Executive Summary

This report documents good progress for Pacific children in the first year of the UNICEF Pacific Programme, under the United Nations Development Assistance Framework (UNDAF). The focus remained on improving the well-being of children who are most disadvantaged by inequities.

Following 'A Promise Renewed', signed by 14 Pacific Island Countries (PICs) in 2012, four bottleneck studies provided evidence at the Pacific health ministers’ annual meeting, leading to commitments in the meeting resolution to reduce maternal and child mortality. Three countries collaborated with UNICEF, UNFPA and WHO on a harmonized approach to assistance to be implemented through a joint reproductive, maternal and child health programme. UNICEF continued to procure and deliver vaccines for countries in the Pacific and to strengthen the cold chain, especially on remote islands.

Strong representation by 10 PICs at an international meeting in India on South-South cooperation for children’s rights facilitated sharing of knowledge in ECE, youth and urban youth programmes. UNICEF empowered advocacy by young people, resulting in children figuring prominently in the Pacific agenda on climate change. The engagement of Pacific youth delegates, jointly supported by UNFPA, UNESCO and UNICEF in the Small Island Developing States preparatory conferences encouraged leaders to include issues identified by youth.

The Memorandum of Understanding (MoU) with the Secretariat of the Pacific Community (SPC) contributed to adoption of a Pacific Youth Framework. UNICEF leads Pacific Enable, a new venture joining five UN agencies, the Pacific Disability Forum and the Pacific Islands Forum Secretariat (PIFS), in efforts to reduce inequities affecting people living with disabilities. A partnership with the Council of Pacific Education propelled introduction of a code of ethics into schools.

Combining appropriate technology, experienced technical assistance and Communication for Development (C4D) led to notable progress in birth registration in two countries. In Kiribati, more remote island communities were declared open-defecation free and the approach was adopted by the President and Cabinet Members for national scale. The President of Fiji talked with children at every secondary school about HIV/AIDS prevention. UNICEF engaged with faith-based organizations to reduce stigma and encourage prevention.

Advocacy on key messages for ending violence, ending bullying, hand-washing, vaccination and disaster readiness was highly visible thanks to a multimedia approach. Equity analysis on the situation of children in the Pacific was expanded through the publication of two more atlases of social indicators in FSM and Samoa, which contributed to awareness and dialogue on disparities.

Disaster risk reduction measures facilitated UNICEF response to a cyclone affecting Samoa and Fiji, an earthquake and tsunami in Solomon Islands, and drought in the Marshall Islands. Contingency stock was positioned in time for the end 2013/beginning 2014 cyclone season. The Pacific Humanitarian Team clarified its roles and responsibilities through a position paper.

Challenges remain, including limited capacity, high per-capita costs due to wide dispersion
of small populations, poverty aggravated by climate change/poor environmental management, and frequent natural disasters. Weak accountability in some governments has constrained progress towards some planned results. Lessons learned during the year have reinforced the importance of constant monitoring, review and adaptation. The UN Joint Presence arrangement continued to prove effective. Efficiency gains are underway that will strengthen operational approaches for optimal delivery of results.

### Country Situation as Affecting Children & Women

Around 2.3 million people live in the 14 PICs covered by UNICEF Pacific, including 1.2 million children. The World Bank/Organisation for Economic Co-operation and Development classify five PICs (Federated States of Micronesia (FSM), Kiribati, Marshall Islands, Solomon Islands, Tuvalu) as fragile states. All PICs have ratified the UN Convention on the Rights of the Child, although only a third are on track with reporting obligations.

**Health:** According to UN Inter-agency Group for Child Mortality Estimation, aggregate under-five mortality rate for PICs declined from 38 deaths per 1,000 live births in 1990 to 26 per 1,000 in 2012. This 30 per cent overall reduction is lower than other at-risk regions such as sub-Saharan Africa. Wide disparities in child survival exist between and within countries (e.g., under-five mortality is 11 deaths per 1,000 live births in Cook Islands compared to 60 per 1,000 in Kiribati). Various Demographic and Household Surveys (DHS) confirm that children living in low-income households experience a higher risk of dying before age 5, with leading causes of death including neonatal complications, pneumonia and diarrhoea. In the Pacific, these low-income households tend to be in urban informal settlements and on remote islands.

The PICs have mixed progress in immunization coverage. All countries maintained polio-free status and there were no measles outbreaks in 2013. Over the last few years, routine vaccine coverage steadily increased in all but four countries (FSM, Vanuatu, Samoa, Solomon Islands). The 2012 Joint Reporting Form shows that despite high national immunization coverage, a significant number of children are missed and do not receive the recommended number of vaccine doses. Maintenance of the vaccine cold chain is a major bottleneck. Health ministries need donor support to roll out the new vaccines against rotavirus, human papilloma, pneumonia and polio.

**Nutrition:** PIC health systems are challenged by obesity, diabetes and other non-communicable diseases and a continued high prevalence of undernutrition and infectious diseases among children. Rates of exclusive breastfeeding (up to 6 months) are lagging, compromising infants’ nutrition and immunity and raising susceptibility to diarrhoea. DHS indicate that under-five stunting is prevalent, ranging from 10 per cent in Tuvalu to 33 per cent in Solomon Islands.

**HIV and AIDS:** Though HIV prevalence remains low, high Sexually Transmitted Infection (STI) incidence and limited knowledge, low condom use, high incidence of forced sex, poor risk perception and limited health services for young people indicate that the spread of HIV remains a serious risk. STIs remain endemic in the region, with chlamydial infection rates among the highest in the world.

**Water, sanitation and hygiene:** The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation reports that around 90 per cent of the PIC population has
improved water coverage and the relevant Millennium Development Goal (MDG) target is on track. However, just two-thirds of the population has improved sanitation facilities. Kiribati, Solomon Islands and Vanuatu show the lowest sanitation coverage. In Kiribati, half the rural population practiced open defecation in 2011. A greater push is required to bridge the gaps and accelerate progress in the region, especially where open defecation is widely practiced. Changing traditional sanitation and hygiene behaviour in remote and rural areas is crucial to increasing coverage and improving the health of children and households.

**Education:** Although school enrolment is high and most countries are on track to achieve universal primary education, access to schools in remote areas remains problematic. A lack of suitably qualified teachers and inadequate instruction materials, infrastructure (including sanitation facilities) and parent-community involvement are key barriers, while weaknesses in education management and information systems result in poor education planning and budgeting. Under-funded education systems also face an absence of policies targeting issues such as multi-grade and mother-tongue teaching, and lack strategies to meet the needs of out-of-school youth and children with disabilities. Preschool attendance rates are low; in most cases, fewer than half of all children attend formal early learning opportunities.

**Child protection:** In many PICs, the legal framework for child protection is weak, programme and services lack strategic direction and vulnerabilities facing children are not addressed. Families and communities are pulled between traditional and modern ways of raising and disciplining children. Baseline reports supported by UNICEF in seven countries show that corporal punishment in homes and communities and bullying at school are major areas of concern. Due to high rates of domestic violence, a significant number of children grow up exposed to violence and abuse, including in places that should be violence-free. Birth registration rates vary widely across the region, from less than 20 per cent in Solomon Islands to more than 90 per cent in Kiribati and Fiji. Several countries (e.g., Kiribati, Solomon Islands, Fiji) are making progress in improving legislative frameworks for child protection.

**Social inclusion:** According to household income and expenditure surveys, around one in four Pacific islanders live below the basic needs poverty line, ranging from 13 per cent in Vanuatu to 35 per cent in Fiji. According to Asian Development Bank’s 2013 Social Protection Index, coverage of social protection programmes in the Pacific is significantly lower than other regions. While many PICs have fairly extensive informal traditional support systems, these offer only partial protection against hardship and are slowly disappearing. Governments are gradually stepping in to compensate for this loss of social protection. Six PICs maintain non-contributory pension schemes for the elderly and two deliver disability benefits. Only Fiji and the Cook Islands have social assistance programmes targeting children.

**Natural hazards and climate change:** PICs continue to be among the most vulnerable in the world due to their high exposure to natural hazards and low capacity to manage risks. In February 2013, an 8.0-magnitude undersea earthquake struck Solomon Islands and generated a destructive tsunami that hit the country’s southeast. In May 2013, the Marshall Islands declared a state of disaster due to a prolonged severe drought affecting its northern atolls. In October 2013, heavy rainfall caused flooding and landslides in Vanuatu’s Malampa Province. Typhoon Haiyan caused widespread destruction in Palau in November 2013. Climate change could increase the frequencies of El Niño and La Niña
effects by more than 40 per cent in the Pacific, further increasing the incidence of severe
droughts, floods and damaging tropical storms.

**Country Programme Analytical Overview**

The 2013-2017 Multi-Country Programme of Cooperation with 14 PICS is included in the
UNDAF results matrices for each country. The programme has five components: Health
and Sanitation; HIV and AIDS, Education; Child Protection and Policy; and Advocacy,
Planning, Evaluation. It employs varied approaches to maximizing programme efficiency,
effectiveness and equity towards achieving results for all Pacific children:

- A prioritization approach segmenting the 14 countries into three tiers identified on
  the basis of development indicators helps to modulate engagement from direct
  technical and financial inputs with physical presence to selective support and
  evidence-based upstream advocacy, leveraging support from partners to close
  identified gaps;
- Emphasis on making reliable, valid data available, combined with equity-focused
  analysis, to know who the most disadvantaged children are, where they are and
  why they are disadvantaged to strengthen advocacy, policy analysis, modelling of
  innovative approaches, leveraging of partners and capacity development;
- Maximization of UN coherence and efficiency through the UN Joint Country
  Presence initiative that, through UNICEF’s shared hosting with UNDP, UNFPA and
  UN Women, has expanded UN presence currently in 11 of 14 PICs;
- Use of Pacific regional events for strategic evidence-informed advocacy on key
  issues and expansion of networks, partnerships and South-South and Triangular
  cooperation to exchange good practices among PICs.

Generating evidence to accelerate progress for the most disadvantaged children is central
to the current and next UNICEF Pacific multi-country programmes.

The children’s equity atlases initiated in 2011 with Fiji, Solomon Islands and Vanuatu were
further expanded in 2013 with publication of Marshall Islands and Micronesia editions. The
atlases strengthen dialogue on inequities with national and regional partners and provide
strong baselines, as well as pointers to critical bottlenecks to guide programme focus. In
addition, research was carried out to update PIC status on global child protection
indicators and case studies on bottlenecks to improve maternal and child health were
carried out and used to advocate with health ministers.

In 2013, the programme continued to introduce the Monitoring Results with Equity
(MoRES) approach in the three Tier One countries, strengthening staff and partners’
capacities to monitor results for the most disadvantaged children. Additional M&E-
dedicated capacity is needed given the low partner capacity and high transportation and
communication costs. As mobile phone coverage expands to outer islands, these costs
may decrease and monitoring can be expanded to these areas.

As further presented under Part 3 of the annual report, progress against some key results
was somewhat constrained by limited funding availability for programme activities
combined with increases in operational costs throughout the Pacific along with fraud
investigations and restructuring of key government partners in some countries.

The mid-year and annual review exercises validated the relevance and importance of the
programme’s planned results and approaches, as well as its continued alignment with
national plans and priorities. Alignment with the new UNICEF global strategic plan was accomplished by fine-tuning results statements. Efficiency gains were realized through streamlining and merging of results statements, based on a review of funding and implementation.

**Humanitarian Assistance**

The most significant disasters in 2013 were Tropical Cyclone Evan affecting Samoa and Fiji, an 8.0 earthquake and tsunami in Solomon Islands, and the Marshall Islands drought, for which UNICEF deployed a Water, Sanitation and Hygiene (WASH) cluster coordinator. UNICEF co-led clusters for education, nutrition, WASH and child protection and worked within the health and nutrition cluster. UNICEF’s humanitarian response included supplies, services and technical and coordination support. UNICEF contributed to the development of humanitarian action plans, including cluster responses, and the Pacific Humanitarian Partners Position Paper.

UNICEF continued to strengthen disaster risk reduction. National-level cluster approaches were strengthened in Fiji, Marshall Islands and Solomon Islands. Cluster members’ readiness was boosted through training workshops in child protection in emergencies, psychosocial support, and WASH for Fiji, Samoa, Vanuatu and Solomon Islands. In partnership with the Pacific Humanitarian Team, national disaster management offices (NDMOs) and ministries, UNICEF participated in emergency simulations in Vanuatu, Fiji, Samoa and Tonga. Contingency supplies were procured and positioned in both UNICEF and government warehouses.

With the Children in a Changing Climate Coalition, UNICEF Pacific spearheaded advocacy for child-centred disaster risk management and climate change at the Pacific Platform for Disaster Risk Management and the Pacific Climate Change Round Table.

### Effective Advocacy

* Mostly met benchmarks

All advocacy was planned at the start of the year and developed with reference to UNICEF regional, global and Pacific programme priorities. In 2013, the plan was developed to promote equity, participation and social inclusion, with climate change adaptation and disaster risk reduction as cross-cutting themes. Key agreed advocacy priorities and delivered messages were:

- **A Promise Renewed:** No child should die of preventable causes and the knowledge and technology to reach the Pacific’s most excluded children with life-saving interventions is available;
- **Poverty:** Poverty is experienced by children more harshly than by adults because of their vulnerability and dependency. Child poverty threatens not only the individual child, but perpetuates inter-generational poverty and undermines economic productivity and social development;
- **Inclusion and participation:** Inclusion and participation of children, youth and women in defining the post-MDG agenda is essential to ensure its sustainability;
- **UNiTE/#ENDviolence campaigns:** end violence against women and girls, make the visible invisible;
- **Ensure early detection, identification and early interventions:** for infants and children with disabilities;
• Children and adolescents must have a say in defining and engaging in meaningful and appropriate climate change adaptation;
• The Pacific is prone to multiple disasters every year and there is a need for coordination of disaster preparedness and response at family and community level that matches efforts and services provided by key humanitarian organizations and government institutions;
• There is a continued need for prevention of STIs including HIV, as STI rates among Pacific youth are very high.

UNICEF Pacific uses multiple channels and platforms to engage partners for children in advocacy efforts. This includes use of web and social media, which in terms of reach grew by 66 per cent and 18 per cent respectively. Innovative use of digital media included establishment of a roster of young media producers (MediActivist) who for example used Facebook, a regional lifestyle magazine and a flash mob in the streets of Suva, Fiji, to engage youth to address cyberbullying and bullying in schools. Continued strong press coverage led to 172 articles in Pacific-based media outlets highlighting UNICEF’s work in the region. For the second year in a row, greatest coverage was around The State of the World’s Children, which along with other global publications was used to amplify advocacy around Pacific-specific statistics and needs. Production of accessible publications to inform child-sensitive policy, planning and budgeting, continue to be a priority and in 2013 included finalization of two new equity atlases. UNICEF Pacific also successfully participated in key regional meetings represented by all Pacific government delegations to ensure inclusion of child-sensitive messages and perspectives in the post-2015 Integrated Pacific Regional Strategy for Disaster Risk Reduction and Climate Change Adaptation. As chair of the UN Communications Partners Group, UNICEF furthermore led coordination of solid UN advocacy in support of the 16 Days of Activism Against Violence campaign, as well as engagement with national events and key UN-themed days to increase the visibility and understanding of the UN’s work in the Pacific.

**Capacity Development**

*Mostly met benchmarks*

Most PICs face serious limitations in public and private sector performance and challenges linked to the inability of the public service to provide for and civil society to demand quality services. Key drivers of capacity gaps include: scant data for policy and performance management; outmigration of the few skilled people; tensions between modern and traditional power; weak governance and accountability; limited understanding and hence demand for quality service standards and good governance; poorly coordinated and sometimes inexperienced external assistance constraining both efficient use and strengthening of existing capacities; and, fragile, vulnerable population bases facing severe challenges and threats. Lessons learned have underscored that success in capacity development has depended on local evidence-informed demand, ownership, and a design framework that provides a supportive environment for long-term results.

Keeping in mind this analysis, UNICEF leveraged South-South transfers of good practices in the PICs by utilizing its convening capacity to bring together key government and non-government partners in all sectors to share experiences and jointly plan and identify potential human, material and organizational resources to close gaps. Due to the very high turnover of government and NGO staff, training, advocacy and communication
actions must be repeated a number of times until a threshold is reached where institutional rather than individual capacity is achieved.

Capacity development highlights in 2013 include:

- Under the School-Based Management component of the Achieving Education for All in Tuvalu programme, UNICEF supported the Ministry of Education, Youth and Sports to build the capacity of ministry officials, school heads, teachers, parents, school management committees, island council members and local communities to implement interventions and associated tools that strengthen community engagement, sound leadership and management, and lead to efficiency, quality, equity and good governance practices in school planning and management. The whole school community is now more engaged in formulation of the vision/mission/targets and school annual improvement plans in order to improve learning outcomes.

- Strong investments in building humanitarian action/disaster risk reduction/cluster readiness capacity were made in 2013 that support establishment of a national-level cluster approach for Fiji and Marshall Islands and the strengthening of the cluster approach in Solomon Islands. Cluster readiness was strengthened through specific trainings on child protection in emergencies, psychosocial support and WASH for various PICs, including Fiji, Samoa, Vanuatu and Solomon Islands.

- To bolster immunization services in Samoa, Solomon Islands and Vanuatu, UNICEF has placed immunization specialists in the ministries of health of those countries for a period of at least two years (up to 2014) to provide technical support and build counterparts’ capacity towards achieving sustainable improvements in routine immunization. The Pacific Immunization Programme Strengthening initiative continues to network with immunization programme managers across the Pacific, allowing them to learn and grow together, share solutions to common problems and meet challenges of coverage, and roll out new vaccines.

- Local capacity to lead on Community-Led Total Sanitation efforts in Kiribati and hydraulic pump installation in Vanuatu became firmly embedded and began expanding to other communities under local and national leadership.

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**Communication for Development**

*Mostly met benchmarks*

All C4D plans are developed together with key stakeholders, including vulnerable and marginalized people, and informed by available and relevant knowledge from baseline surveys and research on social, cultural and behavioural issues. In addition, UNICEF advocates, plans for and quality assures that all materials produced to support C4D processes at community level are pretested with relevant participant groups. The office-wide C4D working group has a comprehensive planning matrix and works closely with all programmes and the Monitoring and Evaluation (M&E) Officer to ensure monitoring of C4D activities. The Office maintains a C4D work plan and reports monthly on performance, innovations and lessons learned to the Country Management Team (CMT) and Programme Management Team (PMT).

Highlights in 2013 included:
• Joint UNICEF UNFPA, WHO and SPC planning and training of government staff for strategic health communication, applying a common approach and set of tools;

• A partnership with Oceania Football Confederation to deliver sports for development activities in seven PICs with support from the United Kingdom National Committee, as part of collaboration with the Glasgow Commonwealth Games;

• Mobilization of young people for youth-led anti-bullying campaign, ‘sa rauta mada/enough is enough’ tying in with #ENDviolence against children and 16 days of activism advocacy campaign;

• Development initiated of a multimedia campaign and youth-led radio show for promoting WASH and selected key family practices in Solomon Islands;

• Use of Meena films and booklets in Kiribati to raise awareness, increase knowledge and stimulate discussion on hand-washing, education and girls’ empowerment;

• Research began and is ongoing in Vanuatu through the NGO Wan Smolbag for the development of theatre performances by and for young people on ending violence;

• Community-Led Total Sanitation in Kiribati with a solid C4D component contributing to 54 communities working towards being open-defecation free;

• Monitoring and direct feedback from health clinic staff in Vanuatu, Solomon Islands, Kiribati and elsewhere showed continued use of Information, Education and Communication (IEC) material by trained staff on infant and young child feeding. Additional materials specifically on breastfeeding and ‘kangaroo care’ have been requested;

• A group of young people in Tarawa, Kiribati, were supported to do dance and rap sessions on preventing HIV, other STIs and adolescent pregnancy, which they conducted in various densely populated areas of Tarawa;

• Launch of an intensive promotion by radio, TV and interpersonal communicators of ‘Get Ready. Disasters Happen’ multimedia campaign for disaster preparedness in Fiji.

Service Delivery

Mostly met benchmarks

UNICEF Pacific aims to foster agreement and implementation of service standards for health, nutrition, WASH, education and protection, including during emergency preparedness and response. Bottlenecks to greater and more equitable service delivery in the PICs include:

i) A minimal role of non-state providers, with most services being provided by the State. Although social capital is generally high, community organization for the delivery of services is inadequate.

ii) Low economies of scale mean that relative costs of supplies are high. Under these circumstances, pooled sub-regional procurement offers major savings, an approach adopted for vaccine procurement.

iii) Very few skilled staff and high turnover. Accordingly, the costs of in-service training and retraining are high.

iv) Most government investment in the sectors going towards staff salaries.

v) Widely dispersed small settlements of people across many small islands mean operational costs are high and the quality and coverage of services are subject to large disparities.

vi) Sustainability of delivery is dependent on political stability, yet some PICS continue to experience unstable, non-accountable governance with negative consequences for
sustained coverage and improved quality.

vii) Frequent natural disasters and adverse effects of climate change are impeding progress in service delivery. Disaster risk reduction can substantially mitigate the cost of disasters on services and lives.

In 2013, UNICEF continued to support governments and partners to define, agree on and promulgate minimum service standards in various child-focused sectors. For instance, the minimum quality standards for schools now provide a strong basis to guide school-based management. Pooled procurement of international certified vaccines under the Vaccine Independence Initiative enables PICS to access them at affordable prices. Solar-powered refrigerators for safe storage of vaccines in rural areas has become the standard to aim for and coverage is expanding rapidly; UNICEF expects the same accelerated roll out of solar power for schools. A gravity-fed hydraulic pump system has also moved beyond the pilot phase and is in high demand in mountainous areas of Vanuatu. Analytical case studies in the health sector placed a strategic and quality focus on maternal, newborn and child health. Birth registration system strengthening drawing on global knowledge and best practices yielded good returns. Acceptance and implementation of good sanitation standards for rural communities has moved beyond proof of concept and is starting to scale up in Kiribati. UNICEF is encouraging ministries of health to revise their policy on HIV testing for pregnant women from opt-in to opt-out; in 2013, Fiji did this. UNICEF is also working with WHO on the roll out of new vaccines and a new protocol for polio vaccination.

**Strategic Partnerships**

*Fully met benchmarks*

Strategic partnerships were scoped and identified during the design of the multi-country programme and are updated on a regular basis, taking into account priorities, opportunities and risks. A selection of highlights follow.

- The UN Joint Programme developed with UNFPA and WHO for more efficient and effective programming for maternal and child health in Vanuatu, Solomon Islands and Kiribati.
- UNICEF acting as the lead partner in the Pacific Immunization Programme Strengthening initiative, bringing together trans-Pacific knowledge sharing with global standards and best practices.
- UNICEF remaining as a very active contributor to the standing regional cluster arrangement in the Pacific Humanitarian Team.
- The strategic partnership of the Brisbane Accord Group realizing scaled-up results in modernized birth registration.
- The Pacific Regional Council for Early Childhood Care and Education, proposed by UNICEF and approved by the PIFS in 2010, provides strategic partnerships between ministries of education and regional development partners for improved quality and expanded inclusion of Early Childhood Care and Education (ECCE). It is UNICEF’s goal to expand membership beyond ministries of education and include those of health, women/gender and social affairs.
- Strengthened collaboration with the World Bank through a situation analysis in Solomon Islands. Using the World Bank’s Systems Approach for Better Education Results–Early Childhood Development (SABER-ECD), UNICEF Pacific developed a complementary tool that looks into implementation of related system components: policy, legislation and governance; human resources; curriculum, child assessment
and environment; performance monitoring and assessment; and family and community partnerships. Using the SABER-ECD report template, UNICEF drafted a report that incorporates data analysis from both tools. The draft report is being peer reviewed and will be finalized by end of 2014 first quarter. This joint situation analysis is now underway in Tuvalu and Kiribati.

- UNICEF, WHO, Economic and Social Commission for Asia and the Pacific, International Labour Organization, UN Volunteers and regional organizations (Pacific Disability Forum, PIFS) joined forces to address existing gaps in the disability sector and catalyse further work by governments and/or development partners. This Pacific Enable programme is a two-year initiative (2013–2014), for which UNICEF is the administrative agent with funding provided by the UN Partnership to Promote the Rights of Persons with Disabilities. The partnership seeks to: (a) strengthen legislative and regulatory frameworks in PICs; (b) improve education outcomes for children with disabilities; (c) increase work and employment opportunities for adults with disabilities; and (d) enhance data, analysis, research and advocacy on disability.

