Convergence Paper for Mid Term Review
UNICEF Pacific

SECTION I

1. UNICEF in the Pacific

UNICEF has signed Country Programme Action Plans (CPAP) with each of the three focus countries (Kiribati, Vanuatu and Solomon Islands) which support the progressive realization of child rights. The CPAPs outline key outcomes, outputs, initiatives, activities and partnerships in the areas of Health and Sanitation, Education, HIV and AIDS, Child Protection and Social and Economic Policies for children and adolescents. These areas were identified in association with national partners, recognising the available resources for effective implementation and UNICEF comparative advantages where UNICEF has good knowledge, expertise and experience.

To support programme implementation and build national capacities for local ownership, UNICEF strengthened its presence at the Field Office with the recruitment of additional staff. Charged with the responsibility to manage UNICEF operations in country, represent UNICEF in working with government, civil society, donors, and media groups at national level and sub-national, and in Joint UN frameworks of action and in national and sub-national Emergency Preparedness and Response, the FO with strong support from UNICEF Suva have been active in delivering results for children.

Key to these efforts is Convergent Programming, which was introduced in early 2008 as one of the key strategies for programme implementation. The paper will present general information, key results, constraints/opportunities, lesson learnt and the way forward for convergence in UNICEF Pacific.

2. Convergence Principles and Selection Processes

2.1. Convergence

Convergence of programmes means addressing all the rights of children, at the same time in a select number of the most vulnerable provinces within countries. Through support to local government, convergence results in comprehensive delivery of quality services and local and community-based outcomes for children. Convergence also supports strong local partnerships for children between government agencies, community-based organisations, donors, non-government organisations and other UN agencies. UNICEF’s Field Office staff in these three countries together with development partners initiated convergence planning and service delivery with national ministries and provincial offices.

Lessons learned and good practices will then be shared and advocated (up-streamed) at the national level for rolling-out to other provinces and up-scaling coverage nationwide.

2.2. Principles

The general principles for convergence as implemented by UNICEF Pacific are:
• **Comprehensive Measurable Coverage** – In the past no one province or geographic area was receiving full support from all of the UNICEF programmes and as a result, it was difficult to examine how the programmes complimented each other for the benefit of children and women.

• **Responding to the Most Vulnerable Populations** - Selection of core geographical areas where all UNICEF’s Programmes will strategically unite, responding to the most vulnerable populations.

• **Programme Approach** - The first phase (2008-2010) of UNICEF-programming followed by a roll-out of UNICEF programme support to other areas between 2011-2012.

• **National Response** – UNICEF will continue to support national planning, information collection, policy development, international reporting, and legislative reform and will not be limiting activities being continued or initiated outside of these selected areas. Therefore all parts of the country should benefit but perhaps not as intensively as the areas selected for initial programmatic focus.

• **Ownership and Participation** – Ensure that at all levels the appropriate consultation takes place to ensure ownership.

2.3. **Criteria for Selection of Convergence Areas**

In selecting the geographic areas for the Convergence Programme, the following factors were considered:

- Comparative size of population.
- Degree of vulnerability of children and women (e.g., prevalence of STIs, lower access to education services, harder to reach areas, etc.). UNICEF programmatic resources should be directed towards the most vulnerable.
- Geographical location (urban and rural, and accessibility using local transport)
- Comparative need for strengthening capacity of local government administration and services.
- Existence of current UNICEF programmatic activities (and the need to continue these or move to other areas).
- Current and proposed programmes for women and children supported by other UN agencies and NGOs

In designing and initiating the convergence approach, it was necessary to explain this shift in programming to National Leaders (Ministers, Permanent Secretaries and Heads of Departments) whose first reaction was to inquire as to how this would affect the current relationship. When it became clear that UNICEF will continue to work at the national level, but that greater support would be given to the Sun-national Authorities in an effort to assist Government to ensure measurable results for children at the provincial and community levels, there was unanimous support.

3. **Implementation Modalities**

All projects are implemented by Sub-national Partners, with other support provided by national partners (Ministries) and UNICEF. Support includes technical and financial assistance, supplies, advocacy, research and studies, programme development, monitoring and evaluation and training. There are few NGOs working in the Provinces and they often do not have the capacity and or infrastructure to provide ongoing interventions.
In preparation for the expanding programming at the provincial level, UNICEF supported high level provincial planning workshops with provincial government leaders, NGOs and development partners to identify programme priorities, support local coordination efforts and strengthen partner’s capacity for better service delivery. In addition this workshop assisted UNICEF and its partners to ensure that all approved programme support activities are guided by the Country Programme Action Plan (CPAP) and reflected in National and Provincial Work Plans.

