

Pacific Island Countries

Country programme document 2013-2017

The draft country programme document for the Pacific Island Countries (E/ICEF/2012/P/L.7) was presented to the Executive Board for discussion and comments at its 2012 annual session (5-8 June 2012).

The document was subsequently revised, and this final version was approved at the 2012 second regular session of the Executive Board on 14 September 2012.

Basic Data[†] (2010, unless otherwise stated)

	Cook Islands	Fiji	Micronesia	Kiribati	Marshall Islands	Nauru	Niue	Palau	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
Child population ^a (thousands, under 18 years)	8	299	49	36	20	4	0.6	7	82	248	0.4	46	4	107
USMR (per 1,000 live births)	9	17	42	49	26	40	22	19	20	27	-	16	33	14
Underweight ^b (%, moderate and severe) (urban/rural, poorest/richest)	..	(2004) 7 ^c	(2005) 15 ^c	(2009) 15	..	(2007) 5	(2002) 0 ^c	..	..	(2007) 12	0 ^c	..	(2007) 2	(2007) 16 ^d
	..	..	..	13/16, 18/8	..	../.., 7/3	..	..	..	8/12, 14/10	..	..	../.., 1/0	15/16, 18/13 ^d
Maternal mortality ratio ^e (per 100,000 live births)	(2009) 0 ^{c,f}	(2008) 26	(2009) 0 ^{c,f}	0 ^{c,f}	143 ^{c,f}	(2002) 300 ^{c,f}	(2006) 0 ^{c,f}	0 ^{c,f}	(2001) 29 ^f	(2008) 100	(2005-2010) 0 ^{c,f}	36 ^{c,f}	(2009) 0 ^{c,f}	(2007) 86 ^{c,f}
Primary school attendance (%, net male/female)	98/99	(2009) 99/99	(2009) 96 ^c	(2009) 85/83 ^g	(2011) 99	(2007) 88 ^g	(2006) 100 ^c	(2006) 96 ^c	98	(2007) 81/80	(2004) 100 ^c	(2008) 93 ^c	(2007) 97/99 ^g	(2007) 80/82
Survival rate to last primary grade (%, male/female)	(2009) 83 ^c	(2008) 91	(2009) 86 ^c	(2003) 79	(2008) 83	(2001) 25	..	(2005) 93 ^c	83 ^c	87 ^c	(2006) 100 ^c	(2007) 90 ^c	..	(2008) 71
Use of improved drinking water sources (%)	(2005) 95	98	(2005) 94	(2005) 63	94	88	100	85	96	(2005) 70	97	100	98	90
Use of improved sanitation facilities (%)	100	83	(2005) 25	(2005) 34	75	65	100	100	98	(2005) 32	93	96	85	57
Adult HIV prevalence rate ^h (%, 15-49 years of age, 2009)	<0.1	0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Child labour (%, 5-14 years of age, male/female)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Birth registration (%, under 5 years of age) (male/female) (urban/rural, poorest/richest)	..	..	..	(2009) 94 95/93	(2007) 96 96/96	(2007) 83 79/86	..	..	(2009) 48	(2007) 80 79/80	..	..	(2007) 50 49/51	(2007) 26 25/27
	..	..	..	95/93, 93/94	96/96, 92/98	../.., 71/88	..	..	..	70/81, 80/78	..	..	60/38, 39/71	39/23, 13/41
GNI per capita (US\$)	(2009) 9,749 ^j	3,610	2,700	2,010	2,990	(2009) 5,322 ^j	..	6,460	2,930	1,030	..	3,380	4,760	2,760
One-year-olds immunized with DPT3 (%)	99	99	85	91	94	99	99	49	87	79	..	99	89	68
One-year-olds immunized against measles (%)	99	94	80	89	97	99	99	75	61	68	95 ^c	99	85	52

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a The child population figures in this table are shown in thousands rather than millions due to the small populations of several of the countries.

^b Underweight estimates are based on the WHO Child Growth Standards adopted in 2006 unless otherwise noted.

^c Primary source documentation was unavailable for this estimate, so the methodology and indicator definitions have not been evaluated and thus may not be consistent with the standards for inclusion in UNICEF global databases.