- A renewed Memorandum of Understanding (MoU) concluded with the SPC for collaborative work in data collection and analysis, issues of special interest to youth, human rights, health communication (including during emergencies).

- The formation of a new corporate partnership with Fiji Airways, for school WASH projects in Fiji.

In 2013, partnerships in child protection and the Expanded Programme on Immunization were evaluated and performance, innovations, and lessons learned discussed and incorporated in regular programming.

**Knowledge Management**

*Partially met benchmarks*

UNICEF continued to focus on ensuring that in every sector knowledge is generated, shared and used as the foundation for sustainable development programming. There are defined accountabilities and deliverables for knowledge activities in the multi-country programme although this still needs operational strengthening. The Office Study, Evaluation, Knowledge Committee was reinstated to manage knowledge generating activities, and assure the quality of knowledge products and their linkage with advocacy. Updated guidelines for improved governance practices to ensure knowledge and knowledge products have been created, managed and used efficiently and transparently and are disseminated internally and externally including to strengthen the independence of evaluation management. All research has been identified and undertaken with partners, as is the development of most knowledge products. All UNICEF-produced knowledge products are made available online. Selected knowledge products are distributed electronically to relevant partners. Additional access to relevant research and knowledge was provided through meetings and workshops.

2013 saw the publication of research that mapped inequities in FSM and Marshall Islands and baseline data on child protection issues in Samoa, FSM and Marshall Islands. Research to map maternal and child health issues and programmatic opportunities in Fiji, Kiribati, Solomon Islands, Vanuatu and FSM was also undertaken, as was a situation analysis and evaluation of the emergency response for the Temotu tsunami disaster in
Solomon Islands. Research for maternal and child health advocacy was completed and used at Health Ministers’ meetings, in addition to wider dissemination.

**Human Rights Based Approach to Cooperation**

*Fully met benchmarks*

UNICEF Pacific maintains a human rights-based approach to programming at both the normative level and in the results focus of its directly supported initiatives. The multi-country programme was informed by in-depth, rights-based studies on children and climate change, children living with disabilities, children and urbanization and children and the impact of the global economic crisis. It also considered findings from baseline research carried out over the prior multi-country programme. This analysis supported the framing of results and programme interventions on building the capacity of duty-bearers to respect, protect and fulfil children’s rights and the capacities of rights-holders to claim their rights. This is best expressed by the four themes that continue to drive UNICEF’s work in the Pacific – data, minimum service standards, C4D to support demand for services and a renewed focus on the unreached and vulnerable.

All PICs have ratified the UN Convention on the Rights of the Child (CRC). All have also ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) except Palau and Tonga, although Palau signed it in September 2011. Only two countries (Nauru and Tonga) have yet to submit their initial reports and advocacy efforts continue with those countries to comply with reporting obligations.

UNICEF supported close reviews of the CRC and CEDAW concluding observations and their mainstreaming into related results matrices, and contributed to the Universal Periodic Reviews of Vanuatu and Fiji. Support was provided to the national child rights coordinating committees for the finalization of the Solomon and Fiji progress reports, as well as for the review of Tuvalu CRC report undertaken via teleconference from the UNICEF Fiji Office, with the Geneva-based UN Committee on the Rights of the Child.

Participatory mobilization of young people as drivers of change continued to underpin C4D programming in the Pacific, on the basis of solid data, and further developed through the expansion of a network of young ‘MediActivists’ as well as through partnerships with young Pacific ‘Climate Warriors’. Identification of the least-served, most vulnerable children, along with participation and ownership of their communities, drives selection of project sites for operational research, proof of concept and gradual expansion. For example, the Community-Led Total Sanitation (CLTS) initiative, solar power in schools, solar-powered refrigerators and strengthened birth registration efforts all aim to realize beneficiaries’ rights in a participatory, sustainable way. Integral to this approach is MoRES, a dynamic process that helps to target, monitor, do real-time adjustment, and evaluate improved and greater results through reducing inequity. UNICEF Pacific’s equity atlases are one of several key tools that are part of MoRES.

**Gender Equality**

*Mostly met benchmarks*
The multi-country programme has mainstreamed gender equality throughout all programme components and aims to achieve “high to significant gender markers” not only in plans, but also in results. Some highlights in 2013 included:

- **UNICEF tackling very high levels of gender-based violence in the Pacific by supporting development and implementation of child, youth and family welfare acts in Kiribati and Solomon Islands and alignment of legal reform with family protection laws in other countries.**
- **UNICEF acting as a key partner with UN Women and other agencies for the 16 Days of Activism Against Violence campaign and the particular vulnerability of girls is stressed in UNICEF work with police and communities as part of the ‘making the invisible, visible’, UNiTE campaign;**
- **The development and facilitation of a protection and child protection in emergencies training for partners that includes specific modules on gender in emergencies;**
- **Equity atlases, sex-disaggregated data in MoRES monitoring and newly-developed field monitoring tools incorporate disaggregated data by sex to facilitate gender analysis;**
- **Equal opportunities for men, women, girls and boys to participate in programme design, implementation and monitoring and empowerment of women and girls through both programme and internal operations have been fostered. In particular, joint programmes on gender-based violence are being developed with UN partners in Kiribati and Solomon Islands and the process of development was highly consultative;**
- **Gender equality being explicitly stated as a goal in the ‘Pacific Guidelines for the Development of National Quality Framework for ECCE – Programming for Ages Three to Five’. In addition, the importance of the father was highlighted within parent involvement and community partnerships, as early childhood is often perceived as the mother’s role;**
- **All WASH projects, especially WASH in schools, having a strong component of analysis and response to girls’ and female teachers’ needs.**

Reports and documentation ensure analysis of information on gender, including support to CRC and CEDAW reporting. Further efforts are however needed to ensure gender analysis and gender-specific results of the country programme are documented.

### Environmental Sustainability

*Mostly met benchmarks*

UNICEF Pacific's Multi-Country Programme 2013–2017 addresses climate change, disaster risk reduction and emergencies in an integrated way. Environmental and climatic issues were identified in the ‘Climate Change Impact on Children in the Pacific’ study completed in 2011 and shared in 2012 with regional partners in Fiji and Samoa and with national partners in Kiribati. In 2013:

- **A stocktake was completed of climate change adaptation/disaster risk reduction/resilience actions that are ongoing/planned in individual sections and in field offices;**
- **Solomon Islands Field Office conducted an initial child-centred risk assessment;**
- **Partnerships have been built with the organization 350.org to promote youth involvement in climate change and with the Pacific Centre for Environment and Sustainable Development.** For WASH and food security, UNICEF has been
increasingly partnering with SPC, FAO and other partners active in the social impact of climate change, and with Office for the Coordination of Humanitarian Affairs, International Strategy for Disaster Reduction and others on disaster risk reduction;

- In education, disaster risk reduction was built into quality standards for schools in Fiji and in Solomon Islands. In Fiji, integrated multimedia communication for disaster risk reduction and emergency response was implemented with MoH;
- All WASH field-level work includes environmental sustainability assessments, with appropriate designs and approaches build into the project designs;
- UNICEF Pacific organized the participation of young people to present, inter alia, their concerns and ideas about environmental sustainability in key regional and international meetings of high-level government officials, for example the Small Island Developing States meetings, and meetings on the Integrated Pacific Regional Strategy for Disaster Risk Reduction and Climate Change Adaptation.

Climate change risk assessment has not been fully integrated into monitoring and evaluation tools and terms of reference.

**South-South and Triangular Cooperation**

The Office facilitates South-South cooperation in at least five ways: (1) using regular meetings of sub-regional organizations such as the PIFS, SPC and South Pacific Regional Environment Programme to foster dialogue, experience-sharing, peer-reviews and decision-making among participating officials; (2) facilitating thematic coalitions such as the Pacific Immunization Programme Strengthening, WASH Coalition, the Pacific Human Resources Association and the Early Childhood Education Council to expand knowledge exchange, formulate/monitor policies, offer technical/technological support and spearhead peer reviews; (3) utilizing UNICEF-convened sub-regional consultations to provide shared experiences and jointly carry out tasks such as annual micro-planning; (4) commissioning UNICEF-supported technical experts from one country to support another; and (5) using facilities in one country as a hub or resource for supporting other countries, e.g., use of warehouses in Fiji for supplies destined for other PICs.

2013 offered opportunities to encourage and realize knowledge and technical assistance exchanges between low- to middle-income states in prominent regional and international forums, such as the Pacific preparatory consultations towards the Small Islands Developing States conference held in July. UNICEF also provided extensive support for the participation of 10 PICs and the SPC in the Second High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific, hosted by India in October 2013. UNICEF remains an active contributor to the Pacific Youth Development Framework, which was formally endorsed at the Third Pacific Ministers for Youth Meeting in December 2013.

(For further information on South-South cooperation, please see the Strategic Partnerships section of this report.)
Narrative Analysis by Programme Component Results and Intermediate Results
Fiji (Pacific Islands) - 1430

PC 1 - Health & Sanitation

PCR 1430/A0/05/801 PCR 1 H&S: Health and children equitably benefit from high impact interventions for accelerated improvement of neonatal, child and maternal survival, health and nutrition.

Progress:
The first year of implementation of the new Country Programme Cycle focused on UNICEF repositioning to support service delivery. At the policy level, strategic direction was obtained following the Pacific Ministers of Health Summit with reaffirmation of commitment of accelerating progress towards UN MDGs 4 and 5 including forward thinking beyond 2015. This was a timely response as the 2013 Promise Renewed Report still indicates insufficient progress to achieving these goals. At the programme level, the Pacific Region Immunization Partners (PIPs) meeting was supported and identified implementation milestones to meet the Global Vaccine Action Plan targets.

Strategic objectives of the EPI+ were achieved. Pacific Island Countries (PICs) polio-free status was maintained, achievements towards the goals of measles elimination and hepatitis B control continued. Support was provided for Vaccine Independence Initiative (VII) and no vaccine stock outs were observed in all 14 PICs. Cold chain capacity was enhanced for Fiji, Kiribati, Samoa and Federated States of Micronesia and cold chain rehabilitation plans Solomon Islands’ and Fiji’s effective vaccine management strategy to support new vaccines introduction. Kiribati introduced Pneumococcal Vaccine nationwide and support was provided to develop a costed plan for rotavirus introduction in response to the diarrhoeal and vomiting disease outbreak. Successful integrated measles, rubella and vitamin A campaign was conducted in Vanuatu to boost low EPI coverage. Country capacities were further enhanced through Mid-level Managers’ training in collaboration with JICA. Child Health Days (National Immunization week) were implemented in Fiji, Samoa and Tuvalu.

Increased support was provided to emergency obstetric and newborn care by updating national treatment guidelines and conducting the needs assessment. Sick newborn stabilization units for primary newborn care were procured for Nauru and Palau hospitals. Solomon Islands Provincial planning was held to incorporate Maternal, Newborn Health activities in 2014 budgets. Nutrition supplies were provided to Fiji and Solomon Islands as part of post emergency relief efforts. Continued support was provided to the Federated States of Micronesia nutrition programme and to the Micronutrient Powder programme in Fiji. The Joint Health Programme with WHO and UNFPA developed the strategic framework document and joint implementation plans for the 3 focus countries (Kiribati, Solomon, Vanuatu), with agreement in principle from Australian Aid towards funding. Country case studies were developed to provide evidence base for scaling up maternal, newborn and child health interventions. New four year funding for maternal, newborn and child health was mobilized through the New Zealand National Committee and the New Zealand Ministry of Foreign Affairs and Trade.

IR 1430/A0/05/801/001 H&S PCR 1 IR 1.1 Multi-Country T2-T3: Sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control.

IR: 1.1: By the end of 2017, sustained maintenance of high coverage for immunisation and other child survival interventions.

Progress:
All Pacific Island countries have maintained polio free status, ensured no major vaccine preventable disease outbreaks, including measles, and improved DTP3 coverage. In terms of vaccines and supplies procurement, the Vaccine Independence Initiative (VII) proved valuable in assuring access to quality vaccines at competitive prices for all participating countries. VII also helped build the countries’ capacities in forecasting, stock out and sustainable financing. Cold chain capacity was enhanced for Fiji, Samoa and Federated States of Micronesia including support to Fiji’s effective vaccine management strategy which strengthened the introduction of Pneumococcal Conjugate Vaccine (PCV), Human Papilloma Virus, and Rotavirus vaccines. The region also constructed a 40m³ vaccine cold room to assure adequate capacity for the new vaccines. Mid-level Managers’ training and measles Supplementary Immunization Activities (SIAs) were conducted in Federated States of Micronesia. Child Health Days (or National Immunization week) were implemented in Fiji, Samoa and Tuvalu. Technical support was provided for the Vanuatu Demographic Profile and the Fiji EPI Coverage Survey. The 8th Pacific Immunization Programme Strengthening meeting was held in November, EPI Managers and partners focused on vaccine security and introduction, alignment with the global standards specified in the Global Vaccine Action Plan and integration of maternal and child health interventions. A significant hallmark was the continued commitment by the Pacific Ministers of Health to scaling up Maternal, Newborn and Child Health (MNCH) and
prioritise MNCH in the post-2015 Development Agenda. The Joint Programme with WHO and UNFPA will strengthen collaboration and harmonise UNDAF implementation in the Pacific Island Countries.

Programme implementation was affected by the frequent changes of Ministry of Health personnel in some Pacific Island Countries and bottlenecks in financial disbursements, data collection and processing.

Future plans are to provide focused support from the collaborative efforts which go beyond EPI to broader health systems strengthening and provide a strategic advocacy base for prioritizing MNCH activities with governments and in-country partners. There will also be a consideration and review of task shifting options in view of human resources constraints that continuously affect programme implementation.

IR 1430/A0/05/801/002 H&S PCR 1 IR 1.1 KIRIBATI: Sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control in Kiribati.

**Progress:** Although in the first year of programme implementation, critical activities were conducted to support implementation. Vaccines were in stock and routine immunization was ongoing with no stockouts of the routine vaccines. Pneumococcal Conjugate vaccine (PCV) was introduced nationwide using GAVI funding support and collaborative technical support with WHO. The campaign was smoothly carried out with 93 per cent coverage and widely accepted by parents. In response to an outbreak of diarrhoea on Tarawa affecting about a thousand people of whom 95 per cent were under the age of five, UNICEF mobilized assistance and provided soap to affected areas. The outbreak aroused discussions about the possibility of introducing the rotavirus vaccine. The National Health Strategic Plan for 2012 to 2015 was launched, and UNICEF as member of the Coordinating Committee provided technical advice to the Ministry of Health. Twenty five nursing supervisors and tutors are able to train health workers on Integrated Management of Childhood Illnesses (IMCI) after undertaking a training of trainers, and the Kiribati Nursing School has started teaching this course to final year students. Integration with other programmes was improved using a child protection mobile birth registration team on south Tarawa which reached more than a thousand mothers informing them about the importance of immunization. Technical support was provided to develop a costed Rotavirus Vaccine Introduction Plan and the next step would be to initiate resource mobilization efforts, since Kiribati is no longer eligible for GAVI support. The MNCH Case Studies were concluded and will provide the evidence base for the development of the Child Survival Strategy. Main challenges were the delays in fund disbursements due to unliquidated Direct Cash Transfers.

IR 1430/A0/05/801/003 H&S PCR 1 IR 1.1. SOLOMON: Sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control in Solomon Islands.

**Progress:** The provision of uninterrupted vaccine supplies for all the antigens used in the Solomon Islands immunization schedule has contributed to no stockout of vaccines in the country. It has provided the opportunity for every child to be vaccinated and increase DTP3 Coverage. Two new GAVI proposals were submitted, which if accepted, will contribute to the reduction of child mortality due to pneumococcal and rubella diseases. The introduction of these new vaccines will prevent suffering and deaths of children.

The implementation of the cold chain rehabilitation plan by procuring, distributing and installing 35 solar chills refrigerators in 8 selected provinces was in line with the activities of the Effective Vaccine Management plan which provides a reliable cold chain system for the administration of potent vaccines to the recipients. The continued collaboration and partnership among UNICEF, WHO and Ministry of Health and Medical Services (MHMS) on the joint programming and planning on Expanded Programme on Immunisation (EPI) has helped the MHMS harmonize and align its programmatic activities for better service delivery.

Delays in fund disbursement from UNICEF and Ministry of Finance to MHMS have caused postponement in implementing activities at the provincial level.

Immediate future plans for MHMS with UNICEF support would be validation of key EPI policy documents and conducting EPI coverage survey.
IR 1430/A0/05/801/004 H&S PCR 1 IR 1.1 VANUATU: Sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control in Kiribati.

Progress:
Vanuatu National Immunization Programme has increased its DPT3 coverage through the provision of uninterrupted vaccine supplies for all the antigens used in the immunization schedule. The successful planning and implementation of the Measles and Rubella campaign in 2013 helped boost immunity levels of children and raised measles vaccination coverage to 92 per cent nationally. As a result, measles-related deaths will reduce significantly in 2014 and beyond. The implementation of the cold chain rehabilitation plan was undertaken by procuring, distributing and installing 15 solar chills refrigerators in selected facilities and the recruitment and training for 6 cold chain technicians to carry out major repairs on broken vaccine refrigerators in all six provinces. In order to provide quality Expanded Programme on Immunization (EPI) services a total of 76 staff (Provincial EPI coordinators in each province, nurses at maternity, children wards, outpatient in the hospitals and nurses including nurse practitioners at the dispensary and health centres) were trained on effective vaccine management and cold chain maintenance. UNICEF also contributed towards the 2013 HPV campaign which targeted female children aged 12 years at school. A major concern was the recent investigation into alleged fraud and misuse of funds during the Supplementary Immunization Activities. Steps are being taken to assure proper disbursement and monitoring of direct cash transfers.

Main challenges in implementation included the changes in the management structure of the Ministry of Health and the decentralization process. There will be a need to improve focus on strengthening provincial planning and budgeting processes.

IR 1430/A0/05/801/005 H&S PCR 1 IR 1.2 Multi-Country T2/T3: Strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels.

Progress:
The Programme outputs were increased this year due to increased funding that was mobilised to support nutrition and safe motherhood programmes. Support was provided for updating, developing and disseminating national standard treatment guidelines and criteria for referral of high-risk patients, and active management of the 3rd stage of labour and pregnancy complications. In collaboration with UNFPA and ministries of health, UNICEF coordinated the "Emergency Obstetric Newborn Care need for assessment training", using a standardized questionnaire based on updated regional guidelines. Additionally, UNICEF supported sick newborn stabilization units at Nauru and Palau hospitals as a critical referral mechanism for primary newborn care. To improve micronutrient status and support to the National Iron and Micronutrient Supplementation (NIMS) programme, Vitamin A, Albendazole and micronutrient powders were provided to the Fiji Ministry of Health (MOH). As support to the Fiji MoH, a consultant was hired to develop protocols and other necessary administrative instruments and marketing materials to pilot MNP Program.

The Training of Trainers workshop organised by Fiji MoH ensured the proper implementation of the MNP pilot project and strengthening of the implementation of NIMS. Additional supplies are being procured to preposition stocks for the current cyclone season. UNICEF also provided Vitamin A and Albendazole tablets to Federated States of Micronesia and emergency basic medical supplies to Nauru. An E-learning package on maternal and child health was uploaded into the WHO Pacific Open Learning Health Network website for open access by all health workers in the Pacific.

Main challenges included the delay in implementation due to late fund disbursements. The focus in 2014 will be to standardize provincial planning meeting and joint annual reviews to ensure efficiencies and synergies with government and partners. The Country Case Studies were completed for 4 countries including the Federated States of Micronesia and will provide an evidence base on innovations and successful pilot programmes to scale up.

IR 1430/A0/05/801/006 H&S PCR 1 IR 1.2 KIRIBATI: Strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels in Kiribati.

Progress:
UNICEF provided support for the updating, development and dissemination of national standard treatment guidelines and for the implementation of standards for health facilities to meet Basic and Comprehensive Emergency Obstetric and Newborn Care (EmONC) criteria. In collaboration with UNFPA and ministry of health, UNICEF conducted assessment of EmONC key functions and formulated a standardized questionnaire for newborn needs assessment. Also data on Neonatal death Autopsy were analysed and disseminated to ministry of health. Integration of activities with other health and nutrition activities such as world food week, hand washing day and breastfeeding week that reach out to the community have resulted in dissemination of information to communities in south Tarawa and some outer islands. Kiribati adapted Meena and cartoon videos that were produced in the 2nd quarter of 2013 and proved to be successfully accepted and enjoyed by the general public.

A joint field mission with WHO and UNFPA was organized to develop the Joint Programme on Reproductive, Maternal, Child and Newborn Health. The Country case study was conducted using good stakeholder participation.

In terms of nutrition, coverage on the first round of Vitamin A was estimated at 69 per cent. The second round of Vitamin A distribution, which commenced in September, is still to be completed. Based on discussions with the Director Public Health, MHMS will synchronize distribution of Albendazole with Vitamin A, and will explore with Ministry of Education the possibility for these interventions to be delivered through preschools, in an effort to increase coverage to 70 per cent. Main challenges included the late disbursement of funding due to system errors in Direct Cash Transfers liquidation.

IR 1430/A0/05/801/007 H&S PCR 1 IR 1.2 SOLOMON: Strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels in Solomon Islands.

**Progress:**

For the maternal programme, UNICEF expanded Mother/Baby Friendly Hospital Initiative coverage to the most vulnerable, hard to reach mothers and newborns achieving 75 per cent national coverage for Solomon Islands. Five thousand babies have continued to receive new-born care, followed up with the UNICEF/WHO Standard Guidelines for postnatal visits in the first month of life. All 10,000 registered mothers are receiving a standard free handbook called “Breastfeeding the best start for your baby” to improve mother’s knowledge and skills for successful breastfeeding. Seven provinces have trained 200 support group members to promote and protect breastfeeding in the community. Two more hospitals are equipped to achieve further emergency obstetric and newborn care certification followed with orientations and possible adaptation on community based new-born care programme activity at the local level. In collaboration with UNFPA, UNICEF assessed the 2014-2016 Reproductive and Newborn Health Strategic Plan and formulated a 2-year work Plan. UNICEF also provided technical assistance to the MHMS and its National Coordination Committee on Provincial Manager’s Conference to strengthen coordination and regulation of maternal, newborn and child Health including family planning system in Kirakira and Tulagi Hospitals in the Central Islands Province. UNICEF worked with the Ministry to strengthen capacities of Reproductive Health Committees. The programme had successful fundraising through New Zealand National Committee and implemented MNCH activities jointly with UNFPA. Finding from the Development Partners Coordination Committee during the joint annual review was the challenge of low fund utilisation of provincial grants, especially for maternal and child health. As a result, a critical focus next year will be to strengthen the provincial planning and budgeting platforms in order to support prioritisation and high expenditure for maternal, newborn and child health activities.

IR 1430/A0/05/801/008 H&S PCR 1 IR 1.2 VANUATU: Strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels in Vanuatu.

**Progress:**

Existing data shows considerable progress in improving maternal and child health outcomes. In order to have all hospitals in Vanuatu achieve Mother-Baby Friendly Hospital Initiative accreditation status by end of 2013, a total of 45 health workers and 11 community volunteers from Malekula Nosup, Ambae Lolowa and Tanna Lendel hospitals received a 1-day refresher workshop on “Breastfeeding the best start for your baby”. Each of the hospitals identified a focal point for follow up actions and printed two different sets of baby friendly hospital booklets to assist and guide the nurses. UNICEF also provided Vitamin A for distribution to children under-5 years of age during the recent Supplementary Immunisation Activities. Additionally UNICEF supported the 2013 Demographic and Health Survey by providing equipment for nutrition assessments. The results from the survey will help inform nutrition programming for Vanuatu. Immediate future plans with the Ministry of Health (MoH) include the continued implementation of the Multi-Year Work Plan activities and validation of key maternal, newborn and child Health strategies. The continued collaboration and partnership among UNICEF, WHO and MoH...
on joint programming and planning for immunization has helped the government harmonize and align its programme activities with better service delivery. There were critical challenges in implementing activities due to the dissolution of the Ministry of Health – Public Health department and the new decentralised structure at the provincial level. As a result, a critical area of focus for the coming year will be to support decentralised planning and budgeting functions.

**PCR 1430/A0/05/802 H&S PCR 2: Children and families benefit from equitable and sustainable access to safe drinking water, improved sanitation and hygiene within communities that are increasingly resilient to the impact of climate change and natural disasters.**

**Progress:**
The Pacific WASH programme focused in 2013 on consolidating gains made in implementation whilst simultaneously strategizing future support. A snapshot on the progress on sanitation and drinking water in the Pacific revealed marked variations of the coverage in access sanitation and drinking water in the region. The report justifies the continued focus on lower performing countries and an expanded scope from project to programme and sector-wide support.