4. Partnerships

As a core UNICEF principle, partnership is not only expected but required. The thought of accomplishing significant results for children without diverse partnerships is virtually impossible. Therefore Field Offices place a premium on partnerships – meaningful partnerships where there is clarity of roles, responsibilities and expectations. This approach was especially necessary in a climate of scarce financial and human resources, poor transportation and communication networks and data which put the many of these countries in the bottom tier of social indicators in the Pacific. Therefore the results reported reflect the collaborations and support of many actors.

Communication at all levels, including with the Provincial Premiers and Ministers, have been found to be critical in maintaining a high level of interests in the programmes. Meetings were held periodically to brief leaders on the outcomes of planned activities and to solicit their ongoing support. This is also done as a part of the process to support provincial technical officers who sometimes complain of lack of active provincial leadership. Working on the partnership as part of UNICEF’s advocacy strategy has contributed to a greater ownership of the programmes at the provincial level as these authorities take on more of the responsibilities for the successful implementation of programmes to improve the wellbeing of children and their families.

5. Key Management Results for Convergence Programme 2008 - 2010

The following key results are designed to measure the impact of convergence programming. While Programmes (Health and Sanitation, Education, HIV, Child Protection and PAPE) are implementing individual projects in a coordinated manner, it is the accumulation of all inputs that is producing the results.

Result 1: Children, young people, child care-givers and community leaders report significant changes in children's survival, development, protection and participation.
  - **Indicator:** 6 monthly Most Significant Change story collection and analysis through sentinel site sampling.
  - **Target:** Status report on Provincial Plan discussed twice a year at the Provincial Assembly.

Result 2: Sub-national authorities and partners have developed and are actively monitoring child-centred development plans for integrated service and programme delivery.
  - **Indicator:** Evidence of child-centred plans and mid and annual review reports of integrated service and programme delivery.
  - **Target:** Status report on Provincial Plan discussed twice a year at the Provincial Assembly.
Result 3: Results achieved and lessons learned in the convergence areas are being adopted as part of national policies and programme strategies are implemented and rolled out to other provinces.

- **Indicator:** Reviews/studies that evidence the appropriateness and effectiveness of child-centred programmes documented and presented to national policy makers by 2010.
- **Target:** > 2 reviews and or studies completed by 30 September 2010.
- **Indicator:** The number of policies and/or legislation at Ministry level reflecting convergence results with recommendations for roll-out approved by end 2010.
- **Target:** 2 by December 2010.
SECTION II – Country Results

CONVERGENCE ROGRAMME IN THE SOLOMON ISLANDS
2008– 2010

2.1 Background
Solomon Islands is a nation of mostly island villages scattered over 800 thousand square kilometres of sea with a landmass of over 28 thousand square kilometres. The nation is divided into nine provinces that range from those consisting of a few islands with related ethnic and language groups, to others that include islands hundreds of kilometres distant and comprising a spectrum of cultures and languages. The 2009 population estimate shows the number at just over 530,699 with the following composition: 0-14 years: 40.7%, 15-64 years: 55.9% and 65 years and over: 3.3%.

Strategically located on sea routes between the South Pacific Ocean, the Solomon Sea, and the Coral Sea; the country is prone to earthquakes and in the last three years suffered damage from two significant earthquakes which triggered tsunamis. On 2 April 2007 an undersea earthquake measuring 8.1 on the Richter scale resulted in a tsunami which devastated coastal areas of Western and Choiseul provinces causing dozens of deaths and thousands of displaced residents. The provincial capital of Gizo was especially hard hit.

The Country continues to face many challenges as it positions itself to improve the condition for children, women and their families.

UNICEF and the Solomon Islands Government (SIG) have a signed a Programme of Cooperation that supports the progressive realization of child rights and contributes to achieving national development and international goals and commitments. The agreement outlines key initiatives, activities and partnerships in the areas of Health and Sanitation, Education, HIV and AIDS, Child Protection and Social and Economic Policies for children and adolescents. These areas were identified in association with national partners, recognising the available resources for effective implementation and UNICEF comparative advantages where UNICEF has good knowledge, expertise and experience.
Solomon Islands Situational Analysis at a Glance

Child Protection

Alignment of Solomon Islands Child Welfare and Protection Laws with CRC indicators

<table>
<thead>
<tr>
<th>Baseline Survey - High prevalence of child abuse and commercial sexual exploitation of children</th>
<th>72% of respondents state that they hit, smack, kick, pinch or flick children or pull or twist their ears.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91% of respondents state they have heard stories about children being involved in prostitution in the Solomon Islands.</td>
</tr>
<tr>
<td></td>
<td>Corporal punishment is widely accepted.</td>
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### Education