^d Calculated according to the National Center for Health Statistics/WHO reference population.

^e Adjusted MMR estimates are presented where available (Fiji and Solomon Islands), and for all other countries the reported MMR is reported. The Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts) produces internationally comparable sets of maternal mortality data, adjusted for underreporting and misclassification of maternal deaths. See www.childinfo.org/maternal_mortality.html.

^f This is a country-reported MMR estimate. It is important to note the difficulty in measuring maternal mortality in countries with very few births per year. Most countries represented in this table have fewer than 5,000 births per year, while maternal mortality ratio is measured per 100,000 live births.

^g Does not include primary school-aged children attending secondary school.

^h The figure of <0.1% reported for all Pacific Island Countries except for Fiji is the best estimate derived from all existing reports and data. However, due to data limitations and small population size, the normal method of estimating prevalence cannot be used for these countries.

^j The World Bank (the standard source for this indicator) does not produce a gross national income per capita estimate for this country, so this estimate comes from the United Nations Statistics Division National Accounts Main Aggregates database.

Summary of the situation of children and women

1. The multi-country programme of the Pacific Island Countries¹ faces unique programming challenges. Geographically dispersed over 30 million square kilometres of the Pacific Ocean, the countries of the Pacific subregion are culturally diverse and suffer from low human and institutional capacity and high environmental vulnerability. These challenges are embodied in high costs for development, high risk of damage from disasters and slow progress towards achievement of the Millennium Development Goals and other targets.

2. The global economic crisis has placed considerable strain on families, and the governments of these import-dependent countries struggle to ensure sustainable and equitable delivery of services. Particularly vulnerable to climate change, the Pacific Island Countries are suffering more frequently from natural disasters. They face potential devastation from sea-level rise, especially in the atoll archipelagic States and the coastal areas of the volcanic islands. Almost a quarter of Pacific islanders live in urban centres and half of the countries already have majority urban populations. Continuing rapid urbanization poses significant challenges for infrastructure, disaster preparedness and ensuring equitable development in peri-urban areas.

3. Despite official development assistance estimated at seven times the average for developing countries, strengthened capacities of regional organizations in the Pacific to improve delivery of results at national level and increasingly coordinated development cooperation, many States in the subregion have made insufficient progress to reduce poverty, achieve gender inequality, improve maternal health and realize development that is environmentally sustainable. In addition, adolescents and young people aged 15 to 24, who comprise 20 per cent of the population, often are deprived of education, health and employment opportunities.

4. Available evidence shows that disparities are large and growing between and within countries. The main drivers of inequity are poverty, geographic location, gender, disability and external shocks, such as economic volatility and natural disasters. Formal social protection remains weak; vulnerable families are being driven further into poverty by declining remittances, recurring disasters and cultural shifts resulting from urbanization.

5. The Pacific Island Countries have made progress towards the health-related Millennium Development Goals: under-five mortality rates in the subregion have declined from 14-87 per 1,000 live births in 1990 to 9-49 per 1,000 live births in 2010. Notably, only four countries (Kiribati, Micronesia, Nauru and Tuvalu) had under-five mortality rates exceeding 30 per 1,000 live births in 2010, while in 1990, only four countries (Cook Islands, Niue, Samoa and Tonga) had under-five mortality rates below that figure. This progress has been achieved despite inadequate budgets, unreliable health information systems, supply bottlenecks and difficulties in balancing provision of preventive and curative services. These countries face the double burden of undernutrition and infectious diseases on the one hand and overnutrition and non-communicable diseases on the other. Progress in reducing

¹ The Pacific Island Countries programme comprises 14 States: Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Niue, Palau, Republic of the Marshall Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

under-five mortality has highlighted disproportionately large numbers of preventable newborn deaths. Maternal mortality remains unacceptably high, suggesting disturbing levels of morbidity, considering that for every death an estimated 30 women suffer significant disability.