Finalization of WASH staff recruitment increased the pace of programme implementation in Kiribati, Solomon Islands and Vanuatu. As a result, water resources assessments were completed and the rainwater harvesting component has been advancing, which will significantly contribute to access to water for 19,000 people in 70 villages in the target islands in Kiribati. In the Solomon Islands, designs for water supply systems have been completed for three provinces. In Vanuatu, water and sanitation systems were constructed or rehabilitated in 6 of 12 project sites. Results were delivered through new partnerships with World Vision, Live and Learn Environmental Education (LLEE) and SPC.

In reducing of open defecation in communities, Community Led Total Sanitation (CLTS) was successfully introduced in Kiribati and Solomon Islands. As a result, up to 54 communities have been awarded provisional open defecation free status out of 132 triggered (41 percent).

A regional concept note was developed for WASH in Schools, and support provided to the development of minimum standards in Fiji and Solomon Islands.

The Office supported effective coordination mechanisms in emergencies through the Pacific WASH Cluster Coordination as part of the Pacific Humanitarian Team and supporting national WASH Clusters in collaboration with line ministries and National Disaster Management Offices. Technical support, emergency supplies, and communication materials were provided following Cyclone Evan in Fiji Islands, the tsunami/earthquake in Solomon Islands, and the drought emergency in Marshall Islands.

The main focus in 2014 will be to continue addressing bottlenecks in terms of local capacity of Governments and NGOs, weak sector policy environment and lack of data and information. These constraints will be addressed by supporting sanitation activities through CLTS, involvement in sector development and policies and improvement of WASH monitoring systems in Tier 1 countries. Resource mobilization will become critical in view of WASH project funding nearing completion. Priorities for support in sector planning and budgeting processes will leverage support for quality nationwide WASH programmes.

**IR 1430/A0/05/802/001 H&S IR 2.1 Multi-country- Communities, schools and health centres use improved water and sanitation facilities with a focus on outer islands, rural and peri-urban villages**

**Progress:**
Communities, schools and health centres were supported to use improved water and sanitation facilities in Tier 1 Countries (Kiribati, Solomon Islands, and Vanuatu), using funding from the European Union, United Nations Trust Fund for Human Security (UNTFHS), and NZAID Partnership Funds mobilized by the UNICEF New Zealand National Committee. To deliver these results, UNICEF partnered with Governments and signed implementation agreements with World Vision, Live and Learn Environmental Education and the Secretariat for the Pacific Community (SPC).

Through the UNICEF WASH programme, 26 communities in the Tier 1 countries gained access to improved drinking water, out of 163 communities and 12 schools to be reached by 2015. UNICEF supported the elimination of open defecation by introducing Community Led Total Sanitation (CLTS) in Kiribati and the Solomon Islands training a total of 108 facilitators. As a result, up to 54 communities have been awarded provisional open
defecation free status out of 132 triggered (41 per cent).

UNICEF engaged in sector policy and strategy development throughout the region, with attention to sector coordination and reform in Kiribati, the Solomon Islands and Vanuatu as well as the development of a regional water and sanitation strategy for the Pacific. UNICEF also supported the improvement of the WASH information base in Tier 1 Countries through water resources assessments, water resources inventories, and hazard and vulnerability mapping. This information can be used to inform sector planning processes and priority setting as UNICEF engages with sector planning and budgeting processes in 2014 in order to leverage support for quality nationwide WASH programmes.

A regional concept note was developed for WASH in Schools, and support provided to the development of minimum standards in Fiji and Solomon Islands.

Future plans for 2014 will focus on supporting sector planning and monitoring and scaling up support for sanitation through CLTS including certification and verification. Resource mobilization will become critical in view of project funding from the EU and UNTFHS nearing completion.

**IR 1430/A0/05/802/002 H&S PCR 2 IR 2.1: Communities, schools and health centres use improved water and sanitation facilities with a focus on outer islands, rural and peri-urban villages in Kiribati**

**Progress:**
Significant progress was made towards achieving this result through the Water and Sanitation in Outer Islands of Kiribati project (KIRIWATSAN I), funded through the European Development Fund (EDF10). KIRIWATSAN I targets 70 villages on 16 outer islands. The EU approved Phase II of the project scheduled for implementation with the Secretariat of the Pacific Community (SPC), to be implemented in parallel with Phase I from 2014-2016.

Water resource assessments in all 35 target villages have been completed by SPC with results shared through an online portal. SPC provided technical guidance to Ministry of Public Works and Utilities staff and island council water technicians. A no-cost extension of the PCA will be required in order to complete the assessment reports and designs of water and sanitation systems to be implemented under Phase II.

A contractor will deliver 100 rainwater harvesting tanks for 5,000 people (20 target villages on 6 islands). Due to shortage of raw materials for manufacturing water tanks on-island, there will be a need to amend the contract for installation and expand this for the remaining tanks.

Persistent lack of sanitation access and the taboo to deal with sanitation issues in Kiribati have resulted in high levels of diarrhoea and under five mortality rates. Bottlenecks of sanitation capacity, social beliefs and cultural hygiene and sanitation practices are being addressed by Community Led Total Sanitation (CLTS) as an innovative approach in Kiribati. As a result 54 villages are now declared Open Defecation Free (ODF), whilst 110 have been triggered, including all 70 target villages and an additional 40 triggered with Government resources. The introduction of CLTS created high-level political commitment towards achieving an ODF Kiribati by 2015. UNICEF, Government, and development partners are discussing possibilities to extend CLTS to South Tarawa, mobilize additional resources for continued monitoring and provide technical support to introduce non-polluting sanitation technologies.

**IR 1430/A0/05/802/003 H&S PCR 2 IR 2.1: Communities, schools and health centres use improved water and sanitation facilities with a focus on outer islands, rural and peri-urban villages in the Solomon Islands.**

**Progress:**
Implementation of the Joint UN Project funded by the United Nations Trust Fund for Human Security (UNTFHS) in Guadalcanal, Honiara and Malaita; and of the Improving WASH in Solomon Islands (IWASH) funded by the EU Water Facility in Choiseul, Isabel, Makira, Renbel and Temotu contributed to this result.

This year, 25 communities in 5 of 7 UNICEF-supported Provinces were assessed for water supply projects, sources identified, and designs prepared. Partnerships were established with World Vision and LLEE in 2 Provinces. Jointly with the Ministry of Health and Medical Services (MHMS) and the EU, options will be explored to consolidate gains and increase sustainability with a focus on 2 Provinces instead of 5 as originally planned.

Challenges include the low capacity of government counterparts and NGOs, combined with low levels of ownership and sustainability of past interventions. UNICEF provided important inputs to the National rural water,
sanitation and hygiene policy and the adoption of design standards for school WASH infrastructure. The introduction of Community Led Total Sanitation (CLTS) by UNICEF was instrumental and CLTS is now an integral part of the WASH Policy which is awaiting Cabinet approval. Capacity building was provided to WASH partners in communications and hygiene messaging. UNICEF contributed to overall sector evaluation and preparation for future sector and budget support for rural WASH through EU and Australia.

Progress was constrained due to the Temotu earthquake and tsunami emergency response; delays in the development and implementation of partnerships with NGOs; and in the timely preparation and transfer of funds to MHMS due to limited absorptive capacity and slow processing. The discovery of fraud at MHMS affected all projects and interrupted all transactions. To address these constraints, implementation through non-government partners will be expanded and UNICEF will engage with the MHMS Finance and Audit Committee and public financial management roadmap.

IR 1430/A0/05/802/004 H&S PCR 2 IR 2.1: Communities, schools and health centres use improved water and sanitation facilities with a focus on outer islands, rural and peri-urban villages in Vanuatu.

**Progress:**
Significant progress was made towards achieving outputs through the United Nations Trust Fund on Human Security (UNTFHS) funded Joint UN Project *Community Resilience and Coping with Climate Change & Natural Disasters* project (2011–2014) and the New Zealand National Committee-funded *Water for Life* project (2013-2015). A total of 43 villages are being supported to improve and sustain safe water supply and sanitation facilities in all 6 provinces of Vanuatu.

Water systems were constructed or rehabilitated in 6 of 12 UNTFHS project sites, extending water coverage to approximately 1,800 people in 6 villages also in close collaboration with the World Bank resilience program. Specific community training for water artisans (35 males and 18 females), 6 water committees, and sanitation (48 males and 34 females) were organised by Ministry of Water Resources and Ministry of Health to build their capacity in maintaining water systems, basic plumbing skills and latrine construction. The remaining 6 project sites will be upgraded in 2014. A no-cost extension will be requested from UNTFHS in 2014 to compensate for implementation delays and allow for successful completion.

The *Water for Life* project implemented in collaboration with the UNICEF New Zealand National Committee will extend water supply and sanitation coverage and hygiene education to 31 villages on Tanna island reaching around 5,600 people. The project will install hydraulic pumps and household ventilated improved pit latrines to achieve 100 per cent coverage of improved water and sanitation facilities in communities and schools. Hygiene and sanitation training to communities through partnership with World Vision.

Challenges to achieving results include access to outer islands and limited capacity for up-scaling WASH activities and limited monitoring capacity. Discussions are ongoing to extend UNICEF’s support to include additional technical assistance for WASH monitoring and the implementation of the Vanuatu National water strategy.

IR 1430/A0/05/802/005 H&S IR 2.2 Multi-country: Communities and Government have the capacity to cope with disasters and adapt to climate change in relation to WASH Sector.

**Progress:**
UNICEF supported effective coordination mechanisms in emergencies as the Pacific WASH Cluster Coordinator of the Pacific Humanitarian Team and through National WASH Clusters in collaboration with line ministries, National Disaster Management Offices (NDMO) and WASH sector stakeholders.

Technical support, emergency supplies, and communication materials were provided following Cyclone Evan in Fiji Islands, the tsunami/earthquake in Solomon Islands, and the drought and state of emergency in the Republic of the Marshall Islands. Emergency preparedness training was held in Fiji, Solomon Islands, and Vanuatu.

In Fiji, support was provided for the coordination and distribution of WASH kits to Cyclone Evan affected population. An Emergency WASH Officer position was created at the Ministry of Health to support the WASH Cluster in Fiji. WASH Cluster Coordination training was held for 24 cluster members, resulting in the development of a WASH Cluster Terms of Reference, WASH Cluster Strategy, contingency plans for floods and cyclones, and agreed WASH Initial Rapid Assessment forms.

In the Solomon Islands, the tsunami/earthquake response was supported through WASH Cluster coordination
and release of pre-positioned WASH kits and water tanks. Following the Tsunami and incorporating lessons learned, UNICEF conducted WASH Cluster Coordination training for 22 cluster members.

In Vanuatu, WASH Cluster Coordination training was delivered for 33 cluster members. During the training, a WASH initial rapid assessment form was developed for immediate use.

UNICEF will continue to support regional and national preparedness through the Cluster approach and in coordination with the Pacific Humanitarian Team. The mainstreaming of climate adaptation and risk resilience throughout the WASH programme will become an integral part of future programming building on the child vulnerability risk mapping for climate and disaster risk in the Solomon Islands. Drinking water safety planning will be applied in climate and disaster risk resilience programmes to address water security.

IR 1430/A0/05/802/006 H&S PCR 2 IR 2.2: Communities and Government have the capacity to cope with disasters and adapt to climate change in relation to the WASH Sector in Kiribati.

**Progress:**
UNICEF supported the development of the Kiribati Joint National Action Plan on Climate Change and Disaster Risk Reduction ensuring the consideration of children and youth issues and the inclusion of children as agents of change in the action plan. A contact list of Kiribati WASH stakeholders was maintained and efforts to support drought management planning in Kiribati are ongoing. The increased rainwater storage capacity on outer islands under KIRIWATSAN I will increase the community resilience to drought.

In collaboration with the National Disaster Management Office (NDMO) and UNICEF’s Child Protection Programme a workshop was held to present and discuss a new tsunami preparedness plan with partners. A taskforce was established to ensure follow up, coordination and implementation of recommendations. The document will be finalized in early 2014 and will be submitted for approval to the National Disaster Council.

The main constraint was in the implementation of the Drought Response Plan due to delays in the finalisation process. The other constraint was the limited government staff capacity at the NDMO and the respective ministries. The focus for future support will be to facilitate partners’ coordination in the implementation of the Drought Response Plan and simultaneously streamline the WASH Cluster activities into this government–led process.

IR 1430/A0/05/802/007 H&S PCR 2 IR 2.2: Communities and Government have the capacity to coping with disasters and adapt to climate change in relation to the WASH Sector in the Solomon Islands.

**Progress:**
Support was provided to the establishment of a WASH emergency coordination mechanism with the Ministry of Health and Medical Services (MHMS) and the National Disaster Management Office (NDMO) following the tsunami/earthquake in Temotu in February 2013.

From February to May 2013, UNICEF supported MHMS in WASH cluster coordination, information management, and consolidation of sector funding appeals for the NDMO/OCHA-led Humanitarian Action Plan. UNICEF released pre-positioned WASH kits, jerry cans, purification tablets, soap, and IEC materials to promote key family practices, to 250 affected households, as well as large water tanks for bulk water distribution in Temotu Province. UNICEF remained an active participant in the Health and Nutrition Cluster.

Community actions in Temotu have been supported through a Project Cooperation Agreement (PCA) with World Vision who engaged community members in the needs assessment, design of interventions and hygiene and behaviour change capacity building.

Following the tsunami UNICEF conducted WASH Cluster Coordination training for WASH stakeholders in September 2013. Participants included national and provincial water and sanitation officers of MHMS, NGOs and other cluster members.

Terms of reference for the WASH Cluster have been drafted and were agreed to by the WASH Stakeholder Group. The WASH Cluster can be formally established as a sub-cluster of the national Internally Displaced Persons & Social Welfare Cluster in agreement with the NDMO. UNICEF and MHMS signed an agreement to preposition WASH items for emergencies at the MHMS warehouse, ready for distribution in future emergencies.
Follow-up support including training will be provided upon demand and could include the coordinated use of WASH assessments, contingency planning, setting of Standards, activity mapping and continued update of WASH sector contacts.

Through the PCA with World Vision, emergency response activities in Temotu are coordinated with ongoing development efforts in the sector through the EU-funded WASH Project.

**IR 1430/A0/05/802/008 I.R. 2.6 Communities and government have the capacity in preparing and responding to disasters and adapting to climate change in the WASH/Health and Nutrition sectors in Vanuatu.**

**Progress:**
Support was provided to strengthen the WASH Cluster in collaboration with the Department of Geology, Mines, and Water Resources (WASH Cluster Lead Agency); National Disaster Management Office (NDMO); and the Vanuatu Humanitarian Team (VHT).

WASH Cluster Coordination training was delivered for 33 members of the WASH Cluster in December 2013. As an output of the training, a WASH initial rapid assessment form was developed by a WASH Cluster Working Group, and a cluster capacity development plan and contact lists were drafted. The assessment form will be trialled in January 2014 during an assessment of the Tanna volcanic ash fall situation. Follow-up support including training will be provided upon demand and could include the contingency planning, setting of standards, and standardization of WASH emergency stock. Close coordination with the VHT was established to ensure the WASH Cluster is well coordinated with other national clusters and the NDMO.

Close collaboration with regional partners are being established on climate adaptation and risk resilience working on WASH. Drinking water safety planning will be applied in a climate and disaster risk resilience programme to address water security. Under the Joint UN Project *Community Resilience and Coping with Climate Change & Natural Disasters* project (2011–2014), 6 sites had specific training on water security and safety plans and 85 community representatives from 12 communities were trained in Disaster Risk Reduction and Climate Change Adaptation.

**PC 2 - Education**

**PCR 1430/A0/05/803 ED PCR 3: An increased percentage of children aged 3 to 5 benefit from quality early learning and development opportunities.**

**Progress:**
Key upstream activities were supported in 2013 to advance the Early Childhood Care and Education (ECCE) in the region. Among them full establishment of the Pacific Regional Council for ECCE (the Regional Council) and finalization of the "Pacific Guidelines for the Development of National Quality Frameworks for ECCE – Programming for Ages 3-5", endorsed by the Pacific Heads of Education Systems in Tonga for presentation to the Education Ministers’ meeting in early 2014. These Guidelines address education, health, nutrition, WASH, and child protection, and include attention to disabilities and gender issues (in curriculum, in classroom performance, in human resources). It is hoped that more countries will implement these guidelines once endorsed by their Ministers. Key stakeholders involved have included representatives from Ministries of Education (with some participation from child protection in Fiji, Vanuatu, and Solomon Islands); the World Bank; regional academia, development and research partners; and implementing partners. The strengthening of the Regional Council has increased the Pacific voice in the ECD dialogue, and meets the request by Pacific Islands Forum Secretariat for UNICEF to be Secretariat of a regional body to increase attention to ECD issues. These Guidelines will support multisectoral planning and implementation for ECD at country level; the intensive regional approach to the development of these Guidelines empowers ownership by the countries. The high cost of travel in the Pacific Region has created a barrier to expand participation of representatives from health, nutrition, child protection from all member countries, and stronger involvement in regional meetings.

Additionally, development of country situation analysis (SITAN) of ECCE commenced in Solomon Islands, Tuvalu (data collection completed), and Kiribati (data collection in process). These analysis will further support the countries in identifying the key bottlenecks to, and strategies for increasing access of young children to early learning and development opportunities.
Increasing the focus on and support to children with disabilities resulted in the development of an "early identification tool" in Vanuatu, which will allow the parents and teachers of young children to detect early warning signs that can lead to delays in child’s development. This tool was finalized after extensive community and partner consultations. A review of ECCE policies in Solomon Islands and Kiribati was initiated and will continue in 2014.

Shortage of funding and limited implementation capacity of the Ministry of Education are the key constraints for education programme in the Pacific.

IR 1430/A0/05/803/001 ED PCR 3 IR3.1: By 2017 young children in targeted areas in the Pacific benefit from increased access to quality ECD programmes through regional and country interventions including during emergency.

**Progress:**
To strengthen the upstream work in ECCE, UNICEF supported Pacific Regional Council for Early Childhood Care and Education (the Regional Council) to finalize the "Pacific Guidelines for the Development of National Quality Frameworks for ECCE – Programming for Ages 3-5". The guidelines have been approved at the Pacific Heads of Education Systems meeting in Tonga and will be presented at the Forum Education Ministers Meeting in April 2014 for formal endorsement. The Regional Council meeting included a workshop on Early Learning Development Standards, which was also attended by UNICEF Pacific Child Protection colleagues.

The situation analysis in the Solomon Islands was completed and the report was drafted and peer reviewed; Tuvalu data collection was completed, with analysis to commence; and the situation analysis in Kiribati was underway with support of a UNICEF Education Consultant. Based on the “Pacific Guidelines for the Development of National Quality Frameworks for ECCE – Programming for Ages 3-5”, Tonga, FSM, Fiji, and Samoa have reviewed their ECCE policy.

ECE advocacy and communication strategies have slowly moved forward due to funding constraints and limited staff. The Regional Council Facebook Page and Group have been established in order to facilitate regional conversations and networking. The Facebook page was launched during the meeting in October, with 80 followers and 24 group members signed up to date.

IR 1430/A0/05/803/002 ED PCR 3 IR3.2: By 2017 young children in targeted areas in the Kiribati benefit from increased access to quality ECD programmes through regional and in-country interventions, including during emergencies

**Progress:**
The Kiribati Multi-Year Work Plan was only signed in the third quarter of 2013 because the agreement and planning among Australia, Ministry of Education (MoE) and UNICEF took much longer than anticipated due to changing priorities of each organization. Data collection for the national Early Childhood Care and Education (ECCE) Situation Analysis through desk review, interviews, and focus group discussions with MoE staff, stakeholders, teachers, and community members was undertaken after the arrival of a consultant in October. The Situation Analysis will be completed in 2014 and the results will be used to engage the government and development partners in the Kiribati education sector to identify strategies and to take informed action to further strengthen equity in access to quality ECCE. The most disadvantaged ECCE centres in North and South Tarawa were identified using the Pacific Education Development Framework core Monitoring and Evaluation indicators. Shortage of funding and limited capacity and availability of MoE officials remain key constraints in the implementation of the UNICEF-supported education programme in Kiribati.

IR 1430/A0/05/803/003 ED PCR 3 IR3.3: By 2017 young children in targeted areas in the Solomon Islands benefit from increased access to quality ECD programmes through regional and in-country interventions, including during emergencies.

**Progress:**
The key bottleneck in young children accessing early childhood education (ECE) is availability of limited facilities and qualified teachers. The draft of the National Situation Analysis on Early Childhood Care and Education (ECCE) was completed through a collaborative effort between UNICEF and the World Bank combining the World Bank’s SABER-Early Childhood Development framework which includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Solomon Islands with UNICEF’s analysis of
implementation. The initial findings show that, only 40 per cent of children under five sleep under a mosquito net, and more than 40 per cent of children under the age of 5 are either stunted or severely stunted. The net enrolment rate for pre-primary education was 32.5 per cent in 2011 (Solomon Islands Education Management Information System), and of the 1,313 total ECCE teachers, only 35 per cent (456) are trained, leaving 65 per cent (857) teachers without training. Only 35 per cent of ECCE centres have access to a safe drinking water supply, and sanitation. These analysis will further support the country in identifying the key strategies for increasing access of young children to early learning and development opportunities.

The Pacific Guidelines for Development of National Quality Framework for ECCE, which provides guidance on meeting the needs of young children with disabilities, will be adapted by MEHRD for implementation.

The ECE panel of Ministry of Education and Human Resources Development (MERHD) has now made the final review of the draft ECE handbook and it is anticipated that MERHD will endorse it by the first quarter of 2014. After tsunami/earthquake in Temotu province in February 2013, 8 ECCE Emergency Kits were distributed to help the affected children in their educational and psychosocial needs.

The limited capacity and availability of MEHRD officials remains a key constraint in the implementation of the UNICEF-supported education programme in Solomon Islands.

IR 1430/A0/05/803/004 ED PCR 3 IR3.4: By 2017 young children in targeted areas in the Tuvalu benefit from increased access to quality ECD programmes through regional and in-country interventions, including during emergencies.

**Progress:**
The Ministry of Education estimates that 97 per cent of 3-5 year olds in Tuvalu have access to early childhood care and education (ECCE) centres. To ensure these centres have safe, clean and healthy environment with developmentally appropriate programme, UNICEF supports the development of minimum standards. Additionally, Early Learning and Development Standards are currently being developed in consultation with all ECCE stakeholders.

A series of open and transparent consultations on ECCE policy review was conducted with stakeholders in three Islands where the majority felt that ECCE should be institutionalized and become part of the basic education system within the government structure, with teachers selected by the Education Department. Consultations also showed a great need for strengthening parents’ awareness of developmentally appropriate practices. Further consultations with the Ministry and stakeholders concluded a need for a cost and financing study to better inform the Government in its decision and evidence based policy development.

As part of support to development of a national early grade literacy programme, UNICEF has been supporting a national study conducted by the Florida State University. The preliminary report indicates the need for additional equipment to create and replicate print resources and consistent internet access. In addition, findings found a need for strengthening the ECCE and primary curriculum and increased teacher training.

A national Library for ECCE Centres was initiated where children's books in Tuvalu language will be available to 683 young children in ECCE Centres.

To further strengthen the capacity of the Ministry, UNICEF supported participation of the Tuvalu ECCE team in the Asia Pacific Regional Policy Forum and the Pacific Regional Council for ECCE meeting, in which regional quality framework guidelines were finalized.

The limited capacity and availability of Ministry of Education, Youth and Sports officials remains a key constraint in the implementation of the UNICEF-supported education programme in Tuvalu.

IR 1430/A0/05/803/005 ED IR3.5: By 2017 young children in targeted areas in the Vanuatu benefit from increased access to quality ECD programmes through regional and in-country interventions, including during emergencies

**Progress:**
The status of Early Childhood Care and Education (ECCE) in Vanuatu has made tremendous strides in 2013. Additional training for ECCE teachers on Early Learning Development Standards (ELDS - developmental benchmarks for children birth - 5 years) was implemented. Vanuatu participated in the East Asia Pacific Regional
Office’s Early Childhood Development Scales (ECDS) Initiative. This initiative, based on Asia-Pacific regional ELDS samples (including Vanuatu), reviews child development in physical, language, personal and social, and cognitive development. 900 children across all 6 provinces were included in this study; once data analysis is completed by the University of Hong Kong, Vanuatu will have a clear picture of how children aged 3-5 years are developing across the country, and of needs in specific developmental areas.

