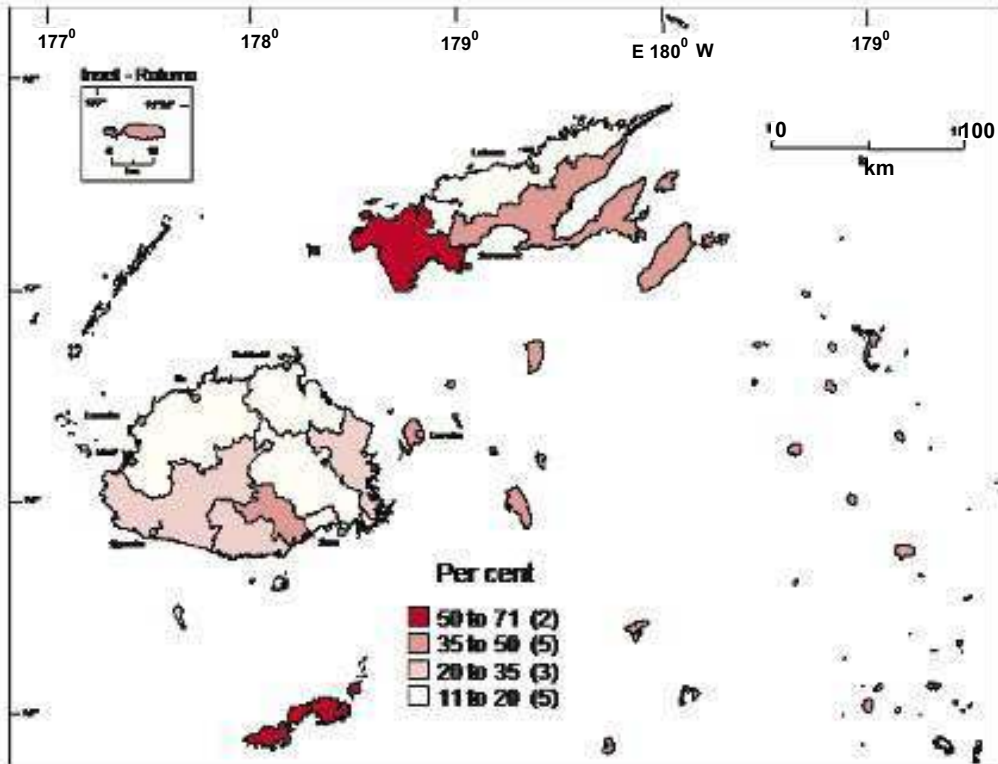
Source: Fiji Islands Bureau of Statistics (2000b)

**Unemployment rate in 1996 (% of economically active population)**



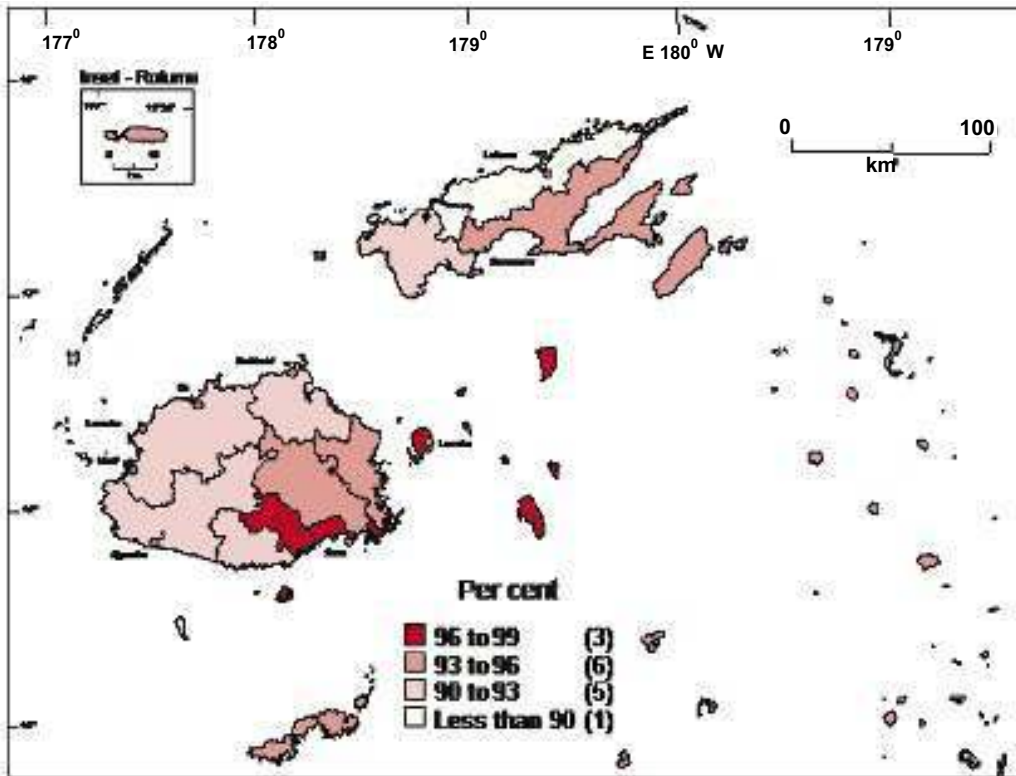
Source: Fiji Islands Bureau of Statistics (2000b)