6. Notable progress has been made towards achieving universal primary education, with all but three countries having attendance rates in the 90 per cent range. However, a high proportion of children remain unable to read or write upon completion of the primary school cycle. Investment in early childhood education is insufficient and inequitable due to large disparities based on geographic location, economic status and disability. School sanitation, at less than 70 per cent, is insufficient, with a particular impact on girls, among whom higher drop-out rates are noted for young adolescents. Six of the 14 countries have achieved primary school enrolment rates of over 90 per cent, but these gains are at risk of decline in four countries — Fiji, Kiribati, the Marshall Islands and the Federated States of Micronesia due to the effects of the economic downturn. Progress is mixed in completion of basic education, with inadequate retention rates in seven countries and high repetition rates in the early grades. Gender parity has largely been achieved in primary and secondary education, although gaps remain regarding technical and vocational training.

7. The prevalence of HIV in the Pacific Island Countries remains low, although surveillance is inadequate to ascertain the precise status. Very high teenage pregnancy rates (over 10 per cent in Fiji, Kiribati, Marshall Islands, Solomon Islands and Vanuatu), pervasive gender-based violence (over 70 per cent in most countries) and high prevalence of non-HIV sexually transmitted infections (over 20 per cent in young people below 25) in many of the countries suggest a real danger of a rapid increase in HIV. Other drivers of HIV risk and vulnerability include transactional sex, mobility and alcohol and drug abuse.

8. Protection of children and women is a continuing concern. Over 70 per cent of caregivers have admitted to physically harming children. Research shows that two of every three women have experienced physical or sexual violence perpetrated by an intimate partner. A recent study in Solomon Islands indicates that women who experience abuse are 4.5 times more likely to abuse their children. In Fiji, Kiribati, Solomon Islands and Vanuatu, new laws and policies have given government and civil society organizations a mandate and framework to address violence, abuse, exploitation and neglect of children. The result has been expansion of services to detect and care for victims and community action against violence and abuse. However, other countries lag behind, with limited legislation and few systems or structures to protect children and women.

9. All Pacific Island Countries have ratified the Convention on the Rights of the Child. All but Palau and Tonga have ratified the Convention on the Elimination of All Forms of Discrimination against Women. However, only Fiji, Federated States of Micronesia, Nauru and Vanuatu have acceded to the Optional Protocols on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflict. Only Solomon Islands has acceded to the Optional Protocol on the Convention on the Elimination of All Forms of Discrimination against Women. Complying with reporting obligations under these treaties has proved extremely burdensome for the small administrations of these countries.

Key results and lessons learned from previous cooperation, 2008-2012

Key results achieved

10. Previous cooperation contributed to gains for children through evidence-informed advocacy; capacity development for realizing the provisions of the Convention on the Rights of the Child; generation of child-focused baseline data needed for strategic planning; equity-focused analysis of social indicators and budgets; documentation and sharing of good practices; communication for development to increase demand for services and promote social transformation; specification of minimum quality standards for sectoral programmes; and building a culture of evaluation in development programming.

11. The scope and degree of UNICEF engagement was prioritized using a tiered framework based on country situations, needs and resources. Three countries (Kiribati, Solomon Islands and Vanuatu) were identified as 'tier one', needing extensive assistance; five 'tier two' countries (Fiji, Marshall Islands, Federated States of Micronesia, Samoa and Tuvalu) received support for policy development and capacity and system building; and the remaining six 'tier-three' countries (Cook Islands, Nauru, Niue, Palau, Tokelau and Tonga) received support in advocating for child-friendly policies.

12. Health and sanitation initiatives have been instrumental in consolidating the progress made towards achievement of the health-related Millennium Development Goals. In collaboration with partners of the Pacific Immunization Programme Strengthening initiative, UNICEF contributed to sustaining polio-free status and, since 2008, measles-free status. Integrated maternal and child interventions (vitamin A, deworming tablets, birth registration and hand washing) were added during measles supplemental immunization activities and as part of regular Child Health Days in four countries. Modules on Integrated Management of Childhood Illness were adapted to include infants up to two months of age, and an integrated prototype service model for mother and child health was developed.