Resources for ECCE developed/finalized in 2013 included: a framework; a curriculum to align with the year 1 new primary schools curriculum; observation tools for observing and assessing children’s learning; readiness tool for use by parents to assess children’s readiness for school; Teachers Code of Conduct; a baseline survey; and lesson plans for teachers in Bislama, the vernacular language.

An important follow up of the ELDS and ECDS initiative was the development of an Early Identification Tool to identify delays in development during the first 5 years of life. This tool, developed in partnership with the Ministry of Education (MoE) and disability organizations in Vanuatu, was drafted and trialled in two provinces; finalization will occur in 2014 once trialling is completed. The tool was highly welcomed by local communities and teachers working with children with disabilities.

Considering the results of UNICEF support, UNICEF and MoE have agreed that UNICEF’s strategic focus in 2014 onwards will shift to an integrated multi-sectorial approach to child development for 0-3 years, linking current services with strengthened parent support and school readiness through the home.

**PCR 1430/A0/05/804 ED PCR 4:** By 2017, an increased percentage of girls and boys access schools that uphold minimum national quality standards and support student achievement to the end of the primary cycle in at least 4 Pacific Island Countries.

**Progress:**
A key factor in poor quality basic education systems in the Pacific at sub-national level relates to limited skills of teachers in delivering appropriate teaching practices, and inadequate capacity of schools in planning, management, budgeting and monitoring. To address these challenges, UNICEF Pacific supported two strategic interventions: 1) Support to school-based management (SBM) linked to school improvement planning, and 2) Development of National Minimum Quality Service Standards (NMQSS) for Schools. As a result, Tuvalu has already started the national roll out of its SBM through building capacity of education officials at Kaupule (Island Council) and school levels. Kiribati and Vanuatu received support in developing their NMQSS, which are now mainstreamed in their national training on school improvement. The child friendly concept provided the base for the development of Tuvalu and Kiribati NMQSS for schools, which will be finalized and endorsed in 2014. These results demonstrate the governments’ commitment to improving equity in access to quality for all school-aged children, including girls and those children living with disabilities. Linking to the NMQSS, schools were also supported with water, sanitation, and hygiene (WASH) facilities. In Fiji, 2,449 children benefited from new WASH facilities. WASH in Schools Infrastructure and Facilities Rehabilitation was also on-going in Kiribati.

The capacity building support to the Ministry of Education on Fiji Island Assessment Framework for class 1-3 Teachers resulted in 53,008 students benefitting from improved teaching methodologies.

The School Solar Power project in Solomon Islands has now created an enabling environment that not only facilitates children’s learning but also greater participation and ownership by the community as they can meet in the evenings to address school and community issues.

A key innovation supported by UNICEF and implemented by the Council of Pacific Education in Fiji and Tonga addressed the regional issue of teacher professionalism. The Pacific teachers’ Code of Ethics, developed jointly with key stakeholders and adapted to the country context proved to be a crucial element in strengthening teachers’ commitment to children and schools regaining respect for teachers. The external evaluation found greater involvement of the parents and communities in the school. The Code of Ethics was endorsed by the Pacific Heads of Education Systems.

Response to emergency included support to the impact of Cyclone Evan in Fiji and support to Temotu province in Solomon Islands through provision of school supplies and tents for safe learning spaces benefiting more than 6,100 children affected by these emergencies.
IR 1430/A0/05/804/001 ED PCR 4 IR 4.1: By 2017 children in Pacific Island Countries including those living with disabilities in targeted areas benefit from increased enrolment and retention rates as well as from improved literacy & numeracy outcomes.

Progress:
To strengthen system building of the Kiribati and Tuvalu education sectors, UNICEF supported the development of National Minimum Quality Service Standards (NMQSS) for Primary and Junior Secondary Schools. The NMQSS outline the characteristics of a good quality school which provides education services to all children, including girls and those children living with disabilities. These standards guide schools to further strengthen equity in access to quality education and will be endorsed in Kiribati when the Education Act is finalized in quarter 1, 2014. In Kiribati and Vanuatu, the NQMSS have been integrated in national School Improvement Planning training manuals.

In line with the national minimum WASH in schools standards, UNICEF supported the Ministry of Education in Fiji to complete the rehabilitation of WASH infrastructure and facilities in 15 primary schools (2 per cent of all primary schools in Fiji).

Through the Fiji Education Cluster, UNICEF provided 60 tents as temporary learning spaces and school learning resources for schools severely damaged by Tropical Cyclone Evan. It also provided 1,200 school back packs for the most affected children. The rehabilitation of Ratu Meli Memorial School which was severely damaged by Tropical Cyclone Evan was completed.

UNICEF Pacific worked in collaboration with the Ministry of Education in Fiji and Fiji National University in capacity building of class 1-3 teachers on the Fiji Island Assessment Framework. The training was done nationally boosting the capacity of 1, 680 class 1-3 teachers in all 700 primary schools.

The external independent evaluation of the Code of Ethics (CoE) has confirmed that the project has inspired (head) teachers and improved teacher/student attendance and punctuality. In Tonga, the CoE will be introduced as a pre-service teacher training module in 2014. The CoE will be presented at the Forum of Education Ministers Meeting in April 2014 for adoption.

IR 1430/A0/05/804/002 ED PCR 4 IR4.2: By 2017 children in Kiribati including those living with disabilities in targeted areas benefit from increased enrolment and retention rates as well as from improved literacy & numeracy outcomes

Progress:
The Ministry of Education in Kiribati used UNICEF support to finalise the Kiribati School Improvement Standards (KSIS) now included in the new Education Act, which is expected to be endorsed by the Cabinet in the first quarter of 2014. The KSIS outline the characteristics of a good quality school which provides education services to all children, including those children living with disabilities. These standards guide schools to further strengthen equity in access to quality education and are based on 6 inter-related dimensions: (i) Access/Inclusion, (ii) Effective Teaching and Learning, (iii) Health, Safety, Protection, (iv) Gender, (v) Community Partnerships and (vi) School Management/Leadership. UNICEF contributed to the contents of the School Improvement Planning (SIP) training workshop which was introduced in 33 per cent of the primary and secondary schools in Kiribati. As a result, each of these schools now has a school improvement plan with local interventions to attain the KSIS. UNICEF will continue to support SIP interventions in 2014, to ensure that all schools have a plan to attain KSIS.

Water, sanitation and hygiene (WASH) facilities in 9 primary schools are being constructed and rehabilitated ensuring improved access to clean and safe WASH facilities benefitting over 1,800 male and female students. Since progress was slow, UNICEF staff has developed a plan in close collaboration with MoE officials from the Facilities Management Unit and the Basic Education Unit as well as the head teachers from the respective target schools to ensure that all works are completed by quarter 1, 2014.

The presence of a UNICEF-funded education consultant in Kiribati since October 2013 will further strengthen the communication and relationship with the MoE in the country and will allow the programme to get back on track.

On-track
IR 1430/A0/05/804/003 ED PCR 4 IR4.3: By 2017 children in Solomon Islands including those living with disabilities in targeted areas benefit from increased enrolment and retention rates as well as from improved literacy & numeracy outcomes.

Progress:
Solomon Islands managed to have a good balance of upstream and downstream work in education. The Whole School Development programme, which was adopted by the Ministry of Education and Human Resources (MEHRD) and addresses inclusive education, was rolled out in 50 per cent of schools in Choiseul province.

One of the key determinants impacting children's participation in school is lack of conducive learning environment. The Solar Power project, which started initially in five schools in Guadalcanal province was completed providing each classroom with light and an electric fan that dissipated the sweltering heat in the classrooms and contributed to improved attention. Since installation, participation of children has increased in evening studies, and teachers spend more time on lesson preparations. Participation of community members in development and management of the schools also improved as they were able to meet more often in the evenings having electricity. The project has made a positive difference for the school and community. An independent assessment of the solar power system was undertaken to allow for the start of the second phase in 2014.

In addressing the issue of the different vernaculars spoken throughout the Solomon Islands, UNICEF supported the piloting of language policy in Makira and Malaita provinces for the first phase where curriculum and other materials in vernacular are being developed and tested. MEHRD sees this as a constructive intervention to facilitate children’s learning and acquisition of literacy/numeracy in mother tongue.

Principals and head teachers of schools in Temotu province who were affected by the earthquake and tsunami in February received training on school disaster preparedness in the last quarter of 2013. As a result of this training, school staff in Temotu are now better prepared for disasters than before. The supplies sent for emergency response, allowed children to continue their schooling.

IR 1430/A0/05/804/004 ED PCR 4 IR4.4: By 2017 children in Tuvalu including those living with disabilities in targeted benefit from increased enrolment and retention rates as well as from improved literacy & numeracy outcomes.

Progress:
In line with the Tuvalu Education Strategic Plan II, UNICEF supported all schools in Tuvalu to formulate their school vision, mission, targets and annual school improvement plans in consultation with the school community (principals, head teachers, teachers, parents, students and island council members). The aim of strengthening school-based management is to enhance community participation, to strengthen effective use of school resources and to improving learning outcomes of children.

The draft Tuvalu Minimum Quality Service Standards for Primary and Junior Secondary Schools was developed in close consultation with the Ministry of Education Youth and Sports officials, principals, head teachers and classroom teachers.

UNICEF has been supporting the review of the Tuvalu Education Act through provision of technical support, ensuring issues such as corporal punishment and school expulsion are addressed in line with the Convention on the Rights of the Child.

The Tuvalu School Grant Policy was developed in consultation with principals, head teacher as well as teachers and the Ministry of Education, Youth and Sports will be taking it through the Development Coordinating Committee for approval. The draft School Financial Management Module for training was developed and capacity building of 25 principals, head teachers and teachers on the School Grant Policy and Financial Management in Schools was completed.

In order to further strengthen teacher professional development, consultants for English and Science subjects have been recruited by the MEYS to monitor teachers’ performance and to provide on-the-job support to these teachers to enhance their capacity in teaching these subject and to improve student learning achievements in these subject areas.

The Tuvalu Education Management Information System (TEMIS), which was established in 2012, was maintained by a national MEYS officer. To date, a brief Education Statistical Digest was generated from the TEMIS data gathered, which provides critical information for education management at all levels.
IR 1430/A0/05/804/005 ED IR 4.5: By 2017 children in Vanuatu including those living with disabilities in targeted benefit from increased enrolment and retention rates as well as from improved literacy & numeracy outcomes

**Progress:**
UNICEF supported the Ministry of Education (MoE) in implementing the school-based management (SBM) initiative in Vanuatu by providing technical support for the development of school improvement planning and school committee training manuals. The minimum quality service standards for primary schools are incorporated in these manuals and as a result, school improvement plans now reflect these standards. The SBM initiative was rolled out in 42 out of the 67 (63 per cent) schools in Shefa province, which represents about 10 per cent of all primary schools in Vanuatu.

The Vanuatu Institute of Teacher Education in-service unit (VITE-ISU) addressed children’s literacy, numeracy outcomes and retention rates by building the capacity of 180 untrained teachers in 6 provinces on multi-class teaching. As a result, these teachers are now equipped with pedagogic knowledge and skills to teach children in multi-classes, which make up more than 90 per cent of classrooms in Vanuatu. Monitoring and assessment was conducted by 12 provincial trainers, who reported improved multi-class teaching practices and enhanced student participation during lessons.

The MoE endorsed the Education in Emergency policy and the capacity of Education Cluster members was built through a simulation exercise.

Considering the strategic and financial position of UNICEF Pacific and the priorities defined in the Vanuatu Education Road Map, UNICEF decided to discontinue providing funds through the pooled funds arrangement in September 2013. Based on a gap analysis conducted with the MoE and Development Partners, UNICEF has agreed to focus on strengthening instructional leadership of head teachers and school-based professional development in close collaboration with the VITE-ISU. The MoE and UNICEF are in the process of developing a work plan which incorporates these interventions for 2014.

The limited capacity and availability of MoE officials remains a key constraint in the implementation of the UNICEF-supported education programme in Vanuatu.

**PC 3 - HIV & AIDS**

**PCR 1430/A0/05/805 HIV&AIDs PCR 5: PICs have and use sound strategic information/data for effective gender and equity focused HIV advocacy, policy development, planning and programming.**

**Progress:**
Advocacy efforts and technical support provided to Pacific Island Countries (PICs) resulted in increased availability and use of strategic data for effective HIV programming. Three countries (Kiribati, Fiji and Vanuatu) were supported by UNICEF and UNAIDS to review their progress against the 10 targets and commitments set out in the 2011 UN Political Declaration on HIV and AIDS. Two sub-regional consultative meetings involving 17 PICs were organized by UNICEF in partnership with the Secretariat of the Pacific Committee and WHO, to review progress, share lessons learnt and identify priority areas. Based on the recommendations of the consultative meetings, a draft regional strategic framework was developed by the working group comprised of representatives from the regional partner agencies, including UNICEF. The strategic framework is being finalized and it aims to facilitate a shift in focus from the current vertical approach to integration into sexual and reproductive health HIV programming.

Fifty seven representatives from 15 countries participated in a technical meeting of Sexually Transmitted Infections (STI)/HIV Programme Managers organized by UNICEF in partnership with other regional stakeholders in June 2013. A key outcome of the meeting was the development of country specific operational plans in four main priority areas - STIs, HIV Testing and counselling, Targeted prevention and Treatment & care services.

UNICEF supported the governments of Fiji and Vanuatu to develop and operationalize national HIV & AIDS and STI strategic plans.

Recognizing that the last round of surveillance studies in the Pacific region was in 2008, UNICEF has championed discussions on updating age and sex disaggregated behavioural and biological data on HIV and conducted the Pre-Surveillance Assessment for Fiji and Solomon Islands. The assessment confirmed the need to survey and
determine STI and HIV prevalence rates among antenatal care (ANC) attendees in Solomon Islands and for Fiji, several surveillance studies were proposed mainly focusing on high risk groups, specifically among men having sex with men and transgender sex workers UNICEF plans to conduct the prevalence study among ANC attendees in 2014.

IR 1430/A0/05/805/001 HIV&AIDS PCR 5 IR5.1: National stakeholders’ capacity to plan, coordinate, implement and monitor & evaluate studies/surveys and HIV & AIDS programmes is strengthened by 2017.  

Progress:  
Advocacy efforts and technical support provided to Pacific Island Countries (PICs) resulted in increased availability and use of strategic data for effective HIV programming. UNICEF and UNAIDS supported Kiribati, Fiji and Vanuatu to review their progress against the 10 targets and commitments set out in the 2011 UN Political Declaration on HIV and AIDS.

Two sub-regional consultative meetings organized in partnership with Secretariat of Pacific Committee, resulted in a draft Pacific regional strategic framework, which aims to facilitate a shift in focus from the current vertical approach to integration of HIV into sexual and reproductive health programmes.

A technical meeting of HIV Programme Managers from 15 PICs was organized by UNICEF in partnership with WHO and SPC in June 2013. A key outcome of the meeting was the development of country specific operational plans in four main priority areas: Sexually Transmitted Infections (STIs), testing and counselling, targeted prevention, and treatment and care.

The main focus of UNICEF’s support to Fiji was on operationalization of the National HIV Strategic Plan (2013-2017) and strategic information/data collection for effective HIV programming. With UNICEF technical and financial support, the Fiji national HIV programme annual workplan for 2013 was developed and its implementation reviewed regularly key stakeholders, thus ensuring coordination and cooperation of the main stakeholders.

STIs/HIV surveillance systems in Fiji were strengthened with support from UNICEF. The findings from the Pre-Surveillance Assessment, conducted in 2013, confirmed the need to update the prevalence among groups at higher risk to HIV exposure, including adolescents and youth. The standardization of reporting forms and registers was undertaken by MOH which resulted in increased use of standardised forms and improved routine data collection.

Due to funding constraints HIV programming in Samoa was not activated in 2013, although some direct support was provided through the regional technical forums.

IR 1430/A0/05/805/002 HIV&AIDS PCR 5 IR5.2: Kiribati National stakeholders’ capacity to plan, coordinate, implement and monitor & evaluate studies/surveys and HIV & AIDS programmes is strengthened.  

Progress:  
In order to increase efficiency and effectiveness of the Kiribati national HIV programme, UNICEF worked collaboratively with the Ministry of Health and Medical Services and other HIV stakeholders to develop a consolidated annual work plan with Monitoring & Evaluation framework. In addition to that, support was provided to regularly monitor and review planned activities thus ensuring timely implementation and follow up.

Furthermore, with support from UNICEF, a task force was established to assess the existing HIV coordination mechanisms and support the Kiribati Government in establishing integrated and sustainable mechanisms for overall national coordination of HIV/AIDS prevention, treatment, care and support activities and M&E. The task force will complete the re-structuring process in 2014.

As the result of a joint effort of UNICEF and UNAIDS, The Kiribati national report (for the Global AIDS response progress report) was produced, highlighting programmatic progress, achievements, challenges and recommendations on activities to better address the Ten Targets and Elimination commitments of the 2011 UN Political Declaration on HIV/AIDS.

Integrated Antenatal care/ Prevention of Parent to Child Transmission of HIV data collection forms were developed and introduced in seven (out of 11) clinics of South Tarawa resulting in improved data collection and utilization for effective HIV programming. It is planned that all health clinics of South Tarawa, where almost half of the Kiribati population resides, will be using standardized data collection forms by mid-2014.
**IR 1430/A0/05/805/003 HIV&AIDS PCR5 IR5.3:** Solomon Islands national stakeholders’ capacity to plan, coordinate, implement and monitor & evaluate studies/surveys and HIV & AIDS programmes is strengthened.

**Progress:**
In 2013, UNICEF HIV & AIDS programme in partnership with WHO and the Secretariat of the Pacific Community (SPC) supported the Solomon Islands (SOI) MOH STI and HIV Unit to conduct a comprehensive Pre-Surveillance Assessment (P-SA) to guide the design and development of Second Generation Surveillance Surveys (SGSS).

Key surveillance priorities identified through the P-SA included: 1) Establishing HIV and STI prevalence in antenatal women in the major population centres of the country utilising methods to overcome potential selection bias, including unlinked anonymous testing. 2) Determining HIV and STI prevalence, risk behaviours and the size of the populations engaging in transactional and/or commercial sex at the largest logging camps and seaports in Solomon Islands. The P-SA objectives were achieved and there was clear guidance available to the regional surveillance group (UNICEF, WHO, SPC, UNAIDS) on future surveillance priorities for Solomon Islands. The surveillance group collectively agreed to prioritise surveillance of ANC attendees and UNICEF was tasked to lead the surveillance activities in SOI. Terms of reference and surveillance protocol are being developed by UNICEF and the survey will commence in quarter 1 of 2014.

Significant challenges affected the implementation of other planned activities in 2013. Change of management within the Ministry of Health HIV Unit, and a freeze of the health sector support programme account by the Ministry of Finance and Treasury for its internal audit process (during September - October) further delayed implementation of planned activities as the HIV unit was unable to access funds. In addition, without the support from a dedicated HIV officer on the ground, the implementation of activities has proven to be cumbersome; therefore, a short term technical assistant will be recruited in 2014 to support MOH and UNICEF Field Office.

**IR 1430/A0/05/805/004 HIV&AIDS PCR 5 IR5.4:** Vanuatu national stakeholders’ capacity to plan, coordinate, implement and monitor & evaluate studies/surveys and HIV & AIDS programmes is strengthened.

**Progress:**
UNICEF provided supported the Ministry of Health efforts to improve capacity of Vanuatu national stakeholders to collect, analyse and use strategic HIV data for effective and efficient HIV programming. A review of the national response to HIV and AIDS was conducted in the first quarter of 2013. The review findings indicated an urgent need to refocus the national HIV response from general population to those at higher risk of HIV exposure and scale up HIV testing and counselling services nationwide. In addition, in the course of the review, a prioritization exercise was held with key stakeholders regarding the 10 targets and commitments set out in the UN Political Declaration on HIV and AIDS, as an initial step in the development of the new National Strategic Plan (NSP). The NSP development process is on-going with support from UNAIDS. Once the NSP is finalized, UNICEF will provide further technical assistance in the first quarter of 2014 to develop a monitoring and evaluation framework that will track progress of planned activities within the new strategic plan.

The re-organization process that the Ministry of Health started in the third quarter has disrupted the implementation of other planned programme activities for most of the second half of the year.

**PCR 1430/A0/05/806 HIV&AIDS PCR 6:** Pregnant women and adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure, have increased access to relevant information, skills and services to prevent and reduce impact of HIV.

**Progress:**
Routinization of HIV testing and counselling (HTC) services for ANC attendees and a gradual shift from the current client initiated HIV testing and counselling approach to the provider initiated approach was the primary focus of UNICEF in 2013. As a result, MOH Kiribati adopted the National HTC policy, which embraces the opt-out approach for HIV testing of pregnant women. Also, Fiji HIV testing algorithm was developed and approved by the National HIV Board in October 2013. Adoption of the new algorithm has enabled the policy makers to develop the first Fiji national HTC policy. The national consultative meeting to discuss the draft policy was organized in November 2013 and it is expected to be endorsed in 2014. In Solomon Islands, the number of sites using rapid HIV tests for screening has increased from three in 2011 to nine in 2013. Kiribati has been piloting HIV rapid
tests in three clinics of South Tarawa. Similar plans to commence HIV screening of pregnant women in rural and remote health clinics using rapid tests, with confirmation at sub divisional hospital, have been adopted by Fiji.

Most of the countries are currently using Option B for treatment of HIV positive mothers, but as follow up of the STI/HIV Programme Managers meeting, national consultations to consider a transition to Option B+ will be held. Fiji was the first country in the region to successfully transition to PMTCT Option B+ by revising its PMTCT policy and aligning the programmatic and operational structures along with the policy.

In addition, with strong UNICEF guidance, the Regional STI technical working group adapted into the Pacific context, the global framework for elimination of congenital syphilis, and made specific recommendations that will accelerate the process of introducing point of care syphilis testing of pregnant women thus contributing to the elimination of congenital syphilis targets set by the Pacific island countries.

In order to assess coverage and quality of sexuality and life skills based education for young people and adolescents, UNICEF with inputs from UNFPA and UNESCO supported a comprehensive review of the education sector response to HIV prevention in Fiji, Kiribati, Vanuatu and Solomon Islands. Findings from the review highlighted the need for more investment in improving delivery of sexual and reproductive health including HIV & AIDS education in schools. These areas will be addressed through the UNFPA, UNICEF and UNESCO Joint Regional Programme on comprehensive sexuality education which will commence in 2014.

IR 1430/A0/05/806/001 HIV&AIDS PCR 6 IR6.1: By 2017, at least six PICs have PPTCT, HIV Testing & Counselling and ART policies/ guidelines and services in line with the international and global recommendations.

Progress:
The programme continued to provide support to the Pacific Island Countries in strengthening prevention of mother to child transmission (PMTCT). Most of the countries in the region are currently using Option B for treatment of HIV positive mothers, but as follow up of the STI/HIV Programme Managers meeting in June 2013, national consultations to consider a transition to simplified treatment option will be held.

Fiji was the first country in the Pacific region to successfully transition to PMTCT Option B+ by revising its policy and aligning the programmatic and operational structures along with the policy. Fiji has also up-skilled capacity of service providers by revising training modules and conducting trainings in all four divisions (provinces). As the result, about additional 70 service providers have capacity to provide quality PMTCT services. Furthermore, Fiji ART guidelines were revised in line with the new 2013 WHO guidelines.

As the result of UNICEF advocacy efforts, the first Kiribati national HTC policy, which embraces the opt-out approach for HIV testing of pregnant women, was adopted and rapid HIV tests were or being introduced in a number of antenatal care facilities of Honiara (Solomon Islands) and South Tarawa (Kiribati). Furthermore, with UNICEF contribution, new simplified HIV testing algorithms were approved by the National HIV Board. Adoption of the new algorithms enables the policy makers to develop the first national HIV testing and counselling policy with emphasis on opt-out testing of antenatal clinic attendees. A national consultative meeting to discuss the draft policy was organized in November 2013 and it is expected to be endorsed in the first quarter of 2014. In addition the Ministry of Health plans to commence HIV screening in rural and remote health clinics using rapid HIV tests, with confirmation at secondary health services level.

IR 1430/A0/05/806/002 HIV IR6.2: Kiribati-HIV PPTCT women, their partners and exposed infants in Kirabati have access to syphilis and HIV prevention, treatment, care and support services.