**Subsistence lifestyles in 1996 (% of economically active population)**



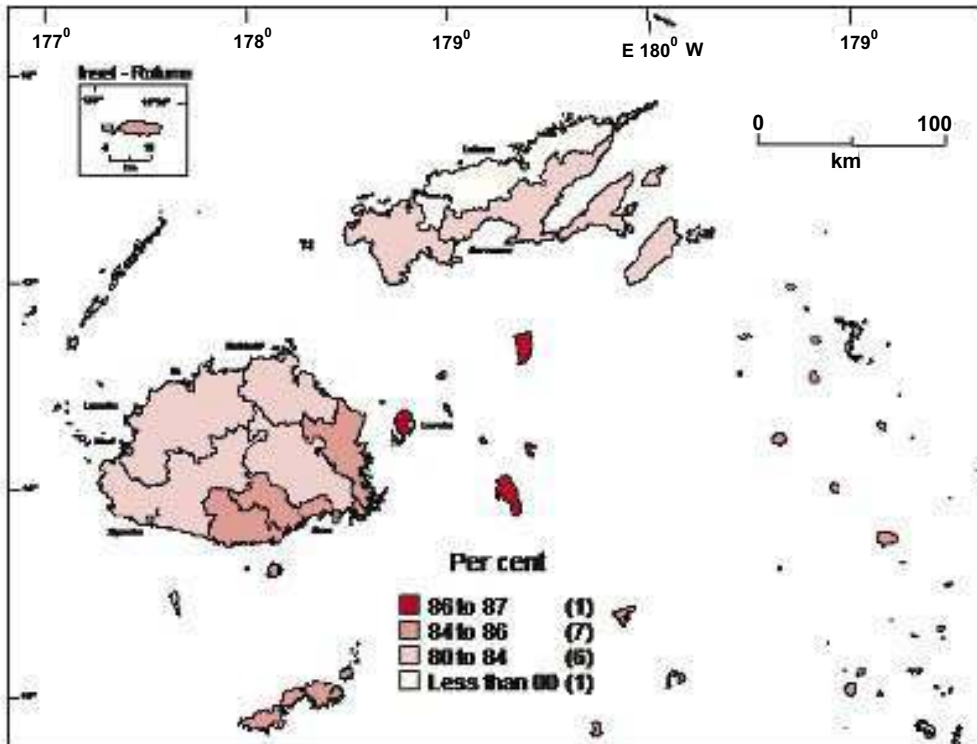
Source: Fiji Islands Bureau of Statistics (2000b)

**Adult literacy in 1996 (% of population aged more than 15 years)**



Source: Fiji Islands Bureau of Statistics (2000b)

**School attendance in 1996 (% of population aged 6yrs to 19yrs)**



Source: Fiji Islands Bureau of Statistics (2000b)

## ANNEX 2: FIJI'S PROGRESS ON MILLENNIUM DEVELOPMENT GOALS

### 1. ERADICATE POVERTY

Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 per day (PPP values)	n.a	n.a	n.a	n.a
	1a. Poverty head-count ratio	n.a	National 25.5%; Urban 27.6% Rural 24.3% <sup>1</sup>	n.a	n.a
	2. Poverty gap ratio	n.a	0.31 <sup>1</sup>	n.a	n.a
	3. Share of poorest quintile in national consumption	n.a	2% <sup>1</sup>	n.a	n.a
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of under-weight children (under 5 yrs of age)	15% <sup>2</sup>	n.a	n.a	n.a
	5. Proportion of population under minimum level of dietary energy consumption	n.a	9.9% <sup>1</sup>	n.a	n.a

Sources: <sup>1</sup> Calculations from 1990-91 HIES for Fiji Poverty Report, 1996; <sup>2</sup> Fiji National Food and Nutrition Committee, 1994.

