

**Health and Sanitation (01)**  
Funding required

**USD 4,000,000**

## Programme area

Expanded programme in immunisation

## Target beneficiaries

All Pacific island children.

## Expected Outcome

At least 90% of boys and girls aged one year and under are immunized with potent vaccines as per national schedules and at least 80% in all districts with a special emphasis on low performing districts.

## Duration

5 years (2008-2012)

## Partner countries

Pacific countries with special focus on Kiribati, Samoa, Solomon Islands, Vanuatu

## FINANCES

EPI supervision and monitoring strengthening	500,000
Staff Training and curricula review	1,100,000
Planning and review processes	800,000
Introduce new vaccines	400,000
Ensure Vaccine security	400,000
Establish EPI Communication Strategies	800,000
Funding required	4,000,000

## Issues:

- The achievements of EPI in Pacific Island Countries are under threat with trends towards decreasing coverage. There is a need to strengthen EPI management and improve staff skills to prevent vaccine outages, improve cold chain management, improve vaccine safety and improve the quality of reported data.
- Long term sequelae of Hepatitis B such as hepatocellular carcinoma and chronic liver disease will continue to be an issue for many years in the Western Pacific which has only a quarter of the global population but over half the global HBV-related deaths with an estimated 800 deaths per day. To facilitate Pacific regional progress towards the achievement of the global twin goals of measles elimination and hepatitis B control (while maintaining polio-free status), support will be enhanced for the ongoing, region-wide EPI initiative.
- Immunization of mothers and children is one of the key steps of the WHO/UNICEF Regional Child Survival Strategy.

## Actions

Working collaboratively through the PIPS mechanism activities will include:

- Strengthen supervision and monitoring of country EPI programmes to ensure effective cold chain systems are in place, and vaccine needs are accurately forecasted and ordered in a timely manner.
- Encouraging and supporting a system of nationwide annual EPI staff training and ensuring pre-service curricula are reviewed.
- Ensuring effective planning processes are in place to address the needs of the most marginalised. These include programme policy formulation, micro-planning, monitoring of implementation status of the annual work-plans, and annual reviews.
- Supporting introduction of new vaccines, and novel approaches such as Hepatitis B outside the cold chain and investigating financial initiatives such as the Global Alliance For Vaccines Initiative.
- Ensuring vaccine security through the VII (Vaccine Independent Initiative).
- Introduction of EPI Evidence Based Communication strategies to improve communication by health care providers and increase client demand.

## Impact

- Continued collaboration amongst stakeholders through the PIPS mechanism will continue EPI strengthening regionally and lead to improved coverage rates.
- EPI staff capacity will be built throughout Pacific countries leading to improved planning, administration and monitoring of programmes.
- A reliable supply of high quality, low cost vaccines will be ensured via the VII.
- Important new vaccines will be introduced.
- Parents and caregivers will better understand the importance of EPI and bring children for immunisation.

## Health and Sanitation (02) Funding required

USD 4,800,000

### Programme area

Essential package to improve child survival

### Target beneficiaries

Mothers and children in selected provinces of Kiribati, Vanuatu and Solomon Islands

### Expected Outcome

Child and maternal health is progressively improved through evidenced-based plans and programmes that are based on an evaluated essential package of interventions

### Duration

5 years (2008-2012)

### Partner countries

Kiribati, Solomon Islands, Vanuatu

## FINANCES

Childhood Disease Component	1,375,000
Safe Motherhood Component	1,375,000
Nutrition Component	1,400,000
Communication strategy for Childhood Disease, Safe Motherhood and Nutrition	650,000
Funding required	4,800,000

### Issues:

- Progress has been made in achieving the child survival goals in the Pacific but there is still a long way to go to reach the desired goals.
- IMR has steadily declined in the region over the past decade, but it remains too high in some countries.
- It is difficult to accurately assess trends in U5MR due to insufficient and/or unreliable data but the leading causes of death in Under-5s include pneumonia, diarrhoea, other infectious and vector-borne diseases such as malaria (Vanuatu & Solomon Islands) and perinatal complications which account for 30% of infant deaths.
- The WHO/UNICEF Regional Child Survival Strategy identifies evidence-based interventions which are effective in reducing childhood mortality and has been adopted by all Pacific countries but implementation is still limited. UNICEF will therefore fully implement the strategy converging with Health Ministries of the three focus countries and other partners in selected provinces in an integrated package that incorporates childhood disease, safe motherhood and nutrition in addition to Immunisation and Water and Sanitation which are described more fully in separate sections.

### Actions

- **Childhood diseases:** To further support Pacific Island countries in combating diseases, the programme component will focus the skilled management of childhood illness, effective family and community IMCI practices with an emphasis on pneumonia and diarrhoea, the prevention of malaria (in malaria-endemic areas), and reducing deaths by injury.
- **Safe Motherhood:** A full package of preventive maternal and neo-natal health and nutrition services will be provided in at least three priority countries. Support will be provided to improving antenatal care and neonatal care in upgraded facilities, combining an efficient response to mothers' needs with quality care for the newborn thereby reducing neonatal deaths.
- **Nutrition:** To contribute to reduction in malnutrition among children and women of child-bearing age the programme component will develop new strategies for increased exclusive breastfeeding and improved young child feeding practices, reduction of iron-deficiency anaemia, deworming and sustained vitamin A supplementation, and the implementation of regional food fortification standards.
- **Evidence Based Communication Strategy:** An evidence-based communication strategy cutting across all programme areas will be a major focus of this work

### Impact

- Child and Maternal health in Kiribati, Solomon Islands and Vanuatu is progressively improved through evidence-based plans and programmes drawing upon an evaluated essential package of interventions.

## Health and Sanitation (03) Funding required

USD 2,500,000

### Programme area

Water and Environmental Sanitation.

### Target beneficiaries

Children and their families in selected provinces of Kiribati, Solomon Islands and Vanuatu.

### Expected Outcome

Children will suffer fewer incidences of diarrhoea and other water related diseases through community-based hygiene improvement and water safety plans

### Duration

5 years (2008-2012)

### Partner countries

Fiji, Kiribati, Samoa, Solomon Islands, Tuvalu, Vanuatu

## FINANCES

Communication strategy to improve essential hygiene practices	850,000
Support to communities to rehabilitate and build low-cost water systems and latrines	850,000
School-based water and sanitation activities	800,000
<b>Funding required</b>	<b>2,500,000</b>

### Issues:

- Diarrhoeal diseases and other water-related diseases are still major causes of illness and death among Pacific Island children.
- About 20 per cent of people living in the Pacific are yet to access improved drinking water sources, while about 30 per cent do not use sanitation facilities.
- Sub-national data reveal that access to improved water sources and to improved sanitation facilities in rural areas is much lower than urban areas.
- Water and sanitation infrastructure in urban areas is not keeping pace with urban population growth.
- Community engagement in planning, implementing and maintaining water and sanitation systems needs to be strengthened.
- Personal hygiene and food safety continue to require vigorous promotion.

### Actions

- Families, communities and schools in the three priority countries will be mobilized to significantly improve essential hygiene practices and environmental sanitation.
- Communities will also be supported to rehabilitate and build low-cost water systems and latrines.
- School-based water and sanitation activities will be coordinated with the Education programme and will include national school surveys on the status of water and sanitation facilities and hygiene education which will form the basis of action planning with governments and partners. Availability of water and adequate sanitation will be mainstreamed into the child-friendly school initiative.

### Impact

- Children in Kiribati, Solomon Islands and Vanuatu will suffer fewer incidences of diarrhoea and other water related diseases through community-based hygiene improvement and water safety plans.