13. The 2010 Pacific Food Summit, supported in partnership with the World Health Organization and the Food and Agriculture Organization of the United Nations, emphasized the benefits of nutrition security of children and women. Progress was made in promoting child care practices, including through the training of over 1,300 health workers in the integrated delivery of mother and newborn interventions. Four countries (Kiribati, Marshall Islands, Solomon Islands and Vanuatu) joined the Baby-Friendly Hospital Initiative, with 30 (out of 36) hospitals receiving accreditation. Maternal and newborn care policies and guidelines were updated and intensive care units providing special care for premature or ill newborns were set up in Kiribati, Solomon Islands and Vanuatu.

14. Water, sanitation and hygiene education (WASH) was enhanced in schools and communities in Kiribati, Solomon Islands and Vanuatu. UNICEF supported governmental and non-governmental organizations to celebrate Global Hand Washing Days in Fiji and Solomon Islands. As the lead for the WASH cluster, UNICEF strengthened capacities and partnerships for an effective emergency response to communities affected by over 10 natural disasters, including earthquakes, tsunamis, cyclones and floods.

15. Cooperation in education helped to expand access to quality primary education, with particular attention to four countries. Over 12,000 students in the Solomon Islands benefited from the rebuilding of 160 schools following the 2007 tsunami. Previously excluded children gained access to primary education following the abolition of school fees in Solomon Islands in 2009 and Vanuatu in 2010. UNICEF supported the elaboration of national minimum quality standards for primary schools to systematize the investment of school grants and serve as a platform for greater equity in resource allocation across schools. Education clusters led by ministries of education were established in Kiribati, Solomon Islands and Vanuatu, in collaboration with Save the Children-Australia.

16. To strengthen teachers' commitment to quality teaching, a Pacific Teachers' Code of Ethics was developed and endorsed by all teachers' associations. The programme also initiated a number of sector policies through active engagement with sector-wide education programmes and leveraged funding through pooled funding arrangements.

17. UNICEF contributed to national and regional research on provision of early childhood education and establishment of related policies, standards and curricula. Increased regional attention led to the establishment of a Pacific Early Childhood Care and Education Council, which will support policy formulation and monitor service standards across the subregion.

18. Through advocacy, expanded partnerships and technical assistance, progress was made in improving HIV-related regional and national policies and guidelines, elaborating minimum standards and developing training modules for prevention of parent-to-child transmission of HIV (PPTCT), HIV testing and counselling, and youth-friendly health services. Over 270 service providers were trained to provide quality sexual reproductive health and HIV services through 52 youth-friendly health service facilities in 10 countries, with the joint support of the Secretariat of the Pacific Community and the United Nations Population Fund. However, the outcomes and impacts on children and women remain difficult to measure due to insufficient data.

19. Findings of UNICEF-supported knowledge, attitudes and practices studies were used to develop and disseminate messages and to support a television drama aired in seven countries on HIV and AIDS-related issues faced by youth. The Vanuatu youth hotline provides information, counselling and referral for adolescents.

20. Research conducted to develop baseline evidence on child protection identified barriers and bottlenecks in addressing violence, abuse and exploitation of children. It also enabled establishment and strengthening of systems to enhance the protective environment for children through legislative reform, effective policies and better functioning of child and family welfare services in four countries. For the first time in the Pacific, policies outline roles and responsibilities of stakeholders for protection of children. Due to concerted strategic communication activities, media coverage of child protection issues regionally and nationally increased steadily over the period. In addition to positive family and community changes being reported through the participatory 'most significant change' methodology, which focuses on illustrative stories of significant change at local level, child protection issues emerged more clearly in national and sector development plans.

21. UNICEF support for policy, advocacy, planning and evaluation contributed to the development of new policies for youth in Kiribati, Solomon Islands and Vanuatu. At the regional level, advocacy for a Pacific youth strategy led to commitments by national leaders in the Pacific Islands Forum (a political grouping of 16 independent and self-governing states). Sentinel site monitoring, supported in six countries, helped governments to monitor the impact of the global economic crisis on children and women, informing policy response, while several key UNICEF-supported studies led to greater commitment to social policy and social protection measures.

22. A six-country subregional meeting on legislative reform and the Convention on the Rights of the Child took place in 2008, catalysing processes to strengthen national advisory committees on children. It also improved monitoring and reporting on implementation of the Convention on the Rights of the Child in the region. Subnational data examining inequities based on geography, income, gender, age and disability were highlighted in *Atlases of Social Indicators*, produced in partnership with government departments and central statistics offices.