Progress:
UNICEF worked with the Ministry of Health and Medical Services (MHMS) and NGOs to implement the 2013-2015 Operational plan on Prevention of Parent to Child Transmission (PPTCT) of HIV, which aims to integrate PPTCT services as part of the antenatal care package for pregnant mothers in their first visit in 11 clinics in South Tarawa and Betio.

The point of care HIV testing pilot was successfully completed in 2 clinics (Bairiki and Temakin) resulting in increased uptake of pre- and post-test services by pregnant women. After all the necessary preparations for scaling up were completed, including procurement and distribution of HIV rapid tests and commodities, a training
of nursing officers on use of rapid HIV tests commenced in December 2013. The next step will be to introduce same day HIV testing in Betio town health clinics in 2014.

With the end of Global Fund supported project in Kiribati, a number of counsellors hired to serve stand-alone voluntary HIV testing and counselling clinics, lost their positions. Consequently, HIV counselling and testing services were not provided in at least 5 clinics of South Tarawa in the second half of 2013. In order to ensure a shift from stand-alone to integrated HIV testing and counselling services, the first national HIV testing and counselling guideline, which embraces integrated provider initiated approach to HIV testing, was developed and endorsed by MHMS. In addition to that a series of training on provider initiated HIV testing and counselling is planned to be organized in 2014.

The planned training for health service providers on PPTCT of HIV did not materialized due to lack of trained trainers in Kiribati, and alternative ways of conducting the training are being explored for 2014.

**IR 1430/A0/05/806/003 HIV&AIDS PCR 6 IR6.3:** By 2017, pregnant women, their partners and exposed infants in Solomon Islands have access to and use syphilis and HIV prevention, treatment, care and support services.

**Progress:**
Building on the progress made in the first two quarters of 2013, UNICEF continued its efforts to scale up HIV testing and counselling (HTC) services in the Solomon Islands.

With funding support from UNICEF, an assessment of selected 16 sites in the Western and Choiseul provinces was conducted by the National Reference Laboratory in collaboration with the National STI/HIV programme. The assessment findings indicated that nine (out 16 assessed) sites have fully met the national minimum standards and are ready to provide quality HTC services, representing a threefold increase of HTC sites in the above provinces in the last 2 years.

However, despite progress at the primary health care level, challenges remain in reviewing and adopting the HIV testing and counselling policy at the central level. The MOH HIV unit is prioritising a review of the draft HTC policy in consultation with key partners and service providers and it is expected that the policy will be endorsed by the National health executive committee in early 2014.

Significant challenges affected the implementation of other planned activities in 2013. Change of management within the Ministry of Health HIV Unit, and a freeze of the health sector support programme account by the Ministry of Finance and Treasury for its internal audit process (during September - October) further delayed implementation of planned activities as the HIV unit was unable to access funds.

**IR 1430/A0/05/806/004 HIV&AIDS PCR 6 IR6.4:** By 2017, pregnant women, their partners and exposed infants in Vanuatu have access to and use syphilis and HIV prevention, treatment, care and support services.

**Progress:**
UNICEF provided support to the Ministry of Health (MOH) mainly focusing on capacity development of the key stakeholders. For this purpose two in-country HIV consultation meetings were supported by UNICEF as part of the National Strategic Plan (NSP) development processes. Furthermore, UNICEF supported capacity development of MOH HIV unit staff by ensuring their participation in two sub-regional technical consultation meetings on STI and HIV.

Limited support was provided in 2013 because of funding and human resource constraints within the UNICEF HIV & AIDS Programme. Another challenge was that the Vanuatu Ministry of Health re-organised its operations which led to changes in the management of national HIV programme. These changes disrupted implementation of planned programme activities for most of quarters 3 and 4.

**IR 1430/A0/05/806/005 HIV&AIDS PCR 6 IR6.5:** By 2017, at least six PICs have strengthened capacities to deliver HIV prevention and services for adolescents (10-19) including adolescents at higher risk to HIV exposure.

**Progress:**
UNICEF increased its emphasis on promoting quality comprehensive sexuality education and healthy behaviours among youth and adolescents.

With inputs from UNFPA and UNESCO, UNICEF carried a comprehensive review of the education sector’s
response to HIV prevention in Fiji, Kiribati, Vanuatu and Solomon Islands. Fiji specific findings from the review highlighted the need to improve quality of Family Life Education programme and increase outreach to out-of-school youth. These areas will be addressed through the UNFPA, UNICEF and UNESCO Joint Regional Programme on comprehensive sexuality education which will commence in 2014.

HIV & AIDS programme advanced advocacy and communication on HIV & AIDS by supporting a video documentary produced by peer educators that highlighted the importance of sustaining HIV prevention education amongst adolescents and youth. Young people who participated in the video documentary called for action from all relevant stakeholders to prevent the spread of HIV and they highlighted the positive role of His Excellency, the President of Fiji’s HIV & AIDS awareness visits to all secondary schools in Fiji in 2013.

UNICEF also supported a walk-a-thon event led by the Fiji Network for People living with HIV (FJN+) to raise awareness and mobilise support for people living with and affected by HIV & AIDS.

The programme also supported the first ever ‘Prayer Breakfast’ event on World AIDS Day led by FJN+, faith based organisations (FBOs) and people from at risk groups (men who have sex with men, sex workers). At the event, His Excellency, the President of Fiji pledged his support for greater partnerships with FBOs who in turn, expressed their willingness to work with stakeholders and specifically, with people living with and affected by HIV as well as at risk groups.

**IR 1430/A0/05/806/006 HIV&AIDS PCR 6 IR6.6: By 2017, adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure in Kiribati, have increased access to relevant information, skills and services to prevent and reduce impact of HIV.**

**Progress:**
UNICEF continued to ensure that groups at higher risk to sexually transmitted infections and HIV, including adolescents and youth, benefit from quality information and services. For this purpose, UNICEF supported a number of activities aimed to raise awareness and increase knowledge of young people and adolescents, and improve quality of youth friendly services.

A national football tournament ‘Kick out HIV/AIDS’ was organized in partnership with the Ministry of Health and Medical Services, during which apart from HIV prevention information dissemination, mobile HIV testing and counselling services were also provided to 148 players and spectators.

In order to increase the involvement and participation of church leaders, health workers and teachers in HIV programming for young people and adolescents, capacity building workshops were organized by UNICEF. As a result, 15 church leaders, 11 teachers and 15 health workers have knowledge and capacity to support youth issues and refer them to proper services. Also, UNICEF initiated discussions with the main churches in Kiribati (Catholic, Kiribati Protestant Church & Latter Day Saints) on possible collaboration to reduce risks and vulnerability of young people.

A workshop involving about 50 youth at risk, including sex workers and men having sex with men, was organized to improve their knowledge on family planning, sexually transmitted infections and update them with information on available services.

Currently, there are only 2 clinics provide youth friendly health services in Kiribati (Kiribati Family Health Association clinic and one clinic in Abemama island). Three additional clinics were assessed in 2013 for integration of youth friendly services. However, no substantial progress was made in improving the availability and quality of youth friendly services in spite of major investments of time and advocacy efforts.

**IR 1430/A0/05/806/007 HIV&AIDS PCR 6 IR 6.7: By 2017, adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure, in Solomon Islands, have increased access to relevant information, skills and services to prevent and reduce impact of HIV.**

**Progress:**
A comprehensive review of the educations sector’s response to HIV prevention was completed in partnership with UNFPA. Findings from the review confirmed that greater investment is needed in Solomon Islands to strengthen capacities of teachers to deliver quality HIV prevention education in schools.

In addition, UNICEF HIV, Health and Communication Programmes jointly agreed to support an integrated Communication for Development (C4D) initiative to improve uptake of services related to Maternal and Child
Health and HIV in Solomon Islands. The C4D initiative will be implemented from quarter 1 of 2014 and will enhance health outcomes for women and children in Solomon Islands.

Significant challenges affected the implementation of other planned activities in 2013. Change of management within the Ministry of Health HIV Unit, and a freeze of the health sector support programme account by the Ministry of Finance and Treasury for its internal audit process (during September - October) further delayed implementation of planned activities as the HIV unit was unable to access funds. In addition, without the support from a dedicated HIV officer on the ground, the implementation of activities has proven to be cumbersome; therefore, a short term technical assistant will be recruited in 2014 to support MOH and UNICEF Field Office.

**IR 1430/A0/05/806/008 HIV&AIDS PCR 6 IR6.8: By 2017, adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure, in Vanuatu, have increased access to relevant information, skills and services to prevent and reduce impact of HIV.**

**Progress:**
As part of the Pacific sub-regional exercise, the Vanuatu education sector’s response to HIV was reviewed in the third quarter of 2013. The findings from the review confirmed that there is a large proportion of youth out of the formal education system, especially at the secondary level, which have limited access to HIV prevention and awareness raising programmes. The assessment report will be used for advocacy and resource mobilization purposes.

In 2013, UNICEF provided technical support to the Vanuatu Ministry of Health Sexually Transmitted Infection (STI) and HIV Unit and established youth friendly services for adolescents and young people living in Paugnisau village in the Shefa province. The Paugnisau youth friendly health service facility was launched on the 29th of November 2013 by the Director General of the Ministry of Health. Services provided to youth will include testing and treatment for STIs, testing and counselling for HIV, family planning, general counselling and information on sexual and reproductive health. At least three community outreach activities were conducted by the national HIV Unit to educate communities and young people on sexual and reproductive health and HIV and on available services at Paugnisau clinic.

Limited support was provided in 2013 because of funding and human resource constraints within the UNICEF HIV & AIDS Programme. Another challenge was that the Vanuatu Ministry of Health re-organised its operations which led to changes in the management of national HIV programme. These changes disrupted implementation of planned programme activities for most of the second half of the year.

**PC 4 - Child Protection**

**PC 1430/A0/05/807 Child Protection Systems (including Justice and Police, child and family social services, health and education and communities) provide improved quality of and access to services for the prevention of and response to violence, abuse and exploitation of children at all times.**

**Progress:**
Child protection systems have been strengthened in Fiji, Kiribati Samoa, Solomon Islands and Vanuatu through significant progress in law reform and introduction of supporting policies and budgetary allocations. In Fiji and Solomon Islands areas of child protection systems (child protection and civil registration respectively), received government budgetary allocations for the first time. Child Protection Baseline reports were launched in Palau and Marshall Islands (RMI). In RMI, child protection indicators were included for the first time in the National Development Plan, and in Vanuatu the Law and Community Services Sector Strategy (2014-2017) incorporates key aspects of child protection system strengthening.

In Kiribati a new Child, Young Persons and Family Welfare Act was passed and the reform of the Juvenile Bill is underway; in Samoa consultations are underway for a Child Protection Bill; and in Solomon Islands the Child and Welfare Bill is awaiting Parliamentary approval. These developments have strengthened protection for children in these countries by providing the first legal framework at country level for prevention, protection and response services for children. UNICEF initiated a forum to bring development partners together to coordinate efforts in support of legislative reforms in both the area of child and family welfare and domestic violence across the Pacific. Child friendly Police Standard Operating Procedures, including appropriate investigation of sexual offences have been introduced in six countries. Services for birth registration and resulting coverage rates have improved significantly. Combined efforts of UNICEF and partners from the Brisbane Accord Group have led to rapid progress. In Kiribati the percentage of children under 5 registered increased from 68 per cent in January to
82 per cent in November; in Vanuatu rates increased from 40 per cent to 52 per cent; and in Solomon Islands access to birth registration for children and their families improved with the establishment of eight additional service points in health facilities bringing to 15 the number of health facilities in targeted provinces. Decentralization of services and partnerships with health systems have contributed to the progress, as has support for appropriate technology solutions to simplify registration processes.

Monitoring of child protection systems was strengthened with the introduction of the Global Indicators Framework in Kiribati and Fiji which provides a robust governance framework for monitoring and measuring progress. Wide spread consultations have taken place with stakeholders and the results due in early 2014 will be used to inform partners’ sector and development plans.

**IR 1430/A0/05/807/001 CP PCR 7 IR7.1: By 2017, PICs children are better protected by strengthen legal, regulatory and policy frameworks at national level, including in emergencies.**

**Progress:**
The Child Protection Baseline reports were launched in North Pacific countries: Palau and RMI with high level in-principle support for recommendations. Key child protection indicators have been integrated into draft National Development Plan of RMI (2014-2016) under the Social Development sector, paving the way for future government resource allocation and strengthened monitoring of child protection. However, prioritization and implementation plan to follow up recommendations are constrained due to lack of funding for North Pacific. The baseline report for Samoa was submitted to the Cabinet for approval. Although not yet launched the recommendations from the report are already influencing policy including the draft Child Care and Protection Bill, legislative review of the Ministry of Women and Community Development and broader awareness raising initiatives.

At the Pacific level a working group was established with key legislative reform partners from UN, Secretariat of the Pacific Community Regional Rights Resource Team, NGOs and donors to harmonize and coordinate efforts in domestic violence and child protection legislation. Technical support was provided for the review of government CRC reports (Fiji, Tuvalu, Solomon Islands and Samoa).

Child sensitive justice procedures were strengthened through Standard Operating Procedures for handling children and youth developed with police forces in Palau, FSM, RMI and rolled out in Fiji, Kiribati and Vanuatu through respective police training academies. Specific procedures have been developed and are being implemented in these countries for diversion of young offenders and in Fiji an additional module was developed on sexual offences. Scoping missions were undertaken in Samoa and Solomon Islands to determine areas for support of police forces.

**IR 1430/A0/05/807/002 CP PCR 7 IR7.2: By 2017 Kiribati develops and strengthen legal, regulatory and policy frameworks at national and sub-national levels for the protection and participation of children, adolescents and youth including in emergencies.**

**Progress:**
The legal framework for child protection in Kiribati was significantly enhanced with the Child Young People Family Welfare Act, signed by the President on 17 May. This Act means that for the first time all children in Kiribati have legal protection from discrimination, violence, abuse. It provides statutory powers for the social welfare authorities to provide services for prevention, early intervention and to protection.

The Youth Justice Bill also progressed through extensive consultations with Unimane, police, youth leaders, communities groups, magistrates, and court clerks from the 23 islands. The Bill will strengthen legislation options for diversion for young people in the justice system. The outcomes of Islands consultations are being used to refine the Bill which is expected to be submitted to the Cabinet and National Parliament in 2014.

A comprehensive assessment of Civil Registration and Vital Statistics (CVRS) was initiated with support from partners of the Brisbane Accord Group. From this process the Kiribati Government has identified the revision of current Civil Registration legislation as priority. During the CRVS workshop in September 2013, a session was carried out to complete the questions in the comprehensive assessment that referred to legislation. The Attorney General’s Office was tasked to lead the process which is expected to begin in early 2014. Main areas identified for revision include amending discriminatory provisions.
Training of police officers from South Tarawa and selected islands on the new Police Standard Operating Practices (SOP) for handling cases of children continues to positively influence police attitudes towards children in conflict with the law. The SOP provides practical guidance to police in operational settings and is intended to support policy directives and consistency in responding to child victims and offenders cases. Local police trainers are integrating the SOP into training for the newly recruited police officers.

**IR 1430/A0/05/807/003 CP PCR 7 IR7.3: By 2017 Solomon Islands develop and strengthen legal, regulatory and policy frameworks at national and sub-national levels for the protection of children, including in emergencies.**

**Progress:**
Significant progress was made in development of legislation and policy for child protection. The Attorney General’s Chambers finalized the draft of the Child and Family Welfare Bill (CFWB) and the Bill is expected to be tabled to Cabinet and Parliament in early 2014. An advocacy and awareness plan for the Bill has already been developed. Technical assistance was also provided for the drafting of the Family Protection Bill dealing with domestic violence to ensure alignment with the CFWB. The draft CFW Policy of the Social Welfare Department was tabled to the National Advisory Council for Children (NAACC) in August, but progress was constrained in part due to coordination challenges and in part due to delays in access to funding by the Social Welfare Department, after uncovering of a financial fraud within Ministry.

The Solomon Islands Civil Registration and Vital Statistics (CRVS) Steering Committee with support from partners in the Brisbane Accord Group, conducted a Comprehensive Assessment of CRVS legal framework in November. Legislative gaps were identified and initial recommendations for medium and longer term legal/policy review endorsed by stakeholders. Ministry of Home Affairs has included civil registration legal reform amongst the priorities for the Ministry in 2014, thus reinforcing the sense of Government ownership.

Progress in the review of the Juvenile Offenders Act and drafting of Child friendly court procedures was constrained for the remaining part of 2013 due to competing government priorities. UNICEF continued providing technical assistance to the NAACC to review and finalize CRC periodic report.

Technical support was also provided to develop the United Nations Joint Programme on ending Violence against Women and Children. Although not yet funded the process of developing the Joint Programme has enhanced inter-agency coordination and better understanding of common areas of work in child protection and gender based violence.

**IR 1430/A0/05/807/004 CP PCR 7 IR7.4: By 2017 Vanuatu develops and strengthen legal, regulatory and policy frameworks at national and sub-national levels for the protection of children.**

**Progress:**
The child friendly legal and regulatory system was strengthened through key initiatives in judiciary and police. The government released its Justice and Community Services strategy (2014-2017) which includes key areas to strengthen domestication of CRC. The Chief Justice’s Practice Directions in Relation to Children who are in Contact with the Court Process was signed and released for court use in July. The Practice Directives enshrine the principles of the CRC and cover child victims, witnesses and alleged offenders in all stages of the trial and post-trial phases. These directions provide the first clear and explicit guidance to magistrates, judges and court officials on handling of children in the court process and establish standards for all court proceedings involving children. Since release in July the Practice Directions are being implemented in all courts in Vanuatu including the Supreme court, Magistrate courts and all the 11 island courts. In addition an MOU detailing stakeholder roles and responsibilities for child friendly procedures was signed by members of the Judiciary. The MOU provides Judiciary with a basis to provide adequate youth justice services in the interim period while the penal code is reviewed. As a result of the MOU cases involving children as alleged offenders and victims are prioritised and Judiciary is in process of establishing a children’s court.

Capacity of law enforcement officials was strengthened through the development of Standing Operating Procedure (SOP). Police have been equipped with knowledge on handling of children in contact with the law and child sensitive investigation techniques through training of staff on Standard Operating Procedures at the Police Academy. As a result of the SOP each police station has established a Family Protection Unit with trained officers to provide support for children and young people.
IR 1430/A0/05/807/005 CP PCR 7 IR7.5: By 2017 Fiji strengthen implementation of legal, regulatory and policy frameworks at national, provincial and district levels for the protection of children, including in emergencies.

Progress:
The policy and planning environment was strengthened with the National Coordinating Committee on Children’s (NCCC) revising its terms of reference and the development of a National Strategic Framework for Child Protection (NSFCP) with technical support from UNICEF. The documents have been endorsed by NCCC members and will be submitted to the next Cabinet sitting in Quarter 1, 2014.

Government has demonstrated increased commitment to child protection with the Ministry of Social Welfare, Women and Poverty Alleviation including child protection as a priority in the Ministry Corporate plan 2013 & 2014. For the first time the government has provided a specific budget allocation to child protection (FJ$1 million).

The four core elements that underpin the strategic framework are: primary, secondary, tertiary services and research and evaluation against which, key areas for action and priority outputs have been identified. The Strategy has streamlined activities under the three categories of services with the view to strengthen the linkages between the three pillars of the Child Protection conceptual framework. Whilst the four draft decrees (Child Protection; Child Justice; Adoption & Community Based Correction) await the final vetting by the Solicitor General’s Office, activities under the other identified key action areas that support these legislations continue to be strengthened. For example, with its strong national and traditional governance systems in place and with strong faith based networks, Fiji has continued to address the eroding and potential loss of social cohesion through its primary preventative activities reinforced through capacity building and problem solving at community level. Such activities also serve to strengthen the capacity of communities in terms of out of home and kinship care which strengthens the overall whole of government/whole of community approach in child protection as stipulated in the draft Child Protection Decree.

IR 1430/A0/05/807/006 CP PCR 7 IR7.6: By 2017, governments and civil society have strengthened capacity to provide children and families with improved access to child and family welfare and child justice services to prevent and respond to violence, abuse and exploitation, including in emergencies.

Progress:
Child Protection in Emergencies (CPiE) work progressed with a capacity assessment of partners in Tier 1 countries completed and capacity development strategy formulated. A Child Protection in Emergencies training workshop was completed in December and engaged 28 partners from governments and NGOs from four countries (Fiji, Samoa, Solomon Islands, and Vanuatu). During the workshop the Pacific CPiE toolkit was field tested and will undergo revisions based on partner feedback with the aim to launch in early 2014. UNICEF was actively engaged in the Protection Cluster under the Pacific Humanitarian Team and in particular leads the sub-cluster on Child Protection. At country level, support was provided to the National Disaster Management Office (NDMO) in Solomon Islands to mainstream protection with a workshop carried out in collaboration with the protection cluster partners.

Engagement with UN partners to develop joint programmes on Violence Against Women and Girls in Kiribati and Solomon Islands resulted in improved coordination for addressing violence against women and children.

Coordination with partners on implementation of the Pacific civil registration and vital statistics plan resulted in launching of a Steering Committee in Kiribati, SI and Vanuatu. Comprehensive assessments of civil registration and vital statistics systems were initiated in all three countries. A joint workshop with SPC in the Republic of Marshall Islands (RMI) identified bottlenecks to implementation and key recommendations to take forward coordination.

Monitoring and measuring of progress in strengthening child protection systems in Kiribati and Fiji used the Global Indicators Framework. The regional office provided technical support and consultations with stakeholders in both Kiribati and Fiji have been completed with assessment reports expected to be released by end of February 2014.

IR 1430/A0/05/807/007 CP PCR 7 IR7.7: By 2017 Kiribati government and civil society strengthen quality of and access to child protection services.
Progress:
Newly enacted legislation coupled with sustained awareness raising campaigns has resulted in an increase in reporting of cases of violence and abuse. Social welfare data for South Tarawa indicates case reporting increasing from 41 cases (17 children) in 2012 to 62 cases (31 children) by November 2013. The percentage of children under-5 registered in Kiribati increased from 68 per cent in January 2013 to 82 per cent at the end of 2013. This significant increase in registration rates was due to decentralization of birth registration services. An additional four e-databases have been installed in the Civil Registration Offices (CRO) in outer islands bringing the number of e-databases connected to the central CRO to 11. Decentralization has resulted in wider coverage of the national civil registration system as well as greater accessibility and faster transfer of data from the outer islands to the central CRO in Tarawa. Inter-sectoral collaboration, formalized through MoUs between Civil Registration Office and the health and education Ministries has also contributed to progress. Examples of results of this cross-sectoral partnership include combined immunization and birth registration campaigns that have now reached the 15 per cent of children who are not born in health facilities in Kiribati with information and services for birth registration.

A new ministry was established during the year. The new Ministry of Women, Youth and Social Affairs (MWYSA) now includes the social affairs department previously under the Ministry of Internal and Social Affairs. Implications for child protection programming as a result of this change are not yet clear. Despite financial challenges the government finally has established for the first time a permanent child protection position within the social welfare unit of MWYSA. This will help to enhance the implementation of specific child protection activities and demonstrates government commitment.

IR 1430/A0/05/807/008 CP PCR 7 IR 7.8: By 2017, in Solomon Islands government, civil society and communities have strengthened capacity to provide children and families with improved access to child and family welfare and child justice services to prevent and respond to violence, abuse and exploitation, including in emergencies.

Progress:
Access to birth registration has improved with the establishment of 8 additional service points in health facilities in Guadalcanal, Choiseul and Western provinces, bringing to 15 (up from 6 at the beginning of 2013) the number of health facilities in targeted provinces facilitating birth registration via notification. MHMS staff took on ownership of the roll-out programme facilitating workshops and allocating own budget. Limited human resources capacity within the Civil Registration Office remained a challenge, causing backlog. To address the issue, UNICEF has been supporting Civil Registration with 6 months temporary support for data entry. For the first time the Government has approved a budget line for civil registration in the national budget with an allocation of SI$1 million.

Regional and national dialogue on Civil Registration and Vital Statistics (CRVS) advanced under the Brisbane Accord Group partnership. Three national assessments on causes of death, CRVS legal frameworks and Registration practices were completed by the national CRVS Committee. Systems gaps identified and assessment outcomes will contribute to the development of the first national CRVS Action Plan in 2014. UNICEF engaged technical assistance for development of the first CRVS electronic database with supporting IT equipment purchased and installed at civil registration and training of staff completed.