<table>
<thead>
<tr>
<th></th>
<th>S1</th>
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<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>NER in ECE</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td></td>
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<tr>
<td>NER in primary</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>NER in junior secondary</td>
<td>32%</td>
<td>31%</td>
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<table>
<thead>
<tr>
<th></th>
<th>Choiseul</th>
<th>Western</th>
<th>National average</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>T</td>
</tr>
<tr>
<td>Non attendance rate in primary</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Non attendance rate in junior secondary</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Dropout rates in primary</td>
<td>9%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Dropout rates in junior secondary</td>
<td>34%</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>% of qualified teachers in ECE</td>
<td>44%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>% of qualified teachers in primary</td>
<td>57%</td>
<td>63%</td>
<td>54%</td>
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<tr>
<td>% of qualified teachers in secondary</td>
<td>93%</td>
<td>82%</td>
<td>82%</td>
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<tr>
<td>Pupil/toilet ratio in primary</td>
<td>57</td>
<td>112</td>
<td>80</td>
</tr>
<tr>
<td>Pupil/toilet ratio in CHS</td>
<td>134</td>
<td>68</td>
<td>112</td>
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<tr>
<td>% of schools with safe water in ECE</td>
<td>42%</td>
<td>33%</td>
<td>36%</td>
</tr>
<tr>
<td>% of schools with safe water in primary</td>
<td>53%</td>
<td>58%</td>
<td>50%</td>
</tr>
<tr>
<td>% of schools with safe water in junior secondary</td>
<td>80%</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>Adult literacy</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Health

#### Categories of Health Workers

![Bar chart showing categories of health workers](chart.png)

- Doctors
- Nurse Super
- Reg Nurse
- Nurse Aide
- Trained Midwife

### Other

7
<table>
<thead>
<tr>
<th>Health</th>
<th>National</th>
<th>Western</th>
<th>Choiseul</th>
</tr>
</thead>
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<tr>
<td>IMR (per 1,000 live births) (2009)</td>
<td>30</td>
<td>14.6</td>
<td>7</td>
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<tr>
<td>U5MR (2009)</td>
<td>36</td>
<td>2/1000</td>
<td>10</td>
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<tr>
<td>Cause of Death (2009)</td>
<td>Asphyxia</td>
<td>Asphyxia</td>
<td></td>
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<tr>
<td>Annual no. of births</td>
<td>16,000</td>
<td>3098</td>
<td>674</td>
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<tr>
<td>Perinatal death (numbers)</td>
<td></td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>Neonatal death (numbers)</td>
<td></td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Maternal mortality reported (Number)</td>
<td>15</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Immunization rate (HB1) (2008)</td>
<td>60</td>
<td>60</td>
<td>56</td>
</tr>
<tr>
<td>BBG (2008)</td>
<td>85</td>
<td>76</td>
<td>85</td>
</tr>
<tr>
<td>DPT3 (2008)</td>
<td>77</td>
<td>69</td>
<td>96</td>
</tr>
<tr>
<td>% Measles (2008)</td>
<td>60</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td>Proportion of infant less than &gt;6 months who are exclusively breastfed (%) (2007)</td>
<td>74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WATSAN**

| % of SI households overall use unsafe or unprotected primary sources of water (public wells, rivers and streams) | 23.5 |
| % of poorer households in rural areas use unsafe or unprotected primary sources of water | 27.4 |
| % of the poorest rural households use beach or bush for toilet | 54 |
| % of the better off rural households use beach or bush for toilet | 41 |
| Proportion of infant less than >6 months who are exclusively breastfed (%) (2007) | 74 |
2.2 **Convergence Areas - Western and Choiseul Provinces**

In the previous Solomon Islands/UNICEF Pacific Programme, most of the work supported by UNICEF, with the exception of Emergency Rehabilitation, was centred in Honiara. It was agreed during the discussions for this country programme it was agreed that SIG and UNICEF will work together to extend services to selected Provinces. Based on the aforementioned criteria and principles and with inputs from Senior Government Partners it was agreed to select Western and Choiseul Provinces as Convergence Areas. UNICEF and partners believed that with existing implementation of the Education Action and Recovery Rehabilitation Project (RARP), Water and Sanitation Project, Technical Assistance to Social Welfare Department and EPI the selection of Western and Choiseul Provinces would make an easier transition to full convergence programming.