23. In partnership with other United Nations agencies, UNICEF provided technical support to national planning, monitoring and evaluation systems in Kiribati, Solomon Islands and Vanuatu. Joint monitoring of UNICEF-supported interventions in selected subnational areas with convergent multisectoral programming in these countries contributed to strengthened capacities of partners. ‘Most significant change’ training and collection of stories was conducted annually with communities as a component of monitoring behavioural change.

24. Evidence-based strategic communication processes and initiatives were supported through a combination of advocacy, communication for development, knowledge management and partnership initiatives. These include high-level regional advocacy to address rising child poverty in the region; communication focusing on WASH, child protection and HIV and AIDS; creation of a knowledge network on children; and establishment of corporate partnerships to help make schools more child-friendly.

Lessons learned

25. The previous cooperation cycle introduced programmes in education, protection and social policy while expanding cooperation in WASH promotion. The evidence base was strengthened, due to the UNICEF emphasis on data integrity and use with clear baselines, robust monitoring frameworks and systematic documentation of results. This improvement led partners to increase their commitments, especially for child-sensitive country and regional analysis of poverty and equity.

26. The grouping of countries in the three-tier structure enabled UNICEF to prioritize support across all countries in relation to the development burden. However, more ways are needed to leverage resources effectively for children in tier-two countries and to make effective use of partnerships for children in tier-three countries.

27. The 2010 midterm review recommended acceleration of programme convergence and the integration of services at the subnational level in tier-one countries. It called for more emphasis on the most vulnerable groups and scaling-up

of models to contribute significantly to the realization of children's rights in those countries.

28. Expanded and stronger UNICEF engagement in sector-wide approaches, aid effectiveness mechanisms and regional and national partnerships supported leveraging of resources and results for children, especially in education, health and HIV and AIDS.

The country programme, 2013-2017

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and sanitation	5 100	12 500	17 600
Education	3 300	10 000	13 300
HIV and AIDS	3 700	5 000	8 700
Child protection	3 500	11 500	15 000
Policy, advocacy, planning and evaluation	6 300	2 500	8 800
Cross-sectoral	5 925	2 500	8 425
Total	27 825	44 000	71 825

Preparation process

29. The UNICEF programme was developed following preparation of the United Nations Development Assistance Framework (UNDAF) 2013-2017. United Nations country teams based in Fiji and Samoa commenced preparation of the UNDAF in May 2011 with a joint priority-setting retreat. After extensive consultations with each of the 14 countries, a strategic retreat was held to bring together regional intergovernmental organizations, governments, regional and national partners, development partners and donors. It led to consensus in focusing on five priority areas: (a) disaster risk management, environmental sustainability and climate change; (b) inclusive economic growth and poverty reduction; (c) gender equality; (d) basic services; and (e) governance. The UNDAF contains regional and country-level results matrices in support of the United Nations shared mission to promote sustainable development and inclusive economic growth to address the social, economic and environmental vulnerabilities affecting society at all levels and to ensure human security.

Programme components, results and strategies

30. UNICEF envisions fulfilment of the rights of all children in the Pacific to survival, development, protection and participation. It will continue to contribute to the achievement of these objectives through strategic support to service delivery, capacity building and advocacy, in cooperation with partners. Accordingly, the overall goal of the multi-country programme is to support the governments of all Pacific Island Countries in progressively realizing child rights in accordance with national development strategies, the UNDAF, Millennium Development Goals,

Millennium Declaration, the Pacific Plan (the master strategy for regional development endorsed by leaders of the Pacific Islands Forum in 2005 to promote economic growth, sustainable development, good governance and security) and related regional priorities and strategies. The multi-country programme reflects the UNICEF medium-term strategic plan.