Response to the disaster in Temotu Province continued to absorb significant energies throughout 2013. Following from earlier training of 25 community-based personnel responsible for psychosocial support, members of this team were deployed to 16 affected communities in July and August to offer psychosocial support and provide any other support needed for children and caregivers in the communities. In November UNICEF and the UN Office of the High Commissioner for Human Rights, under the auspices of the Pacific Humanitarian Team, supported a national Mainstreaming Protection in Disaster training, which saw the participation of members of the six clusters, including officers from the National Disaster Management Office on mainstreaming protection across sectors.

IR 1430/A0/05/807/009 CP PCR 7 IR7.9: By 2017, in Vanuatu government, civil society and communities have strengthened capacity to provide children and families with improved access to child protection services to prevent and respond to violence, abuse and exploitation, including in emergencies.

Progress:
Birth registration rates of children under-5 increased from baseline of 40 per cent in January 2013 to 52 per cent at end of 2013. Urban / rural disparities were reduced with the percentage of children under-5 registered in rural
areas increasing from the January 2013 baseline of 25 per cent to 38 per cent by year end. Through support to
decentralization, 6 additional Civil Registry Offices were established in the provinces. Memorandums of
Understanding between the National Civil Registry Office and the Ministries of Health and Education resulted in
guidelines to facilitate registration of children in schools and births in hospitals. Facilitation of birth registration at
schools contributes towards capturing those children over 5 whose births had not been registered. To date four of
the six provincial hospitals have introduced hospital registration of births with 70 per cent (3,378) of babies
registered since June.

A mapping of child protection, family and welfare services was completed by Ministry of Justice and Community
Services and community profiling is in progress. The mapping is guiding the Ministry on the gaps in service
delivery and informing the development of an implementation plan to accompany the new Justice and
Community Services strategy. Reporting and referral mechanisms are being identified through questionnaires at
community level and will be completed in 2014. There was an increased access of children and families to child
protection services through stationing of child protection officers with Ministry of Justice and Community Service
in two islands (15 communities in Tanna and 4 in Erromango). Services provided include counselling services for
parents and children, interventions to respond to reports of violence against children and women and use of
corporal punishment by teachers. The Vanuatu Council of Churches and Vanuatu Family Health Association
developed Child Protection policies which highlight the importance of prevention and response mechanisms.

IR 1430/A0/05/807/010 CP PCR 7 IR7.10: By 2017, in Fiji government and civil society have strengthened
capacity to provide children and families with improved access to child and family welfare and child justice
services to prevent and respond to violence, abuse and exploitation, including in emergencies.

Progress:
Capacities of key service providers, social welfare and police were strengthened towards provision of quality
protective services. In particular the Department of Social Welfare continued training of staff in Residential Care
Homes completing the Western Division in the second quarter this year with the view to full compliance of all
Homes by 2014. The Child Helpline initiative is well underway with the needs assessment survey in progress and
Fiji now being an associate member of the global helpline international.

The Police have been revising their Blue Light initiative which has proven effective for young people. The
revision entails better reporting of the impact to document the most effective ways to assist children, young
people and families at risk.

The capacity of government and non-government organizations to effectively undertake prevention activities is
insufficient. To address this, the terms of reference of the Interagency Committee on Child Abuse, Neglect and
Abandonment are being revised and strengthened to clarify roles and responsibilities of key line ministries and to
ensure that there is sufficient capacity across Fiji to identify and assist ‘at risk’ children and young people, in
accordance with the Child Welfare Decree.

PCR 1430/A0/05/808 CP PCR 8: 8 Parents, caregivers, and children demonstrate skills, knowledge and behaviour
enabling children to grow up in caring homes and communities, including schools that are free from violence,
abuse and exploitation

Progress:
Progress was made in ensuring messaging on child protection at family and community level with a number of
initiatives underway: Samoa launched a violence prevention awareness campaign in June; community road shows
in Kiribati; youth drama development in Vanuatu reaching more than 2,000 people; roll out of community
facilitation package in Fiji. Work underway with churches Solomon Islands to integrate child protection into
church policy and out-reach to community level was stalled due to problems in financial management with the
partner Ministry. UNICEF support to Fiji was also stalled until mid-year due to similar issues of financial
irregularities in the main Ministry partner.

Youth in the Pacific actively engaged in the End Violence campaign with youth participating in a social dialogue on
ending bullying in schools, a key concern for youth across the Pacific. In both Fiji and Samoa this included airing
of an adapted version of the global Public Service Announcement (PSA), in the case of Fiji a ‘flash mob’ and in
Samoa a series of PSAs on prevention of violence against children was developed and aired. In addition ending
violence against children messages were integrated into the 16 Days of Activism to End Violence Against Women
and Children implemented throughout the Pacific.
Child Protection messages were integrated into the Fiji Get Ready emergency preparedness IEC materials and specific radio and print messages were developed and adapted during the Temotu disaster in Solomon Islands including translation into local language. Initiatives to measure changes in knowledge, attitudes and practices under this component include a holistic review of the existing child protection systems through the above mentioned Global Indicators Framework being undertaken in Fiji and Kiribati. As part of the review public attitudes and values are being assessed with the results being available in early 2014. Monitoring of change in attitudes and awareness was also integrated into the work undertaken in Vanuatu with the dramas although further focus on this area is required to improve measuring of results.

IR 1430/A0/05/808/001 CP PCR 8 IR8.1: By 2017, parents, families and communities demonstrate strengthened knowledge, attitude and practices creating an environment that protects children from violence, abuse and exploitation in T2 and T3 countries

Progress:
Progress made in ensuring messaging on child protection at family and community level with a number of initiatives underway: Samoa launched a violence prevention awareness campaign in June; community road shows in Kiribati; drama and comic book development in Vanuatu; roll out of community facilitation package in Fiji. Work commenced with churches in Solomon Islands to integrate child protection into church policy and outreach to community level was stalled due to problems in financial management with the partner Ministry. UNICEF support to Fiji was also stalled until mid-year due to similar issues of financial irregularities within the main Ministry partner.

Youth in the Pacific actively engaged in the End Violence campaign with youth participating in a social dialogue on ending bullying in schools, a key concern for youth across the Pacific. In both Fiji and Samoa this included airing of an adapted version of the global Public Service Announcement (PSA), in the case of Fiji a ‘flash mob’ and in Samoa a series of PSAs on prevention of violence against children was developed and aired. In addition ending violence against children messages were integrated into the 16 Days of Activism to End Violence Against Women and Children which was carried out held throughout the Pacific.

Child Protection messages were integrated into the Fiji Get Ready emergency preparedness IEC materials and specific radio and print messages were developed and adapted during the Temotu disaster in Solomon Islands including translation into local language.

In Fiji the Ministry of Education continued to roll out the child protection Policy in education settings with a focus on remote schools in outer islands.

IR 1430/A0/05/808/002 CP PCR 8 IR8.2: By 2017, in Kiribati parents, families and communities demonstrate strengthened knowledge, attitude and practices creating an enabling environment that protect children from violence, abuse and exploitation

Progress:
With technical support of a public policy consultancy company FISCO, held a review of the current child protection system where the partners had a chance to review and discuss the process/inputs/outputs of overall child protection system in the country. The analysis of the gathered information will provide comprehensive recommendations on ways to improve the coordination and accessing the most remote communities. Collaboration and partnership with Kiribati Islands Council Association (KILCA) proved to be a cost effective way to work with Island councils and remote communities. The network existing within KILCA has been an important facilitating factor to leverage child protection and other child-oriented initiatives. With support of KILCA four Islands council strategic plans have been drafted (Betio Town Council, Banaba Island, Abaing and Christmas Island). These strategic plans include activities to address child protection concerns and early childhood education, good parenting etc. The programme will continue strengthening collaboration with KILCA to influence future Islands strategic plans to facilitate improvement of life conditions of children especially in remote areas.

MISA continues community outreach to inform and empower the communities on the new CYFW Act. UNICEF supported Held an awareness workshop for 22 Unimanes and 25 Unanies on the new CYFW Act where the participants were informed of the new mandate of the social welfare, role of community in facilitating implementation of the new Act and other child friendly practices as were delivered for the participants. Outreach activities were carried out in community ‘maneabas’ to raise awareness on violence, abuse and HIV/AIDS during the Kiribati National Sports Tournament in South Tarawa. With representatives from 22 different island groups it
proved an effective way to reach youth and adults from the outer islands with key child protection information.

**IR 1430/A0/05/808/003 CP PCR 8 IR8.3:** By 2017, in Solomon Islands parents, families and communities demonstrate strengthened knowledge, attitude and practices creating an enabling environment that protect children from violence, abuse and exploitation.

**Progress:**
Consultations between Social Welfare Department and Solomon Islands Christian Association (Council of Churches) led to agreement for the development of a joint community facilitation package, based on the Fiji *Children are a Precious Gift from God* package. However, due to the fraud uncovered within the Ministry of Health and Medical Services, financial support to Social Welfare Department was affected. Reprogramming will be considered in 2014.

The Project Cooperation Agreement between UNICEF and Save the Children Australia on community based positive parenting in selected communities in Western Province and positive discipline in schools concluded in June 2013. A joint internal evaluation is planned to begin in 2014. Among the challenges in the implementation of the project was the high turnover of staff assigned to the programme in 2012 and 2013 which resulted in disrupted communications and sometimes delays in follow-ups on requests and recommendations.

**IR 1430/A0/05/808/004 CP PCR 8 IR8.4:** By 2017, in Vanuatu children, families and communities demonstrate strengthened knowledge, attitude and practices creating an enabling environment that protect children from violence, abuse and exploitation

**Progress:**
Awareness amongst youth and communities on the harm to children by violence, abuse and exploitation was promoted through engagement with a local theatre group, Wan Smol Bag. Wan Smol Bag finalized a new drama about the dreams of young people and what they could achieve in life if they are free from violence and exploitation. A total of 35 performances were conducted in the main island of Efate reaching approximately 3,800 people. In addition the drama was recorded on DVD and will tour four additional islands in 2014 after which monitoring of increased awareness following dramas will be documented.

Initiatives to support the End Violence Campaign included airing of child protection messages to promote prevention, reporting and response to violence. Vanuatu Broadcasting aired messages on radio and newspaper articles were placed. These activities using the different media and visit to schools were well received. Many picked interest in child related issues and now want a sustained role in production of such programmes. During visits to the 6 targeted schools, staff were able to provide information to selected students and teachers on violence against children and these children then were able to identify issues of violence that they encountered both at school and at home. They either used drawings or wrote these down on paper. Summary of the findings will be shared with management of these schools. MOE is now planning as priority to develop a national child Protection Policy for schools.

**IR 1430/A0/05/808/005 CP PCR 8 IR8.5:** By 2017, in Fiji parents, families and communities demonstrate strengthened knowledge, attitude and practices creating an environment that protects children from violence, abuse and exploitation

**Progress:**
The community facilitation package *Children are a Precious Gift from God* was rolled out in 122 communities throughout the 5 divisions in Fiji. The communities varied from urban, peri-urban, informal settlements including three remote islands in the Lau group, east of Fiji. Despite limited financial support from UNICEF, these activities have continued to thrive with support from the community police, the ministry responsible and the interagency committee. The community level trained facilitators have also been involved and refreshed during the year. The Department of Social Welfare has started looking at strategic directions regarding further facilitation training from 2014 onward. The Southern division has started with parents of children receiving the Care & Protection allowance with a view to training all residential care givers before venturing into kinship care beside other alternative care options for children in institutions within the wider community.
The roll out initiatives are indicative of the strong partnerships established between key partners involved and ownership of the facilitation package which has become the main tool for community based parenting activities. Furthermore these communities have developed child protection plans as a result of participating in the workshops.

Youth in Fiji actively engaged in the End Violence campaign with youth participating in a social dialogue on ending bullying in schools, a key concern for youth in Fiji. This included a facilitated Facebook discussion, airing of an adapted version of the Public Service Announcement (PSA) and a ‘flash mob’.

The national roll out of the Ministry of Education’s Child Protection Policy continued with finalization of the budget for coverage of the most remote schools.

### PC 5 - Policy, Advocacy, Planning and Evaluation

<table>
<thead>
<tr>
<th>PCR 1430/A0/05/809 PAPE PCR 9</th>
<th>Social policies, safety nets and budgets progressively address disparities and build resilience for the realization of child rights.</th>
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<tbody>
<tr>
<td><strong>Progress:</strong></td>
<td>The first building block in promoting children’s rights is to identify those children who are most marginalized and disadvantaged, which is why UNICEF emphasizes the collection of relevant data and evidence on children, and the development of capacity to enable evidence-based planning and programming. Pacific island countries have limited capacity to monitor the situation of children and track progress against key development goals. Although the average score of Pacific countries on the World Bank’s statistical capacity indicator improved from 31 in 2008 to 45 in 2013 (on a scale of 1 to 100), the Pacific ranks lower than any other region, including Sub-Saharan Africa. Overall, the availability of data on children, youth and women is gradually increasing as more countries are undertaking national surveys and strengthening administrative systems. But greater attention is needed for data analysis and dissemination in user-friendly formats. In 2013, UNICEF continued to invest in data on children, by providing targeted support to national data collection activities; producing statistical, equity-focused publications to inform decision-making; and building national capacity to use child-relevant data in planning and programming processes.</td>
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<tr>
<td>Social and economic policies across the region are increasingly addressing the rights of children, youth and other vulnerable groups. Nonetheless, too often good policy intentions do not translate into meaningful results for children because of institutional weaknesses and inadequate resourcing. Compounding macro-economic shocks, the region is highly exposed to environmental disasters and climate change. While many Pacific island countries have fairly extensive traditional support systems, they offer only partial protection against hardship and are slowly disappearing. Governments are only gradually stepping in to compensate for this loss of social protection. Apart from fee waivers for basic education and health services, coverage of formal social protection is limited and few programmes target children. In 2013, UNICEF continued to build the evidence base on child vulnerability in collaboration with leading research institutes and offered targeted policy advice to make climate change policies inclusive of vulnerable groups. UNICEF also succeeded in lifting the visibility of children and youth in high-level processes and dialogue on the Post-2015 agenda and the Third International Conference on Small Island Developing States (SIDS) in 2014.</td>
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<tr>
<td>While all Pacific countries have ratified the Convention on the Rights of the Child (CRC), government machineries to coordinate remain weak and only 4 out of 13 countries are currently on track with their reporting obligations. In 2013, UNICEF continued to support countries with their CRC reporting obligations, including through the use of innovative approaches such as video conferencing with the CRC Committee in Geneva and by promoting a harmonized human rights reporting and implementation approach in collaboration with the Office of the High Commissioner for Human Rights, UN Women and other stakeholders.</td>
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<tr>
<th>IR 1430/A0/05/809/001 PAPE PCR 9 IR9.1</th>
<th>By 2017, collection, analyses and dissemination of disaggregated data on the situation of children and women strengthened.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progress:</strong></td>
<td><strong>Data collection:</strong> UNICEF supported Vanuatu’s Demographic and Health Survey (DHS) in partnership with the Secretariat of the Pacific Community, National Statistical Office, Ministry of Health and UN Population Fund. The DHS is a nationally-representative household survey that collects critical information on the situation of children and women. UNICEF contributed to the development of the survey tools; funded the training of fieldworkers; and</td>
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</table>
procured measurements boards, scales and testing kits for biomarkers for nutrition-related indicators. Implementation progressed according to plan, with fieldwork completed in 2013 and data processing, analysis and report writing to be completed by mid-2014.

**Data analysis and dissemination:** Together with national governments, UNICEF finalized two *Children’s Atlases of Social Indicators* for the Federated States of Micronesia and Marshall Islands. These statistical publications provide evidence for effective decision-making on policies, programmes and budgets by tracking progress for children and identifying disparities by location, gender, age and wealth. UNICEF also produced a statistical brief on levels, trends and causes of child mortality in Pacific island countries. As lead partners in the UN Joint Programme on Disability, UNICEF and WHO undertook significant advocacy efforts to improve information on the situation of children and adults with disabilities throughout 2013. As a result, countries attending the 4th Regional Conference of Heads of Statistics and Planning have committed to strengthening the collection, analysis and dissemination of disability statistics.

**Capacity building:** UNICEF developed a new training package to build national capacity in statistical literacy and use of data to support child-relevant planning, decision-making and advocacy. The first in-country training took place with 26 government officials in Kiribati in October 2013. The workshop evaluation indicates that this type of training is effective in boosting participants’ knowledge and ability to use child-relevant data. Delivery of this training will be introduced to other Pacific countries in 2014.

**On-track**

**IR 1430/A0/05/809/002 PAPE PCR 9 IR9.2:** By 2017, governments’ policies, budgets and social protection systems enhance resilience and reduce disparities for children.

**Progress:**

**Lifting children in the Pacific agenda:** UNICEF together with other UN agencies and regional partners played a leading role in lifting the visibility of children and youth in high-level processes and dialogue on the Post-2015 agenda and the Third International Conference on Small Island Developing States (SIDS) in 2014. Key activities included support to national and regional consultations for SIDS 2014, briefings on Post 2015 and MDGs for Pacific Ambassadors and leaders, and support to youth engagement through MYWorld 2015. UNICEF also prepared a submission for the 2013 Pacific Plan Review, highlighting gaps and opportunities to improve the lives of children and their families in the Pacific regional strategy.

**Child vulnerability and social protection:** In 2013, UNICEF and the Maastricht Graduate School of Governance completed a study on ‘Vulnerability, Resilience and Child-Sensitive Social Protection in Pacific Island Countries’. The Study on Child Poverty and Hardship in Kiribati – commissioned by UNICEF and the Government of Kiribati and conducted by the University of New South Wales – was also completed.

**Resilience and climate change:** UNICEF was part of a regional support team, led by the Secretariat of the Pacific Regional Environment Programme (SPREP), which supported the Government of Kiribati with the development of its Joint Implementation Plan for Climate Change Adaptation and Disaster Risk Reduction. UNICEF successfully advocated for a more comprehensive and inclusive policy, with specific actions to address the needs of vulnerable groups. In 2013, UNICEF also provided both financial support for 350 Pacific – a youth-led climate change volunteer network – to produce communications materials for the ‘Pacific Climate Warriors’ campaign as well as technical assistance to build their capacity in the areas of communications, strategic planning and monitoring and evaluation.

**On-track**

**IR 1430/A0/05/809/003 PAPE PCR 9 IR9.3:** By 2017, national child rights coordination and reporting mechanisms strengthened guided by national child and youth policies, with increased participation of young people.

**Progress:**

In 2013, UNICEF continued to support Pacific countries with their reporting obligations under the Convention on the Rights of the Child (CRC). Niue and Tuvalu held plenary sessions with the Committee on the Rights of Child to review their State Reports in January and September 2013, respectively. For the first time ever, these sessions were held through a video link between the CRC Committee in Geneva, Switzerland and the UNICEF Pacific Office in Suva, Fiji. The Committee will consider Fiji’s combined 2nd to 4th Period Report during the pre-sessional working group in February 2014. The Governments of Solomon Islands and Vanuatu have drafted their Period Reports, which are expected to be submitted to the Committee in the first half of 2014. Solomon Islands also developed a monitoring and evaluation framework for its National Children’s Policy in 2013 with support from UNICEF.
Given the limited capacity of small island states to meet reporting obligations on international treaties and conventions, the UN is exploring ways to harmonize reporting. In 2013, UNICEF initiated a partnership with UN Women to provide technical assistance in the Federated States of Micronesia and the Marshall Islands (together with OHCHR and UNFPA in the later) to coordinate CRC and CEDAW reporting. UNICEF also contributed to Joint UN information reports for the upcoming Universal Periodic Reviews for Fiji and Vanuatu in 2014.

Moreover, 2013 offered opportunities to advocate for child rights in prominent regional forums. UNICEF provided extensive support for the participation of ten Pacific island countries and the Secretariat of the Pacific Community in the 2nd High Level Meeting on South-South Cooperation for Child Rights in India in October 2013. UNICEF also remains an active contributor to the Pacific Youth Development Framework, which was formally endorsed at the Third Pacific Ministers for Youth Meeting in December 2013.

**PCR 1430/A0/05/810 PAPE PCR 10: Governments, communities, youth networks and media engage in advocacy, communication and partnerships to reduce inequities and promote care and protection of children.**

**Progress:**
In the Pacific, large distances between islands and countries, combined with low rates of internet, TV and radio penetration make it difficult for the most vulnerable and remote families to access the information and knowledge they need to ensure the health, safety and resilience of their children. UNICEF has been pursuing an advocacy and communication strategy that is centred around use of multiple media channels to maximize reach and participatory use of radio and digital and social media to engage key influencers and decision makers, and coordination with UN agencies, line ministries and development partners of initiatives to strengthen and use interpersonal communication structures for integrated promotion of lifesaving, care and protective family practices.

In 2013 UNICEF facilitated the engagement of the government of Fiji in promoting disaster preparedness using a comprehensive multi media campaign. At community level this was supported by trained interpersonal communicators under the Ministry of Health. Youth networks where actively engaged as campaign promoters through the use of social media, while radio and TV broadcasters and newspapers where engaged to promote campaign spots and materials in their capacity as national media outlets with a public service role. In Solomon Islands, UNICEF facilitated engagement with government water and sanitation partners to develop a multi media campaign for integrated promotion of water and sanitation hygiene as well as other key family practices promoting the health, safety and wellbeing of children. It is expected that this campaign will be ready for national launch in 2014, with intensive focus on 60 communities. In Vanuatu, the focus was on planning and coordination of communication for education and other key family practices. In Kiribati, efforts concentrated on national planning for integrated communication to promote child survival.

In all priority countries, advocacy and communication for children are hampered by insufficient budget commitments and allocations resulting in limited capacity and discontinuity and poor quality and execution of fragmented communication initiatives. UNICEF seeks to address this through a flagship approach to prioritize support for integrated promotion of selected key family practices. In 2013 UNICEF therefore organized and facilitated a major regional strategic health communication workshop together with WHO, UNFPA and the Secretariat of the Pacific Community (SPC) to train health officials from Fiji, Vanuatu, Solomon Islands and Kiribati to improve joint planning and resourcing of communication initiatives, including strengthening of interpersonal communication structures that can effectively engage at community level. The outcome of this will be included and addressed in a proposed joint UN health programme in these countries over the coming years.

In combination all these initiatives have contributed to the establishment of a systematic approach and structure for supporting strategic communication. While constrained on some components the PCR is overall on track.

**IR 1430/A0/05/810/001 By 2015, media and knowledge partners in Fiji, Solomon Islands, Vanuatu, Kiribati and RMI produce and broadcast productions for, with and about children and youth, in support of UNICEF Pacific key programme component results**

**Progress:**
Innovative efforts to boost digital engagement with youth and partners around knowledge for children included establishing a roster of more than 200 young 'MediActivists' and involving some of them in digital content forward planning. The 'MediActivists' are from Fiji, Solomon Islands, Vanuatu, Kiribati, Tonga, Cook Islands,
Niue, Nauru and RMI and in Fiji this has led to publishing of seven articles. ‘MediActivists’ have also been active in promoting engagement around the UN in the Pacific, the post MDG agenda, hand washing, and ending violence. Monitoring of 172 mentions of UNICEF in the Pacific print media in 2014 shows that issues around child mortality and the post MDG agenda received the most press coverage. In Fiji, emergency cluster partners under the lead of National Disaster Management Office and Ministry of Health, and with technical support from UNICEF have begun using a national multimedia campaign “Get Ready. Disasters Happen” to promote 10 key life-saving practices that address children’s survival, development and protection during emergencies. The campaign was launched nationwide in September through an intensive two month broadcasting of radio and TV spots and supported by trained interpersonal communicators from the health structure distributing posters and pocket guides to more than 30,000 families. In collaboration with WHO, UNFPA and the Secretariat of the Pacific Community (SPC), UNICEF spearheaded the organization and facilitation of a nine-day training for 15 health officers from Fiji, Vanuatu, Solomon Islands and Kiribati, and 10 UN/SPC staff to strengthen capacity for coordination of strategic health communication in the region. UNICEF also secured funding through the UK National Committee and the Glasgow Commonwealth Games to develop a sport for development initiative to be implemented in partnership with Oceanic Football Confederation.

**IR 1430/A0/05/810/002 PAPE PCR 10 IR10.2:** By 2015, 60 per cent of women and men, boys and girls, in areas experiencing greatest disparities are knowledgeable of key lifesaving, care and protection family practices, including during emergencies, in Kiribati.