### 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education	6. Net enrolment ratio in primary, secondary & tertiary education	Primary: Total 92% <sup>4</sup> Boys: 91.7% Girls: 92.4% (1986)	Total: 97.1% <sup>2</sup> Boys: 96.7% Girls: 97.6% (1996)	Total 94.7% <sup>4</sup> Boys: 94.9% Girls: 94.6%	Total 102% <sup>1**</sup> Boys:102% Girls:102% Boys:102% Girls:102%

		Secondary Total: 44.2% <sup>4</sup> Boys: 44.1% Girls: 44.2% (1986)	Total: 67.1% <sup>2</sup> Boys: 64.7% Girls: 69.6% (1996)	Total: 71.0% <sup>4</sup> Boys: 67.7% Girls: 74.4%	n.a.
		Tertiary 4% <sup>5</sup>	1.2% <sup>2</sup>	n.a.	n.a.
	7. Proportion of pupils starting grade 1 who reach grade 5		Total: 91.4% <sup>1</sup> Boys: 90.6% Girls: 92.3% (1996)	Total: 88.4% <sup>1</sup> Boys: 87.4% Girls: 89.5%	Total: 88.0% <sup>1</sup> Boys: 86.3% Girls: 89.8% (2002)
	7a. Primary completion ratio	n.a.	n.a.	n.a.	64.3% <sup>1</sup> (2003)
	8. Literacy rate of 15-24 year olds	Total: 97.5% Males: 97.6% Females: 97.4% (1986) <sup>2</sup>	Total: 99.3% Males: 99.1% Females: 99.4% (1996) <sup>2</sup>	n.a.	Total: 99.2% (2002) <sup>3</sup>

Sources: <sup>1</sup> Ministry of Education, various dates; <sup>2</sup> Bureau of Statistics, various dates; <sup>3</sup> ADB, 2003 (from UNESCO Statistical Yearbook); <sup>4</sup> Calculated from Ministry of Education, 2000 and Bureau of Statistics, 2004; <sup>5</sup> World Bank, 1992.

### 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary & tertiary education	Primary: 0.94 Secondary: 1.05 <sup>1</sup> Tertiary: 0.72 <sup>5</sup>	Primary 0.94 Secondary 1.04 Tertiary: 0.82 <sup>5</sup>	Primary 0.98 Secondary 1.07 Tertiary: 0.87 <sup>5</sup>	Primary: 0.93 Secondary: 1.0 <sup>1</sup> Tertiary: 0.99 <sup>5</sup> (2003)
	10. Ratio of literate females to males of 15-24 year olds	1.000 <sup>3</sup>	1.003 <sup>2</sup>	n.a.	n.a.

	11. Share of women in wage employment in the non-agricultural sector	27.1% <sup>3</sup>	44.6 <sup>2</sup>	38.1% (1999) <sup>3</sup>	31 <sup>4</sup>
	12. Proportion of seats held by women in national parliament	House of Representatives: 0 Senate: 0 Total: 0	House of Representatives: 4.2% Senate: 9.4% Total: 5.8%	House of Representatives: 11.3% Senate: 25% Total: 15.5%	House of Representatives: 7% Senate: 12.5% Total: 8.7% (2004)

Sources: <sup>1</sup> Ministry of Education, various years; <sup>2</sup> National Census; <sup>3</sup> Bureau of Statistics, 2004; <sup>4</sup> ADB 2004 from 2002 Urban HIES; <sup>5</sup> USP.

#### 4. REDUCE CHILD MORTALITY

Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
5. Reduce by 2/3 between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate (per 1000 live births)	27.8 <sup>1</sup>	19.4 <sup>1</sup>	21.8 <sup>1</sup>	22.35 (2002) <sup>1</sup>
	14. Infant mortality rate (per 1000 live births)	16.8 <sup>1</sup>	14.7 <sup>1</sup>	16.2 <sup>1</sup>	17.8 (2002) <sup>1</sup>
	15. Proportion of 1 year old children immunised against measles	86% (1991) <sup>1</sup>	75% <sup>11</sup>	73.6% <sup>1</sup>	76.4% (2002) <sup>1</sup>

Sources: <sup>1</sup> Ministry of Health; <sup>2</sup> UNDP, 1994; <sup>3</sup> ADB, 2003;

#### 5. IMPROVE MATERNAL HEALTH

6. Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate	16. Maternal mortality rate (per 100,000 live births)	41.1 (1989) <sup>3</sup>	60.4 <sup>1</sup>	57.6 <sup>1</sup>	35.3 (2002) <sup>1</sup>
	17. Proportion of births attended by skilled health personnel	98 <sup>1</sup>	99 <sup>1</sup>	99 <sup>1</sup>	98.6 (2003) <sup>1</sup>

#### 6. COMBAT HIV&AIDS AND OTHER DISEASES

7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15-24 yr old pregnant women	0	< 0.01	< 0.01	< 0.01
	19. Condom use rate of the contraceptive prevalence rate	9.8% (1989) <sup>1</sup>	13.1% <sup>1</sup>	14.6% <sup>1</sup>	14.8% (2002) <sup>1</sup>