31. The programme will raise the profile of child rights in regional policy debates and strategies through concrete technical support to national capacity and services. The tiered approach to programming generally remains in place, with one adjustment — moving Nauru to tier two, because of the relative development stagnation the country has experienced in recent years. The objective is to support the achievement of key results at scale for children in the three tier-one countries (Kiribati, Solomon Islands and Vanuatu) while aiding strategic policy engagement and system building in the six tier-two countries (Fiji, Marshall Islands, Federated States of Micronesia, Nauru, Samoa and Tuvalu) and continuing to assist policy advocacy in the five tier-three countries. Documentation and evaluation of supported initiatives in tier-one countries, and in selected cases in tier-two and tier-three countries, will demonstrate impact and allow scaling-up of services at national level. It will also encourage sharing of good practices to support evidence-informed policies and strategies. Pacific-wide programming will be pursued through cooperation and capacity development with regional institutions.

32. The programme will be guided by the following strategies:

(a) Evidence-based advocacy and leverage to support development and implementation of laws and policies that address child rights and inequalities;

(b) Capacity development at national and subnational levels through promotion of human rights-based programming, gender and youth mainstreaming, and results-based planning, management, monitoring and evaluation;

(c) Data generation and analysis and use of lessons learned to influence policies and improve service delivery;

(d) Partnerships with and for children and young people, as well as with major development partners and regional institutions, along with operationalization of aid effectiveness principles;

(e) Community engagement, social mobilization and communication for behaviour and social change, focusing on care and improved practices; and

(f) Capacity strengthening in emergency preparedness and response, disaster risk reduction and climate change adaptation across all programme areas.

(g) Cross-cutting attention to evidence-for-action, prevention, protection, inclusive education and participation for children with disability.

Programme components

33. **Health, nutrition and sanitation.** This programme component will contribute to accelerated reduction of neonatal, infant and under-five child mortality; improved maternal health with equity; improved access to equitable and sustainable safe water and sanitation; and improved hygiene practices. It will address major killers of children (neonatal conditions, pneumonia, diarrhoea and malnutrition) and risks to maternal health through identification of supply bottlenecks and advocacy and

support for their removal. The programme will also work to demonstrate and document good practices and, through partnerships and leveraging of resources, support their scale-up in Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Palau, Samoa, Solomon Islands, Tonga and Vanuatu.

34. Key strategies will include expanding and leveraging health sector-wide approaches in Samoa and Solomon Islands; joint programme arrangements in Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru and Vanuatu; capacity development at national and subnational levels; and community mobilization for behaviour change in the context of revitalized primary health care. The programme will build on current and emerging partnerships and approaches, such as the Framework for Action for Food Security Pacific, the Pacific Immunization Programme Strengthening and the Pacific WASH Coalition.

35. **Education.** This programme component will contribute to raising the number of children who participate in early childhood education and basic education across Fiji, Kiribati, Solomon Islands, Tuvalu and Vanuatu. The programme will invest in two result areas: equitable early childhood education and quality basic education services for improved learning outcomes. To promote better outcomes (both academic and non-academic) in primary education and beyond, the programme will support demonstration initiatives on early childhood education for children from communities facing socio-economic and geographic disadvantages. The Pacific-wide Early Childhood Care and Education partnership will undertake research and communication initiatives to increase budget allocations from the private and public sectors.

36. The development and implementation of systems for national minimum quality standards, drawing from the UNICEF global experience in child-friendly schools, will ensure that every student benefits from a safe school environment that is conducive to learning. Through introduction of school-based management programmes, grant schemes will more effectively target factors known to affect children's participation and academic achievement. The programme will support the strengthening of non-formal education systems through aid to policy development and sharing of best practices in adolescent education. In collaboration with development partners, notably Australia and New Zealand, the programme will seek to increase the proportion of children with adequate literacy and numeracy skills through early grade literary and numeracy programmes. Continued engagement by UNICEF with joint education sector programmes and pooled funding partnership arrangements will be a key strategy to achieve sustainable, expanded results.

37. **HIV and AIDS.** This programme component will promote access to relevant information, skills and services to protect populations at higher risk from HIV infection and to reduce its impact, and will focus on two areas: (a) strategic information and data; and (b) HIV prevention services for pregnant women and adolescents. It will advocate for development and use of national plans in line with the Pacific Regional Strategy on HIV/AIDS, closely linked with actions in relevant sectors, and will provide technical assistance for this purpose. The programme will also strengthen the capacities of national and subnational partners in Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu to collect, analyse, disseminate and use HIV surveillance and strategic data for effective responses and for accurate and timely national and global reporting.