**Progress:**
The Ministry of Health (MoH) and the Office of the President in Kiribati, with support from UNICEF, have drafted a Strategic Communication Plan focusing on the reduction of infant and child mortality rates in a nation-wide campaign. It is to be championed by the President of Kiribati in 2014-2015. Two staff members from MoH have been trained in Communication for Behavioural Impact, to strengthen national capacity for planning, implementation and monitoring of strategic health communication. Two radio stations (KBPA & FM 89) are broadcasting weekly youth-based programmes incorporating UNICEF promoted principles for youth media. Adaptation and use of Meena, as well as use of community-led total sanitation with a strong participatory communication for development (C4D) approach has provided strong community engagement to promote key family practices, getting the IR back on track. The recruitment of a national Communication Officer was constrained by absence of qualified candidates. There is a need to further consolidate and implement C4D approaches that integrate and promote messages in support of key programme results. In the absence of qualified national candidates, this work will have to be supported by a consultant and through additional support from the communication team based in Suva. There is also a need to mobilise resources to support further technical support for C4D work in Kiribati.

**IR 1430/A0/05/810/003 PAPE PCR 10 IR10.3:** By 2015, 60 per cent of women and men, boys and girls, in areas experiencing greatest disparities are knowledgeable of key lifesaving, care and protection family practices, including during emergencies in Solomon

**Progress:**
A multimedia communication package is under development in Solomon Islands for integrated promotion of WASH and key family practices for keeping children safe, healthy and educated. Planning with Solomon Island Broadcasting Corporation to establish a weekly youth driven radio programme was initiated. A National Communication Officer was recruited and has contributed to a significant national increase in visibility of UNICEF - in particular with a focus on disaster preparedness, community led total sanitation and birth registration. Two staff members from MoH have been trained in Communication for Behavioural Impact, to strengthen national capacity for planning, implementation and monitoring of strategic health communication. There is a need to further consolidate and accelerate the WASH C4D multimedia package that integrate and promote messages to target communities in support of key programme results, and this will be supported by the Communication Officer with additional support from the Communication team based in Suva.

**IR 1430/A0/05/810/004 PAPE PCR10 IR10.3:** By 2015, 60 per cent of women and men, boys and girls, in areas experiencing greatest disparities are knowledgeable of key lifesaving, care and protection family practices, including during emergencies in Vanuatu.

**Progress:**
In 2013, the mapping of key communication results, indicators and messages was completed and a youth media volunteer’s network – “MediActivist” – was established. The Vanuatu Broadcasting and Televison Corporation has been broadcasting a weekly youth based radio programme building on the “One Talk 4 All” youth media training facilitated by UNICEF in 2012. Vanuatu has also developed an integrated communication plan for promoting Minimum Quality Standards for Primary Education which was reviewed with Ministry of Education partners in November. An international Communication specialist was recruited to implement the communication plan and additional key family practices. Unfortunately, due to changes in partners priorities, funding for implementation of the communication plan for education was no longer available through Vanuatu education partners. The Communication Specialist will contribute to identify funds for this. Two staff members from MoH have been trained in Communication for Behavioural Impact, to strengthen national capacity for planning, implementation and monitoring of strategic health communication. In addition to mobilizing additional resources, there is a need to further consolidate and implement C4D approaches that integrate and promote messages to target communities in support of key programme results, and this work will be led by the Communication Specialist with additional support from the Communication team based in Suva.

**PCR**

1430/A0/05/811 PAPE PCR 11: Programme results enhanced through effective planning, monitoring, evaluation, joint UN coordination, and resource mobilization.

**Progress:**

UNICEF’s contributions to results for children are built upon the attention that the organization has given for many years to linking evidence and action. UNICEF’s focus on equity prioritizes results for the most disadvantaged children and highlights the importance of data and monitoring across all programmes. In 2012, UNICEF Pacific introduced a new framework called ‘Monitoring of Results for Equity Systems’ (MoRES) for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for children. In particular, MoRES is based on a determinant framework to identify barriers, bottlenecks and enabling factors which either constrain or advance the achievement of desired outcomes for disadvantaged children. MoRES emphasizes strengthening the capacity of government and partners to regularly monitor intermediate outcomes (between outputs and higher level outcomes/impact) to enable more effective programme implementation and timely course corrections in plans and strategies at all levels.

In 2013, UNICEF Pacific continued to roll-out this revised approach to monitoring. A first priority was strengthening internal capacity for data collection and analysis on the determinants of child deprivation and results at country level. A second priority was promoting national systems and collaboration with partners in enhanced monitoring of action and results for children. UNICEF also completed an external evaluation of its HIV and AIDS programme in 2013; and continued to be an active member of the UN Monitoring and Evaluation Working Group. Overall, important progress was made in strengthening programme monitoring, and the Office will continue to invest in building capacity and strengthening M&E systems.

**IR**

1430/A0/05/811/001 PAPE PCR11 IR11.1: Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Pacific Region.

**Progress:**

In 2013, UNICEF delivered five in-country training workshops in Kiribati, Solomon Islands, Vanuatu and Fiji – reaching a total of 133 UNICEF staff and government officials. Participants were trained in basic monitoring and evaluation (M&E) concepts, such as theory of change, logframes, qualitative and quantitative data collection techniques. Jointly with partners, UNICEF conducted barriers and bottleneck analyses on 8 key issues (EPI, WASH, nutrition, primary education, ECE, PPTCT, birth registration and juvenile justice). UNICEF also drafted updated M&E guidelines for programme staff and designed and tested new tools for improved, equity based field monitoring of programmes in Vanuatu, Kiribati and Solomon Islands. These standardized field monitoring tools are expected to increase the efficiency and quality of data collection. In addition, UNICEF conducted a monitoring mission in Solomon Islands jointly with the New Zealand National Committee to assess effectiveness of emergency assistance in response to the Tsunami from February 2013.

UNICEF maintains an Integrated Monitoring and Evaluation Plan (IMEP) to assist the Office in managing its M&E responsibilities. In 2013, the Office was involved in one evaluation, an external Evaluation of the Pacific Response Fund Supported Activities Implemented by UNICEF Pacific HIV & AIDS Programme. The evaluation was disseminated to relevant stakeholders and UNICEF prepared a Management Response describing all actions to be undertaken.
Since 2012, UNICEF has been using a new performance management system that enables the organization to maintain a consolidated record of programme performance, report on UNICEF’s contribution to the United Nations Development Assistance Framework (UNDAF) and national development strategies, provide information for donor reporting, and strengthen monitoring for equity and humanitarian performance. In 2013, UNICEF Pacific regularly reported on its performance against key progress indicators for the different levels of the results structure. UNICEF also continues to be an active member of the UN Monitoring and Evaluation Working Group.

IR 1430/A0/05/811/002 PAPE PCR11 IR11.2: Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Kirabati.

**Progress:**
Progress against this Intermediate Result is reported above under "Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Pacific Region". To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/811/003 PAPE PCR11 IR11.3: Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Solomon Islands.

**Progress:**
Progress against this Intermediate Result is reported above under "Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Pacific Region". To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/811/004 PAPE PCR11 IR11.4: Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Vanuati.

**Progress:**
Progress against this Intermediate Result is reported above under "Planning, monitoring, and resource mobilization and evaluation by UNICEF and partners supports achievement of results for most disadvantaged children and women in Pacific Region". To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

**PC 6 - Cross Sectoral**

**PCR 1430/A0/05/812 Effective & Efficient Programme Management & Operations Support**

**Progress:**
In this first year of the country programme, UNICEF achieved an overall fund utilization rate of 86 per cent from the three funding sources (Institutional Budget-IB, Regular Resources-RR and Other Resources-OR). Utilization rate for the IB was 99 per cent; RR was 99 per cent and OR was 60 per cent. The remaining OR funds will be utilized in 2014 before the grant expiry date. Budget implementation was regularly monitored at the CMT and PMT meetings to ensure effective and efficient utilization of funds. Field monitoring of programme activities was carried out by Field Office staff in close coordination with the programme sections.

A SOP for resource mobilization was developed and endorsed, building on the resource mobilization strategy prepared for the new country programme.

The Regional Programme and Budget Review approved the staffing structure for the 2013-2017 country
programme of 105 posts. By end December 2013, 85 posts were filled (81 per cent) with the recruitment process for 7 posts ongoing. Recruitment actions on 13 posts remain constrained due to funding issues.

IR 1430/A0/05/812/001 Cross Sectoral - Fiji Governance & Systems

Progress:
Progress against this Intermediate Result is reported above as well as under Part 4 of this annual report, covering governance and management of the multi-country programme. To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/812/002 Cross Sectoral Kiribati - Governance

Progress:
Progress against this Intermediate Result is reported above as well as under Part 4 of this annual report, covering governance and management of the multi-country programme. To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/812/003 Cross Sectoral Solomon - Governance

Progress:
Progress against this Intermediate Result is reported above as well as under Part 4 of this annual report, covering governance and management of the multi-country programme. To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/812/004 Cross Sectoral Vanuatu - Governance

Progress:
Progress against this Intermediate Result is reported above as well as under Part 4 of this annual report, covering governance and management of the multi-country programme. To further streamline the UNICEF Pacific’s results structure and simplify results reporting, this output will be discontinued from 2014 onwards and progress reports will be captured under the multi-country result.

IR 1430/A0/05/812/005 Cross Sectoral - Emergency Preparedness & Response

Progress:
The Pacific is prone to multiple disasters every year and there is a need for coordination of disaster preparedness and response at family and community level that matches efforts and services provided by key humanitarian organisations and government institutions. The most significant disasters in 2013 were Tropical Cyclone Evan affecting Samoa and Fiji, an 8.0 earthquake and tsunami in Solomon Islands, and the Marshall Islands drought, for which UNICEF deployed a WASH Cluster Coordinator. UNICEF co-led Clusters for education, nutrition and WASH and the Child Protection Area of Responsibility and worked within the Health and Nutrition Cluster.

UNICEF’s humanitarian response included supplies, services and technical and coordination support. UNICEF contributed to the development of humanitarian action plans, including cluster response, and to the Pacific Humanitarian Partners Position Paper. Strong investments in building the capacity of humanitarian action/disaster risk reduction/cluster readiness were made in 2013 that support establishment of a national-level cluster approach for Fiji and RMI and the strengthening of the cluster approach in Solomon Islands. Cluster
readiness was strengthened through specific trainings on education and child protection in emergencies, psycho-social support and WASH cluster for various PICs, including Fiji, Samoa, Vanuatu and Solomon Islands. Emergency preparedness was reviewed and updated for the Fiji multi-country Office as well as field offices in Kiribati, Solomon and Vanuatu.

IR 1430/A0/05/812/006 Cross Sectoral - Stewardship of Financial Resources

Progress:
UNICEF utilized 99 per cent of its IB allocation of US$217,324. In addition, the Regional Office provided US$1,050 for replacement of old vehicle and procurement of ICT equipment which was fully utilized. Expenditures against IB and Cross-Sectoral Costs covered staffing and operational costs for Fiji, Kiribati, Solomon Islands and Vanuatu Offices.

Utilization of RR was estimated at US$5,437,819 or 99 per cent. Of the US$271,215 in 7 per cent Set-aside RR received in 2013, 61 per cent was utilized and the balance will be used in 2014.

Out of total available OR allotment of US$20,217,596 (including OR-Emergency grants) a total of US$17,016,954 was allocated for 2013 out of which US$10,267,614 was utilized (60 per cent). The remaining funds will be rolled over to 2014. The Programme Budget was consistently monitored to ensure maximum utilization. UNICEF received new OR grants amounting to US$6,232,649 representing 71 per cent of the approved OR ceiling of US$8,800,000.

Macro-assessment and micro-assessments for the 2013-2017 country programme have yet to be done which constrained HACT implementation. UNICEF is seeking a UNCT decision for the financing of the macro-assessment and micro-assessment of joint partners. In 2013, UNICEF took the initiative to conduct micro-assessments of two implementing partners in Solomon Islands. Ten spot checks were done.

The management of DCTs in the multi-country programme context continues to be very challenging. As at 31 December, total outstanding DCTs amount to US$2,705,708 out of which US$956,273 was between 6-9 months (36 per cent) and US$65,457 was over 9 months (2 per cent). A UNICEF Office of Internal Audit and Investigation advisory mission was undertaken in November. Strengthening HACT implementation is a major management priority for 2014.

Out of 28 donor reports due in 2013, 26 were submitted on time (93 per cent).

IR 1430/A0/05/812/007 Cross Sectoral Human Capacity

Progress:
Out of the PBR-approved 105 posts for the 2013-2017 Multi-Country Programme, 85 posts are currently filled. Recruitment for 15 posts (9 International Professional -IP, 4 National Officer-NO, 2 General Service-GS) were completed in 2013. The list includes 8 posts in Fiji (5 IP, 2 NO, 1 GS); 1 post in Tuvalu (1 IP); 3 posts in Solomon Islands (1 IP, 1 NO, 1 GS); 1 post in Kiribati (1 IP); and 2 posts in Vanuatu (1 IP, 1 NO). The Office continues to recruit based on confirmed funding for Fixed-Term, Temporary Assistant (TA) and consultants in line with Human Resource guidelines. Recruitment for 7 posts (3 IP, 2 Junior Professional Officer and 2 UN Volunteer) is in progress. Recruitment for 14 posts are on hold due to funding constraints while 3 posts are frozen due to the organizational shift to Global Shared Services Centre (GSSC) as a result of the E&E initiative. Three TA positions have been established (2 in Operations and 1 in Programme) to address these staffing gaps.

The Human Resource Development Team developed a Human Resource Development (HRD) framework for 2013 which formed the basis for the annual work plan and budget for learning and development priorities of the office. The HRD framework and annual work plan was approved by CMT and activities were implemented. Eight (8) staff members were trained on Competency Based Interviewing (CBI) and ten on Microsoft Excel Intermediate and Advanced levels. For mandatory training activities, the completion rate was estimated at 90 per cent.

A significant achievement was made with the 100 per cent completion rate of the 2012 Performance Evaluation Reports.
**IR 1430/A0/05/812/008 INACTIVE**

**PC 800 - Institutional Budget**

**On-track**

**PCR 1430/A0/05/800 Effective & Efficient Programme and Operations Support for the 2013-2017 Country Programme**

**Progress:**

In the first year of the country programme, an overall budget utilization rate of 86 per cent from three funding sources (IB, RR and OR) was achieved. Utilization rate for the Institutional Budget was 99 per cent; RR was 99 per cent and OR was 60 per cent. The remaining OR funds will be utilized in 2014 before the grant expiry date. Budget implementation was regularly monitored at the CMT and PMT meetings to ensure effective and efficient utilization.

The Regional PBR approved the staffing structure for the 2013-2017 country programme of 105 posts. By end December 2013, 85 posts were filled (81 per cent). Recruitment process for 7 posts were ongoing and recruitment actions on 13 posts constrained due to funding issues.

**On-track**

**IR 1430/A0/05/800/001 Governance and Systems**

**Progress:**

The 2013 AMP which defined management priorities was finalized with full staff participation from the different sections in the Office and Field Offices. The accountability structure and management indicators were included in the AMP. The governance structure and systems in the Fiji Office covers the Field Offices in Kiribati, Solomon Islands and Vanuatu. This includes the Country Management Team (CMT), Programme Management Team (PMT), Senior Management Group, Operations Team Meeting and Joint Consultative Committee. The CMT met on a monthly basis and the Chiefs of Field Offices participate through video conferencing or Skype. Management indicators were regularly reviewed in the CMT meetings to keep track of implementation of programme and operational results as well as key strategic issues such as risk assessment, HACT implementation, efficient use of resources, monitoring and evaluation, emergency preparedness, staff safety and security, and Office learning plan. Membership to the statutory committees was updated and the committees fully functioned in accordance with the TORs.

An Annual Programme Review was conducted from 2 to 3 December followed by an Annual Management Review (AMR) meeting on 4 December, which reviewed performance against the 2013 AMP results. The AMR also provided the opportunity to identify some management priorities for 2014.

Regular attendance and contributions were made to coordination and UN coherence by UNICEF Pacific staff to the following UN system governance bodies:

- UNCTs headed by two Resident Coordinators, (for Cook Islands, Samoa, Tokelau, Niue and for Palau, RMI, FSM, Nauru, Kiribati, Solomon Islands, Tuvalu, Fiji, Vanuatu, Tonga).
- UNDAF Outcome groups (Co-Chair health and education group)
- UNDAF Monitoring and evaluation group
- UN Communication group (Chair)
- Programme Support Group (Chair)
- Office Management Team
- Pacific Humanitarian Team
- Security Management Teams (regional in Fiji and three countries, plus focal point in Tuvalu).
- Head UN Joint Presence Offices in two countries (Vanuatu and Kiribati).

**On-track**

**IR 1430/A0/05/800/002 Financial Resources and Stewardship**

**Progress:**

The Office utilized 99 per cent of its IB allocation of US$ 217,324. In addition, EAPRO provided US$51,050 for replacement of old vehicle and procurement of ICT equipment which was fully utilized. Expenditures against IB
and Cross-Sectoral Costs covered staffing and operational costs for Fiji, Kiribati, Solomon Islands and Vanuatu Offices.

Utilization of RR was estimated at US$5,437,819 (99 per cent). For the 7 per cent Set-Aside RR received in 2013 amounting to US$271,215, 61 per cent was utilized and the balance will be utilized in 2014.

Out of total available OR allotment of US$20,217,596 (including OR-Emergency grants) a total of US$17,016,954 was allocated for 2013 out of which US$10,267,614 was utilized (60 per cent). Remaining funds will be rolled over to 2014. The programme budget was consistently monitored to ensure maximum utilization. The Office received new OR grants amounting to US$6,232,649 representing 71 per cent of the approved OR ceiling of US$8,800,000.

Macro-assessment and micro-assessments for the 2013-2017 country programme have yet to be done which constrained HACT implementation. The Representative wrote to the UNRC and to heads of UN agencies seeking a joint decision for the financing of the macro-assessment and micro-assessment of joint partners. In 2013, UNICEF took the initiative to conduct micro-assessments of two implementing partners in Solomon Islands. Ten spot checks were done.

The management of DCTs in the multi-country programme context continued to be very challenging. Total outstanding DCTs amounted to US$2,705,708 out of which US$956,273 was between 6-9 months (36 per cent) and US$65,457 over 9 months (2 per cent). The Office benefitted from an Office of Internal Audit and Investigation (OIAI) advisory mission in November. Strengthening HACT implementation is a major management priority for 2014.

Out of 28 donor reports due in 2013, 26 were submitted on time (93 per cent).

An SOP was developed and endorsed for resource mobilization, building on the resource mobilization strategy prepared for the new country programme.

IR 1430/A0/05/800/003 Human Capacity

**Progress:** Out of the PBR approved 105 posts for the 2013-2017 Multi Country Programme, 85 posts are filled. Recruitment for 15 posts (9 International Professional-IP, 4 National Officer-NO, 2 General Service-GS) were completed in 2013. The list includes 8 posts in Fiji (5 IP, 2 NO, 1 GS); 1 post in Tuvalu (1 IP); 3 posts in Solomon Islands (1 IP, 1 NO, 1 GS); 1 post in Kiribati (1 IP); and 2 posts in Vanuatu (1 IP, 1 NO). The Office continued to recruit based on confirmed funding for FTs, TAs and consultants in line with HR guidelines. Recruitment for 7 posts (3 IP, 2 Junior Professional Officer and 2 UN Volunteer UNV) is in progress. Recruitment for 14 posts is on hold due to funding constraints while 3 posts are on hold due to the organizational shift to Global Shared Services Centre (GSSC) as a result of the E&E initiative. The Office agreed to create three Temporary Assistance (TA) positions (2 in Operations and 1 in Programme) to address the staffing gaps in the functional areas.

The HRDT developed an HRD framework for 2013 which formed the basis for the annual work plan and budget for learning and development priorities of the Office. The HRD framework and annual work plan was approved by CMT and activities were implemented. Eight (8) SMs were trained on Competency Based Interviewing (CBI) and ten (10) SMs on Microsoft excel-Intermediate and Advanced levels. For mandatory training activities, the completion rate was estimated at 90 per cent.

Significant achievement was made in the completion rate of the 2012 PERs at 100 per cent. The percentage of completion of the Key Assignments for 2013 by the end of February 2013 was 67 per cent.
Effective Governance Structure

The 2013 AMP guided UNICEF Pacific’s management priorities throughout the year. The governance structure of the Office consists of the Representative assigning delegated authority and shared accountability though the following five key groups: (1) Senior Management Group (Representative, Operations Chief, Deputy Representative); (2) Country Management Team (CMT); (3) Programme Management Team (PMT), (4) Operations Team Meeting and (5) Joint Consultative Committee (JCC).

In addition, other Office statutory committees provided oversight in office functioning. The accountability structure is described in the AMP and monitored through established management indicators.

The CMT held 11 meetings in 2013 where management indicators were systematically reviewed using both online and locally generated reports; additional corrective measures were identified and responsibilities assigned for immediate action. The CMT also discussed key management issues such as risk assessment, HACT implementation, efficient use of resources, monitoring and evaluation, emergency preparedness, staff safety and security, office learning plan and staff well-being (through the Staff Association and Caring for Us Committee). The CMT also received guidance from the Representative on global and regional UN, UNCT, UNICEF priorities, policies and strategies, as well as issues of concern. In July, the membership of the CMT was expanded to include the chiefs of field offices in Kiribati, Solomon Islands and Vanuatu, who participate in the meeting through video conference or Skype. Minutes of the meeting were circulated to all staff. In view of funding constraints, the CMT approved economy class travel (on a voluntary basis) for official duty travel. Other cost-saving measures included reduced use of overtime, discontinuation of international travel for training, and strengthened environmentally friendly energy-use reductions. The relocation of the Business Continuity Centre is planned for end-January 2014. Other cost-saving initiatives are captured in the section on Efficiency.

The UNICEF Pacific Staff Association was very active in organizing staff activities to ensure work-life balance in the Office as well as in promoting a healthy dialogue with management on staff issues through the JCC, which met regularly in 2013. Overall, there was very positive engagement between management and the Staff Association.

Following the Annual Programme Review held on 2-3 December 2013, the Annual Management Review was held on 4 December 2013 in Suva with participation from the field office chiefs. Performance in 2013 was reviewed vis-à-vis the priorities established in the 2013 AMP and solutions to constraints and challenges were identified for action. HACT remains a significant area for improvement.

Within the context of UN coherence, UNICEF actively participated in both the Fiji- and Samoa-based UNCTs, the Pacific Security Management Team, co-chaired UNDAF Outcome 4 on health and education, as well as the UNDAF programme support group, and led the UN communication group. UNICEF’s emergency preparedness and response, including cluster architecture, is governed through the Humanitarian Coordinator-led and OCHA-coordinated Pacific Humanitarian Team.
Strategic Risk Management

Risk management remains a corporate priority for UNICEF Pacific in view of the natural calamities and environmental challenges it faces and given the limited national capacities for transparent accountability and good governance systems. The office reviewed the risk profile and Risk and Control Self-Assessment report in April 2013 and the following very high and high risks were identified:

- Natural disasters and epidemics: Absence of a well-coordinated preparedness plan for natural disasters and epidemics, given the proneness and high vulnerability of the Pacific, will lead to staff security risk and costly and ineffective response action (very high);
- Supply and logistics: Weak monitoring of supplies resulting in high volume of stock piling, locking of financial resources and high disposal of expired items (high);
- Funding and external stakeholder relations: Engagement with a limited number of donors leading to over-reliance, discontinuation of funding to maintain programme implementation, and donor-driven rather than country-driven projects (high);
- ICT: Poor or slow Internet connectivity can lower work productivity and negatively affect work efficiency (high);
- Budget and cash management: Delayed planning and budget allocations lead to late disbursements and programme implementations (high);

An action plan to address the high and medium risks was prepared and presented at the CMT meeting in April 2013.

In addition, in July the CMT identified weak implementation of HACT as an additional high risk. In the second half of the year, three government partners reported fraud cases in two priority countries, highlighting potential financial risks for UNICEF-administered funds. Significant work was invested to mitigate the above high risks. This includes: joint emergency preparedness plans, working within clusters and led by NDMOs; updated Early Warning Early Action online analysis and reporting; more assertive supply monitoring and distribution by both supply and programme staff; development of programme briefs and outreach efforts to new and existing donors; development of a resource mobilization standard operating procedure; upgrading Internet access in field offices; revitalization of the HACT committee; and earlier and more comprehensive budgeting for all programmes, including cross-sectoral/operations and field offices. The affordability of the current staffing structure and operational costs needs to be seriously looked at in 2014 in terms of sustainability.

These risks and management measures will need to be reviewed and updated in early 2014 as part of the AMP process.