	19a. Condom use at last high-risk sex	n.a.	n.a.	n.a.	n.a.
	19b. Percentage of the population 15-24 yrs with comprehensive correct knowledge of HIV/AIDS	31% <sup>1</sup>	38% <sup>1</sup>	44% <sup>1</sup>	35% <sup>1</sup>
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 yrs	0	0	0	0
8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence & death rates associated with malaria	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji
	23. Prevalence & death rates associated with tuberculosis	n.a.	Prevalence: 21.1/100,000 Death rate: 0.37/100,000 (1997) <sup>3</sup>	Prevalence: 18/100,000 Death rate: 0.37/100,000 <sup>3</sup>	Prevalence: 22/100,000 Death rate: 0.73 (2001) <sup>3</sup>
	24. Proportion of TB cases detected and cured under DOTS	Programme not yet introduced	40% <sup>3</sup>	85.5% <sup>3</sup>	80% <sup>3</sup>

Sources: <sup>1</sup> Ministry of Health, annual reports; <sup>2</sup> ADB, 2003; <sup>3</sup> WHO, 2004 .

## GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	25. Proportion of land area covered by forest	48.9 % <sup>4</sup>	n.a.	44.6 % <sup>3</sup>	n.a.
	26. Ratio of land area protected to maintain biological diversity to surface area	9136.4 ha <sup>7</sup>	9256.4 ha <sup>7</sup>	9256.4 ha <sup>7</sup>	9306.4 ha <sup>7</sup>
	27. Energy use (kg oil equivalent) per \$1 GDP (PPP)	n.a.	n.a.	9.3	n.a.
	28a. Carbon dioxide emissions per capita	1.52 <sup>9</sup>	n.a.	1.02 <sup>9</sup>	n.a.
	28b. Consumption of ozone-depleting CFCs (ODP tons)	38 <sup>9</sup>	n.a.	9 (1999) <sup>9</sup>	n.a.

	29. Proportion of population using solid fuels	80% rural 30% urban <sup>8</sup>	48% <sup>5</sup>	n.a.	n.a.
10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of the population with sustainable access to an improved water source, urban and rural	n.a	National: 92.7% Urban: 97.5% Rural: 65-82% <sup>5</sup>	n.a	96.1% (urban) (2002) <sup>3</sup>
	31. Proportion of the population with access to improved sanitation, urban and rural	93% (1993) <sup>6</sup>	National: 98.8% <sup>5</sup> Urban: 99.8% Rural: 97.9 <sup>5</sup>	n.a	National: n.a Urban 75 Rural 12 <sup>3</sup>
11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of people with access to secure tenure	n.a	National- 83.5% Urban - 86.7% Rural - 80.7%	n.a	n.a

Sources: <sup>1</sup> UNDP, 1994; <sup>2</sup> Urban HIES, 2002; <sup>3</sup> ADB, 2003; <sup>4</sup> Dept Forestry, 1989; <sup>5</sup> Bureau of Statistics, from 1996 Census; <sup>6</sup> National Nutrition Survey, 1993; <sup>7</sup> D. Watling; <sup>8</sup> SOPAC estimations; <sup>9</sup> SPC, 2004.

## GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target	Indicator	Status of Progress			
		±± 1990	± 1995	± 2000	Latest
13. Address the special needs of developing countries	37. ODA received in small island developing countries as a proportion of their gross national incomes	3.75% <sup>7</sup>	n.a.	1.78% <sup>7</sup>	n.a.
15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	44. Debt service as a percentage of exports of goods and services	12% <sup>7</sup>	5.9% <sup>7</sup>	2.1% <sup>7</sup>	n.a.
16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15-24 yr olds, each sex and total	Male: 12.9% Female: 34.3% Total: 18.3% (1986) <sup>6</sup>	Male: 11.3% Female: 16.7% Total: 13.1% (1996) <sup>6</sup>	n.a.	14.1% adult rate <sup>2</sup>

17. With cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis	100%	100%	100%	100%
18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines and cellular subscribers per 100 people			106 (2001) <sup>3</sup>	
	48a. Personal computers per 100 population	n.a	n.a	n.a	n.a
	48b. Internet users per 100 population	0	n.a	n.a	0.1 (2004) <sup>8</sup>

Sources: <sup>1</sup> Fallon & King, 1995, from Reserve Bank data; <sup>2</sup> Urban HIES, 2002; <sup>3</sup> ADB, 2003; <sup>4</sup> Ministry of Finance, various dates; <sup>5</sup> Reserve Bank, various dates; <sup>6</sup> Censuses; <sup>7</sup> SPC, 2004; <sup>8</sup> Estimate based on number of dial-ups in September 2004 through the single ISP.