38. Responding to the global call for elimination of paediatric AIDS and the Asia-Pacific consensus on linking this effort with elimination of congenital syphilis, UNICEF will support governments of five countries to expand PPTCT services. This will involve scaling up HIV testing of pregnant women and their partners; integrating PPTCT into maternal, neonatal and child health services; and early detection and treatment of infected mothers and exposed infants. Demand for services will be further enhanced through strategic communication. UNICEF will continue to support system strengthening to increase access to HIV prevention services for adolescents in and out of school, with emphasis on those most marginalized.

39. **Child protection.** This component will continue to engage a broad range of partners for the progressive advancement of a protective environment for children that is increasingly free from violence, abuse and exploitation. All Pacific Island Countries will be supported in areas of strategic policy and system development processes. The programme will pursue two key results. First, child protection systems — justice and police, child and family social services, the health and education sectors as well as the communities themselves — will provide good-quality, accessible services to prevent and respond to violence, abuse and exploitation of all children at all times. Second, parents, caregivers and children will be empowered to demonstrate skills, knowledge and behaviours, ensuring that children grow up in caring homes, communities and schools that are increasingly free from violence, abuse and exploitation.

40. In relation to the legal and regulatory system, the focus will be on ensuring implementation and enforcement of newly amended or passed laws and continued support to areas where legislative reform is still required. To aid child and family welfare and services, the programme will continue to build on positive cultural and traditional practices and local resources to ensure sustainability and economic viability. Key to success will be greater collaboration and coordination between government departments, including the social welfare, justice, education and health sectors.

41. **Policy, advocacy, planning and evaluation.** This programme component focuses on evidence, advocacy and policies for the equitable realization of child rights and the Millennium Development Goals. The programme will advocate with ministries of planning and finance on child poverty, equity and budgeting. It will also strengthen government capacities to analyse data on children and women and to better identify and understand disparities. The early-warning sentinel system will continue to monitor and develop evidence on the impact of economic shocks and track vulnerabilities due to disaster risk, climate change, migration and urbanization, in Fiji, Kiribati, Solomon Islands, Tonga, Tuvalu and Vanuatu. Monitoring and research findings will be used to advocate with ministries of finance, planning and environment and with parliaments. The objective is to make policies and budgets more child sensitive, with a view to reducing inequities and building resilience for children and their families. Special emphasis will be given to establishment or strengthening of social protection systems in selected countries in partnership with other United Nations agencies and development partners.

42. The programme will promote strengthened governance and participation by building capacity for monitoring and reporting on the Convention on the Rights of the Child in all countries. It will also work to strengthen implementation of the

Convention through support to relevant child and youth policy development in selected countries and at the regional level. Young people's rights and capacities to participate will be enhanced through support to regional youth networks, with a focus on the Pacific priorities of gender equality and climate change.

43. The programme's strong focus on evidence-based advocacy and communication will continue. It will work by engaging governments, communities and the media to mobilize awareness and partnerships to reduce inequities and vulnerabilities. Capacities will be built for strategic communication and social dialogue to enhance results for children. Support will be provided to enhance monitoring and evaluation to reduce disparities for children and women and identify effective models for scaling up.

44. **Cross-sectoral.** Regular resources and a portion of other resources will contribute to management costs of the multi-country programme management, including the UNICEF contribution to the United Nations country team and to joint presence offices. Addressing the increasing vulnerability of the Pacific to weather-related events and climate change, disaster risk reduction and emergency preparedness and response will be integrated into all programme components and linked with national disaster management offices as well as United Nations and regional bodies. Through these arrangements, UNICEF and its partners will seek to reduce country and community risk and prepare for and respond to emergencies in a coordinated manner. The aim is to mitigate the impact on children and women and ensure a rapid return to normalcy.

Relationship to national priorities and the UNDAF

45. The multi-country programme is aligned with major Pacific-wide plans and strategies and national development strategic plans of all Pacific Island Countries. It reflects a weighting framework that prioritizes interventions relative to each country's development burden and gaps in the realization of child rights. The programme will also contribute to strengthening community resilience and coping mechanisms to deal with the effects of climate change and natural disasters.