Evaluation

The five-year IMEP outlines requirements for research and studies, surveys, monitoring systems and evaluations linked to the key programme component results and core indicators presented in the summary results matrix of the 2013-2017 multi-country programme. The five-year IMEP is complemented by an annual IMEP that was prepared by the Office Studies, Evaluation and Knowledge Committee and reviewed by the PMT to ensure that all research and evaluations fit with strategic priorities. The 2013 IMEP was
reviewed and revised during mid- and end-year reviews, and tracked as part of quarterly programme reviews.

In 2013, the Office continued to focus on strengthening the quality of evaluations and their use for strategic decision-making by programmes and management. New procedures for evaluations were instituted, led by the Office Studies Evaluation and Knowledge committee, with support from the Senior Regional Evaluation Advisor, for managing the quality and independence of evaluations.

To ensure that evaluations were objective, fair and impartial, clear terms of reference for major evaluations conducted or supported by UNICEF included the standard set of evaluation criteria such as relevance, efficiency, effectiveness, impact and sustainability. Coverage was another important criteria used in particular in emergency response, which enabled us to establish the proportion of the affected population reached by UNICEF emergency assistance. UNICEF Pacific’s individual programmes for the 2013-2017 programme cycle are designed so that they can be evaluated using baselines data that were researched and documented by individual programmes, (some from the last programme cycle).

In 2013, the Office managed one major evaluation, the external evaluation of Pacific Response Fund- supported activities implemented by UNICEF Pacific's HIV/AIDS programme. The goal was to assess progress made by UNICEF in relation to expected 2012 results. An independent evaluator from outside the region was hired, noting that capacity and human resources for evaluation in the region remains weak. The report was finalized with a management response to four of the evaluation’s recommendations. In addition, the Office participated in a joint evaluation of humanitarian response following the tsunami disaster in the Solomon Islands. The three humanitarian simulations that were carried out constitute a type of formative evaluation of partners’ readiness, and clearly highlighted both strengths and gaps to address.

Further efforts were devoted to strengthening the follow up to evaluations management response, including monitoring of implementations and reporting on the global database. Early in the year, the management response for the evaluation of the Convergence Approach to Programming was completed with about 90 per cent of the recommendations and related activities implemented by the end of 2013. The Management response for the Evaluation of the HIV & AIDS Response Fund was also finalised and discussions held with concerned partners on the implementation of recommendations.

The Office needs to continue to selectively pursue evaluations, invest in their quality, and keep recommendations limited and focused, while strengthening internal evaluation management processes.

**Effective Use of Information and Communication Technology**

In 2013, UNICEF supported the Fiji Government to use digital media to promote key family practices for disaster preparedness and response. UNICEF also used social media to facilitate increased youth participation and youth-led advocacy on issues such as climate change, combatting violence and Pacific goals within a global agenda after the 2015 MDGs.
In 2013, UNICEF provided technical advice and assistance to the to implement the Civil Registration System in Solomon Islands. In addition, the Office ICT Committee is liaising with mobile service providers to provide solutions for the use of mobile technology to reach remote areas and provide a platform for the dissemination of important messages via SMS. Another global initiative was the introduction of the public FTP site, whereby sections and partners can share important documents and data that are too large to send via email.

UNICEF is an active member of the Joint UN ICT Working Group, who engaged a service provider for the supply of a 24Mbps Internet link for all participating UN agencies, reducing internet costs by approximately 50 per cent. In addition, the group worked to standardize field offices ICT set-up in terms of online collaboration, connectivity and telephony solutions. This enabled agencies to better plan and budget for their offices and in most cases, resource sharing has become the normal process. While in its infancy, it has shown promising signs of being effective and efficient. LTAs with private sector ICT suppliers were negotiated for the supply of ICT consumables.

The Office, with the Regional Office, implemented the use of Notes Traveller for smart phones and also InterNotes for IBM Notes clients. This enabled staff to access emails virtually from wherever there is an Internet connection. In addition, the Office participated in the pilot release of SharePoint in the region, hosted at the Regional Office. The Office implemented a common telephone system for all offices, enabling the offices to call each other over the Internet extension-to-extension, resulting in cost savings. All computers have Skype as a standard application and the Office has agreed on a standard Skype naming scheme, although stronger adherence is required.

All obsolete ICT equipment was disposed of by waste management companies who are identified and verified by the ICT and Supply/Admin units.

UNICEF implemented the Veeam Backup Solution system in all offices. Backups are done to external storage devices that are taken off-site daily by identified staff members. All offices have an alternate office site as per Business Continuity Plan requirements and key staff have been identified. Alternative solutions have also been implemented for Internet connectivity.

Fund-raising and Donor Relations

Of 28 donor reports due in 2013, 26 (93 per cent) were submitted on time. This includes contributions to reports consolidated by other offices or agencies. Quality has been strictly monitored through application of an internal checklist and clearance process. Feedback from donors was generally positive.

Total allotment for 2013 (new grants plus roll over from 2012 plus tranches received for existing grants) was US$20,217,596. However, when considering only new grants received in 2013 against the OR ceiling of US$8,800,000, resource mobilization performance was 71 per cent.

The high disaster risk in the Pacific calls for UNICEF’s readiness to meet the Core Commitments for Children in Humanitarian Action. In recognition of UNICEF’s competency and mandate, Australian government funds continued to support UNICEF to maintain pre-
positioned stockpiles of supplies in the sub-region so that they can be rapidly deployed to
disaster-affected populations. In the period under review, Australian Aid continued with its
positive practice of immediately replenishing utilized supplies. Support was also mobilized
from New Zealand Aid through the New Zealand National Committee in support of
emergency responses to Tropical Cyclone Evan (Fiji) and to the earthquake and tsunami
that affected Temotu Province in Solomon Islands.

Grant utilization was monitored monthly through the PMT meeting and reported to the
CMT. Focused budget utilization reviews were held as part of quarterly programme
reviews. Of the eight grants that expired in 2013, all met the 95 per cent utilization rate
benchmark except for a Japan National Committee grant for 2012–2013 for which the
utilization rate was around 89 per cent, due to errors with a sales order, which, once
corrected, resulted in the release of unexpended funds to the grant.

Of the 32 ORR and ORE grants managed by the Office in 2013, only two required
extensions, which were accomplished with solid justifications and agreement from the
concerned donors.

UNICEF continued to join other development partners to add value and leverage resources
for development initiatives. In 2013, this included new joint UN programme initiatives on
gender, as well as on maternal and child health. Considering changes in the funding
environment, the Office reviewed its resource mobilization strategy and revitalized its
resource mobilization task force, which in turn prepared a new standard operating
procedure and programme and country briefs, seeking to further expand funding sources.
Key donors currently include the Australian government, New Zealand Aid Programme,
Japan (Human Security Trust Fund), EU, and UNICEF national committees of Australia,
New Zealand, Japan and Korea. New funding partnerships were established with New
Zealand Aid in support of maternal and newborn health and with the UK national
committee in support of sports for development. Discussions were held and concept
papers submitted to the Australian, New Zealand and Korean national committees.

Management of Financial and Other Assets

The implementation of most HACT components remained constrained due to low internal
capacity, key operations post vacancies and operational difficulties related to shared
responsibilities among UN agencies. In 2013, UNICEF Pacific undertook a micro-
assessment of civil society organization partners in Solomon Islands where funds to be
released were greater than US$100,000.00. FACE forms were used consistently and spot
checks were conducted mainly by the Suva-based financial assurance team as a
collaborative effort between programme and finance staff, and capacity of field based staff
needs to be built to improve timeliness, frequency and reduce travel costs.

In November 2013, the Office benefited from an Office of Internal Audit and Investigations
advisory mission for HACT implementation and reducing delays in fund utilization by
Solomon Islands implementing partners. The valuable advice provided by the mission will
guide the Office in strengthening financial disbursements and HACT implementation in
2014, which will be a major management priority in the 2014 Annual Management Plan.
As a first step, the Representative has written to UNDP and UNFPA agency heads in Fiji
seeking commitment to review HACT implementation in the Pacific and urging a joint
decision towards the financing of new macro-assessment and micro-assessments for the
new UNDAF cycle, the first year of which has just concluded. The new global UNDG/HACT framework expected early 2014 will contribute to clarification and addressing of issues identified during the global HACT assessment.

The management of direct cash transfers, particularly those that are outstanding in the multi-country programme context, continues to be very challenging despite regular monitoring and follow up through a weekly review meeting. As of 31 December 2013, total outstanding direct cash transfers stood at US$1,030,730. Of this amount, those over 6 months amount to US$965,273, or 94 per cent, and those over 9 months are estimated at US$65,457, or 6 per cent of total outstanding direct cash transfers. The amount over 9 months was due to an internal system error that can only be addressed by Headquarters.

There was a VISION refresher training conducted in September 2013 by the Operations team for all Suva- based programme assistants and interested programme colleagues. This allowed both operations and programme assistants to share knowledge and new best practices learned. It was noted that user error had declined as measured by the smaller number of service calls made by the country Office compared to 2012.

The timeliness of bank reconciliations considerably improved compared to the previous year, which is in line with the global standard of the 15th day of the following month. The review of work processes to identify efficiency gains, planned for 2013, did not happen due to delays in recruitment of a new Chief of Operations. This will be carried forward to the 2014 Annual Management Plan.

As at 31 December 2013, Regular Resources (core) utilization was estimated at 99 per cent, Other Resources at 60 per cent, Other Resources for Emergencies at 100 per cent and integrated (support) budget at 100 per cent.

**Supply Management**

The total value of the 2013 Supply Plan was approximately US$2,900,000. Due to funding constraints, the total value of supplies procured for 2013 was only about US$746,000, or about 26 per cent lower than the total 2012 procurement value of US$821,100. Local procurement was estimated at US$335,000, or 45 per cent, and offshore procurement at US$411,000, or 55 per cent. The main supplies procured in 2013 were vaccines, refrigerators, water tanks, tents, stationery supplies, desktops/laptops, vehicles, incubators, School-in-a-Box kits, motorbikes and other hardware.

Timely delivery for offshore supplies remains challenging. While the target arrival date for offshore procurement is normally 4-6 weeks from the date of purchase order receipt, actual delivery time has been a minimum 10-12 weeks. The main delay has been the necessity for trans-shipment of supplies. Air shipment for high volume of supplies is not an option due to extremely high freight costs.

The value of supplies received in 2013 is broken down as follows:

<table>
<thead>
<tr>
<th>Programme</th>
<th>US$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme</td>
<td>338,317.06</td>
</tr>
<tr>
<td>Operations</td>
<td>15,615.57</td>
</tr>
<tr>
<td>Services</td>
<td>4,813.84</td>
</tr>
<tr>
<td>Construction</td>
<td>0.00</td>
</tr>
</tbody>
</table>
The Office managed six warehouses in 2013: three in Fiji, and one each in Kiribati, Solomon Islands and Vanuatu. The total value of supplies received in 2013 for the Fiji and field office warehouses was US$698,499.92. The total value of supply issued to partners from the warehouses was US$716,684.54. Stock levels at the warehouses are broken down as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Total value (US$)</th>
<th>Percentage of Office total</th>
<th>Emergency supplies (US$)</th>
<th>Programme Supplies (US$)</th>
<th>Office Supplies (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCC</td>
<td>$11,516.47</td>
<td>2%</td>
<td>$11,516.47</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Williams &amp; Gosling</td>
<td>$271,851.28</td>
<td>55%</td>
<td>$233,524.96</td>
<td>$23,386.10</td>
<td>$14,940.22</td>
</tr>
<tr>
<td>Yees Cold Storage</td>
<td>$92,297.52</td>
<td>19%</td>
<td>0</td>
<td>$92,297.52</td>
<td>0</td>
</tr>
<tr>
<td>Kiribati</td>
<td>$4,259.74</td>
<td>1%</td>
<td>$4,259.74</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>$17,704.47</td>
<td>4%</td>
<td>$17,704.47</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>$92,314.96</td>
<td>19%</td>
<td>92,314.96</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$489,944.44</td>
<td>100%</td>
<td>$359,320.60</td>
<td>$115,683.62</td>
<td>$14,940.22</td>
</tr>
</tbody>
</table>

The stocktake of supplies in UNICEF warehouses is undertaken every June and December. By end December 2013, the supplies stored in the Business Continuity Centre were transferred to the Williams & Gosling warehouse, thereby consolidating programme and emergency supplies in one warehouse in Suva. Health supplies stored in Solomon Islands were transferred to the government-run MoH warehouse.

Emergency supplies were distributed after Cyclone Evan in Fiji, the Temotu earthquake/tsunami in Solomon Islands, thunderstorm damage in Vanuatu, drought in the Marshall Islands and a fire in Nauru. A noteworthy initiative was the involvement of youth volunteers in packing 6,000 hygiene kits that are now pre-positioned at the Williams & Gosling warehouse. The combined emergency supplies distributed were:

- Oral Rehydration Solution sachets: 73,000
- Hygiene kits: 4,654
- Pocket guides: 9,000
- Collapsible or rigid water containers: 1,700
- Water bladders: 25
- Buckets with water filters: 60
- Soap bars: 3,000
- Water purification tablets: 6 packets
- Outboard motors: 2
- Tents: 34
- Tarpaulins: 174
- School-in-a-box: 60
- School backpacks with stationery: 1,200
- ECE kits: 8
- Health kits: 2

UNICEF assisted the Fiji MoH to procure measurement mats valued at US$3,173, and the ministries of health in Kiribati and Solomon Islands with procurement of vaccines.
UNICEF also places a consolidated order of vaccines, syringes and safety boxes with the Supply Division under the Vaccine Independence Initiative every year as per orders from each country.

A main constraint was the direct freight shipment of vaccines from Nadi to Pohnpei in FSM as there are no direct flight services and no freight forwarders in Australia, New Zealand or Hawaii willing to handle the shipment due to the number of stopovers required. UNICEF staff hand-carried the vaccines to FSM with prior approval granted by the airlines and the US Centres for Disease Control and Prevention. In general, the high freight cost for shipment of vaccines and other supplies to the PICs remains a challenge.

Regular joint procurement meetings were held with the other UN agencies and 13 UN Long Term Agreements for required commodities and services were established. UNICEF established an additional five such agreements, which were shared with other UN agencies.

Supply staff undertook one joint monitoring visit on the proper usage of supplies by end users with education and communication specialists and the MoE of Fiji, visiting 11 schools affected by Tropical Cyclone Evan. Programme and administrative field office staff conduct frequent monitoring visits in Solomon Islands, Kiribati and Vanuatu.

**Human Resources**

**Human resource capacities:** As part of its core structure and alignment to management priorities, in May the Office presented a request to increase support for the human resource specialist/No3 level, finance assistant/GS5 level, senior administrative assistant/GS7 level and communication specialist, external relations/No3 level from the institutional budget. The P4 communication specialist, C4D was shifted from the institutional budget to RR to offset the staffing change.

The global Effectiveness and Efficiency initiative process to move to a Global Services Support Centre and the instruction from the Executive Director and DHR Director to freeze vacant and upcoming vacant positions at GS4–GS7 levels impacted functional areas in Operations and in Programme. The Office agreed to create temporary appointment positions to address the most critical staffing gaps.

**Recruitment/staffing:** Currently, the Office has 85 filled positions of 105 approved posts. In 2013, the Office filled 15 positions due to resignations, staff transfer to other UNICEF offices and retirement. The management of OR-funded positions proved to be challenging and a number of positions had to be temporarily charged to RR. In view of limited 2014 funding prospects, the Office will need to terminate some fixed-term contracts reaching expiry date, while some vacant positions are on hold due to unavailable OR funding.

**Learning/training:** The Human Resources Development Team developed a framework for 2013 that formed the basis for the annual work plan and budget for office learning and development priorities. The CMT approved the framework and annual work plan and activities were implemented. Following participation of the Human Resources Specialist in the Training of Trainers on Competency-Based Interviewing (CBI) Programme held in Bangkok, the Office rolled out CBI training in November with eight participants. This will
be undertaken in 2014 with Solomon Islands, Vanuatu and Kiribati field offices. Other planned/requested international training was put on hold by the CMT, due to funding constraints.

**Staff morale:** Four quarterly Joint Consultative Committee (JCC) meetings were held in 2013 to discuss the general well-being of staff in an open, transparent manner. Open communication between management and the Staff Association improved staff morale. It was agreed that the suggestion box would be opened jointly by the Chief of Operations and the Staff Association chair and common issues affecting contract extension, performance and work relationships in the JCC would be addressed.

**Performance appraisal:** Timeliness and quality of staff performance appraisals continued to improve, building a culture of open feedback, performance discussions and coaching between supervisors and supervisees.

**Staff well-being:** The findings of the Global Staff Survey were reviewed, and with good collaboration between management, the Staff Association and other staff, staff unity, one UN, and staff morale activities were enjoyed during the year. The Caring-for-Us Committee implemented activities to create an environment for work-life balance and promote healthy programmes, organizing a half-day sports event for staff and activities promoting healthy lifestyle including exercise, group walks, Zumba sessions and a health check for all staff. The challenge, however, is to reach out and involve more staff.

### Efficiency Gains and Cost Savings

The Office undertook cost-saving initiatives throughout the year as described in the table below.

<table>
<thead>
<tr>
<th>Cost-savings area</th>
<th>Cost savings US$</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount on rental at Yees Cold Storage (from August)</td>
<td>956.00</td>
<td>Discount negotiated with vendor</td>
</tr>
<tr>
<td>Storage space at Solomon Islands MoH for pre-positioned supplies</td>
<td>6,000.00</td>
<td>Negotiated with MoH for free; Estimated cost of US$500/mo</td>
</tr>
<tr>
<td>Storage space at Vanuatu MoH for pre-positioned supplies</td>
<td>6,000.00</td>
<td>Negotiated with MoH for free; Estimated cost of US$500/mo</td>
</tr>
<tr>
<td>Printing of business cards</td>
<td>1,600.00</td>
<td>Free printing of business cards from a printer with LTA with the UN</td>
</tr>
<tr>
<td>Telephone bills (from July)</td>
<td>3,350.00</td>
<td>Installation of common telephone system allowing calls to field offices through Internet and Skype</td>
</tr>
<tr>
<td>Electric bills</td>
<td></td>
<td>10,800.00</td>
</tr>
<tr>
<td>UN Joint Internet Contract (from September)</td>
<td>22,000.00</td>
<td>Increased bandwidth</td>
</tr>
</tbody>
</table>

**TOTAL SAVINGS** 50,706.00

Efficiency gains that are difficult to quantify include:
• UN and UNICEF LTAs with fixed price validity for a year saved time and effort in obtaining quotations from vendors;
• The increase in the threshold for low-value procurement for the Office to align with global standards of US$2,500 for the Fiji Office and US$1,000 for field offices reduced time and workload in processing sales orders and purchase orders;
• Negotiation with vendors to directly deliver procured supplies to field offices or partners in PICs reduced shipment processing time;
• Reduced international travel for meetings, workshops and training;
• Reduced use of General Service staff overtime and office vehicles.

The relocation of the Business Continuity Centre, expected to be realized by end January 2014, will generate savings of about US$30,000 per annum.

Changes in AMP & CPMP

Following the Annual Management Review held on 4 December, the 2014 AMP will be developed by a Task Force along the management priorities identified during the review. The affordability of the current Office and staffing structure will be reviewed to ensure financial sustainability and balance during the country programme cycle; Regional Office support will be requested for that exercise. Priority areas for the AMP 2014 include resource mobilization; HACT and stronger risk mitigation measures in Vanuatu and Solomon Islands; an internal audit; review of work processes with a view to setting up a business services centre; establishment of a less costly business continuity centre; vaccine procurement in the Pacific; development and approval of key standard operating procedures; recruitment of a new Chief of Operations and upgrading/replacement of ICT equipment.

Summary Notes and Acronyms

Acronyms
ANC – ante-natal care
AMP - Annual Management Plan
C4D - Communication for Development
CBI - competency-based interview
CEDAW - Convention on the Elimination of all Forms of Discrimination against Women
CMT - Country Management Team
CoE – Code of Ethics
CRC - Convention on the Rights of the Child
CRO – civil registration office
CRVS - Civil Registration and Vital Statistics
DHS - demographic and health surveys
ECE - early childhood education
ECCE - early childhood care and education
ECD – early childhood development
EmONC – emergency obstetric and newborn care
FAO - Food and Agriculture Organization of the UN
FSM - Federated States of Micronesia
GS – General Service
HACT - harmonized approach to cash transfers
HR – Human Resource
ICT – Information and Communication Technology
IMEP - Integrated Monitoring and Evaluation Plan
IP – International Professional
JCC - Joint Consultative Committee
KSIS – Kirabati School Improvement Standards
LTA - Long-term arrangement
MDG - Millennium Development Goals
MHMS – Ministry of Health and Medical Services
MoE – Ministry of Education
MoH - Ministry of Health
MoRES - monitoring of results for equity systems
MNDMO - national disaster management office
MWYSA – Ministry of Women, Youth and Social Affairs
NMQSS – National Minimum Quality Service Standards
NO – National Officer
NSP – National Strategic Plan
OMT - Operations Management Team
OR – Other Resources
PBR – Programme and Budget Review
PCA – Project Cooperation Agreement
PICs - Pacific Island Countries and Territories
PIFS - Pacific Islands Forum Secretariat
PMT - Programme Management Team
PSA – Public Service Announcement
P-SA – Pre-Surveillance Assessment
PTCE - Pacific Teachers’ Code of Ethics
RR – Regular Resources
RMI – Republic of the Marshall Islands
SBM – School-Based Management approach
SIA – supplementary immunisation activities
SIP – School Improvement Plan
SPC - Secretariat of the Pacific Community
STI - sexually transmitted infections
TA – Temporary Assistance
UNCT - United Nations Country Team
UNDAF - United Nations Development Assistance Framework
UNDP - United Nations Development Programme
UNFPA - United Nations Population Fund
UNICEF - United Nations Children’s Fund
UNTFHS – United Nations Trust Fund for Human Security
UNV - United Nations Volunteers
VII – Vaccine Independence Initiative
VITE-ISU - Vanuatu Institute of Teacher Education in-service unit
WASH - water, sanitation and hygiene
WHO - World Health Organization
## Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
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<tbody>
<tr>
<td>Child Protection Baseline Research for the Republic of the Marshall Islands</td>
<td>2013/002</td>
<td>Study</td>
</tr>
<tr>
<td>Children in the Federated States of Micronesia: An Atlas of Social Indicators</td>
<td>2013/004</td>
<td>SitAn</td>
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## Other Publications

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<thead>
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<tr>
<td>Child Protection Baseline Factsheets for Palau</td>
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<tr>
<td>Child Protection Baseline Factsheets for the Federated States of Micronesia</td>
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<tr>
<td>Child Protection Baseline Factsheets for the Republic of the Marshall Islands</td>
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<tr>
<td>Looking Back Moving Forward 2012/2013: A review and Update on UNICEF’s Work for Pacific Children</td>
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<tr>
<td>Standard Operating Procedures Child Protection and Handling Young People</td>
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<tr>
<td>Standard Operating Procedures Diversion Options for Youths</td>
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<tr>
<td>Training Curriculum Child Protection - Kiribati</td>
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<tr>
<td>Training Aide-Memoire</td>
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<tr>
<td>Federated States of Micronesia – Child Protection Pull-Up Banners</td>
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<td>Palau – Child Protection Pull-Up Banners</td>
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<td>Video: Video Production for 350 org Pacific</td>
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<tr>
<td>Video: UNICEF Birthday</td>
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<tr>
<td>Video: HIV &amp; AIDS Documentary</td>
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<tr>
<td>Video: End Violence Against Children</td>
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<td>Video: Sa Rauta Mada/End Violence - Flashmob</td>
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<tr>
<td>Video: The Girl Declaration</td>
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<td>Video: Global Hand Washing Day - 7 series</td>
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<tr>
<td>Video: SIDS Youth Video – Presentation, SIDS Inter-regional Preparatory Meeting, Barbados 26-28 August 2013</td>
</tr>
<tr>
<td>Video: Become Part of a Large Network – Youth Activists</td>
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### Lessons Learned

<table>
<thead>
<tr>
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<th>Document Type/Category</th>
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<tbody>
<tr>
<td>1 Using video conferencing to facilitate dialogue between Pacific Island Countries (PICs) and the Committee on the Rights of the Child (CRC) in Geneva</td>
<td>Innovation</td>
</tr>
<tr>
<td>2 Pacific Teachers’ Code of Ethics</td>
<td>Innovation</td>
</tr>
<tr>
<td>3 Expanding birth registration in the Pacific</td>
<td>Lesson Learned</td>
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