46. UNICEF will contribute to the five UNDAF priority areas and their associated outcomes as follows:

(a) *Disaster risk management, environmental sustainability and climate change*: by supporting United Nations agencies and partners to mainstream child-centred, gender-responsive environmental sustainability into regional and national policies, planning frameworks and programmes, and through support to strengthening community resilience, including through improved water and sanitation services;

(b) *Inclusive economic growth and poverty reduction*: by supporting the development, implementation and evaluation of child-centred and pro-poor national strategic plans, policies and programmes that address social and economic exclusion;

(c) *Gender equality*: by supporting the strengthening of protective systems through policies, legislation and programmes to respond to and prevent exploitation and violence against women and children, in line with international standards;

(d) *Basic services*: by assisting the development of evidence-based policies and enabling environments and by strengthening social sector capacities at all levels to deliver affordable, quality, basic services with an emphasis on equality, inclusion and access;

(e) *Governance*: by enhancing the capacity of national governance and accountability systems, supporting decentralized governance of social services and advocating for consideration of women's and children's rights in decision-making at all levels.

Relationship to international priorities

47. The programme will help the Pacific Island Countries to reach the Millennium Development Goals and to fulfil promises made in the Millennium Declaration. It will do so primarily by supporting efforts to reduce child and maternal mortality; achieve universal primary education; promote gender equality and empower women; combat HIV and AIDS, malaria and other diseases; and protect vulnerable children and women. UNICEF will support Pacific governments to mainstream disaster risk reduction and climate change adaptation into their plans and programmes. This will help to ensure that the rights of children and young people remain central to these countries' efforts for sustainable development.

Major partnerships

48. Notwithstanding the challenges related to geographic distance — with key partners located in five different countries — UNICEF will strengthen collaboration with development partners, including the Asian Development Bank, Australian Agency for International Development, New Zealand Aid Programme, Japan International Cooperation Agency, the European Union and the World Bank.

49. Relationships with regional bodies, such as the Pacific Islands Forum Secretariat and the Secretariat of the Pacific Community, will be further strengthened to promote South-South cooperation. UNICEF will join regional partners in knowledge networks to enhance research and monitoring of the Millennium Development Goals and sustainable development. New strategic alliances will be sought with academic institutions, including teacher training colleges, the University of South Pacific, Fiji School of Medicine and other Pacific institutions.

50. UNICEF will maintain close partnerships with relevant ministries and provincial and district administrations, along with women's, youth and media groups, including national advisory committees for children. At national and subnational levels, UNICEF will mobilize and cooperate with NGO consortia, faith-based organizations and community groups.

51. UNICEF will continue its engagement in sector-wide approaches in Kiribati, Samoa, Solomon Islands and Vanuatu and its collaboration with pertinent sector programmes or initiatives in other countries. Through the UNDAF, the programme will maintain close linkages with other United Nations agencies, including through strengthened joint programming in all strategic areas of the multi-country programme. Emphasis will be given to data and evidence, youth, gender and climate change.

Monitoring, evaluation and programme management

52. Results monitoring will rely on strong coordination with national partners through the field offices and collaboration with United Nations agencies and regional organizations to support national planning, statistics strengthening and aid effectiveness. A five-year Integrated Monitoring and Evaluation Plan, complemented by annual plans, will be developed. The Integrated Monitoring and Evaluation Plan will identify requirements for research and studies, surveys, monitoring systems and evaluations linked to the key results and core indicators presented in the summary results matrix. Subnational monitoring systems will be developed and supported. The UNICEF field presence, United Nations Delivering-as-One processes and the United Nations joint presence offices will assure better coordination with governments and improved United Nations coherence. Programme coordination, management, monitoring and annual reviews will be led by the ministries of planning and finance or their equivalent in each country. Workplans will be developed and updated jointly with governments and other partners based on recommendations from annual reviews. UNICEF will participate in country-led reviews and consultations involving the United Nations and regional organizations. The midterm reviews of the UNDAF and the UNICEF multi-country programme, to be implemented in 2015, will serve as a basis to assess progress and develop future directions for UNICEF cooperation for children.