2.3 **Key Results and Progress Achieved 2008 – 2010 at Convergence Sites**

**Health and Sanitation**

(a) **Expanded Programme of Immunization**

- Appropriate training for health workers and micro-planning activities conducted in support of Supplementary Immunization Activities (SIA) and the EPI in general.
- Social mobilization including IEC materials produced and distributed; public awareness and mass media campaign successfully conducted.
- Provincial Health Authorities received supplies (solar refrigerators, butane tanks, cold boxes) and technical assistance to strengthen Local Chain in preparation for the SIA. Assessment completed in time to support the National Measles Campaign.
- All children under 5 years old nationally have received vitamin A and de-worming tablets during the integrated measles campaign.
- All Children between the 6 months to 4 years 11 months of age have received measles vaccination, vitamin A and de-worming tablets. Additionally hand-washing demonstrations have been included as a part of the implementation of the SIA.
(b) Safe Motherhood and Newborn Care

- 3 Hospitals (one in Choiseul and two in Western) have been passed the external assessment and report sent to the Ministry of Health and Medical Services for them to be declared Baby Friendly. It is expected that the MoH Executive Group will make the final decision before the end of June.
- 21 Health Centres are fully implementing all ‘Ten Steps to Successful Breastfeeding’
  - Additionally, these provinces have formed their breastfeeding support groups in their catchment area, with equal gender balance, to promote and protect breastfeeding in their community.
  - Medical Officers reported that there is a noticeable drop in neonatal admission and relatively low case fatality rate in their province after implementing BFI.
- All Health Workers (midwives, nurses and doctors) from all 30 health facilities in Choiseul and Western Provinces have been trained in Emergency Obstetric & Newborn Care (EmONC) with an emphasis on essential newborn care, newborn Resuscitation and Neonatal Integrated Management of Child Illness (IMCI):
  - Participants received manuals to support their ongoing learning and to use as a reference source;
  - Equipment was also provided to each zone (catchment area) to support these health officials. The basic equipment basic emergency equipment such as one each Infant warmer (additional features with apgar reader, emergency tray and resuscitator kit), 6 Pediatric stethoscopes for 4 Provincial hospitals. 10 Neonatal resuscitator kits with different sizes of masks, ET tubes, 10 midwifery delivery sets, 10 Hemocue with consumable for and 10 Electronic Baby Scales; and
  - All participants are optimistic and are convinced that they are now better able to reduce Neonatal and Maternal deaths.
(c) WATSAN
- Irrigilla and Kaza Communities adopted the Healthy Village Initiative and have active village health committees.
- Renovation of the Rural Water Supply Warehouse in Gizo to facilitate better storage and management of UNICEF donated supplies.
- Children and Community members no longer use their old dug-out wells as they now have access to improved piped water supply.
  - Assisted the Sabora and Vella la Vella Communities to improve their community water systems by upgrading these to gravity feed systems.
- Baseline Survey completed providing key data for evidence based planning and implementation purposes.

(d) Cross-cutting
- Children and their Families have greater access to health services.
  - With the supply of ten Boats and OBMs to Western and Choiseul Provinces Health Authorities make visits to rural communities and mothers do not have to walk great distances to take children to the clinic.

2.4 Education
- 30 Child friendly schools (Light House / Model) established in Western and Choiseul Provinces. The total of schools supported by UNICEF in the two provinces is much higher as through RARP 108 schools are provided with a ‘child friendly school infrastructure (buildings, WATSAN facilities and furniture)’.
- 46 non RARP schools have been assessed, construction/rehabilitation plans developed, funding secured, Infrastructure Officers hired with implementation to start on 1 June.
- 15 Child friendly schools established in Choiseul Province (2009)
- (head) Teachers, children, communities and other stakeholders of 28 schools/communities in Choiseul and Western Provinces were trained in and have implemented the School Self Assessment (SSA) process that feeds into the School Development Plan.
- Cluster schools in Choiseul and Western Provinces have started the process of applying the SSA exercise to their respective schools.
- 45 teachers from Western Province were trained in the development and management of school/classroom libraries. Further, action will include the development of a school/classroom library management training module to further assist MEHRD in developing fully functioning school/classroom libraries in Solomon Islands. Through this intervention UNICEF’s support Ministry and Provincial Education Authorities aim to help reduce the high illiteracy rates that are seen as one of the main barriers to children reaching their full learning ability.
- RARP - At present a total of 36 schools have been completed, allowing for the return to school of some 5700 children.
  - Progress on the provision of water supply facilities has been notable, with 94 facilities completed to date.
- Construction of latrines for students and staff houses is also proceeding according to schedule, with 198 school latrines completed by end of March 2010.
- UNICEF supported MEHRD in the development of several policies and strategic documents that capture and promote the child rights perspective throughout the Solomon Islands education system. An example is the soon to be finalized National Language Policy through which teachers will have the privilege to use Vernacular language as medium of instruction to ensure that all children in Solomon Islands are able to participate in the learning process.
- Further, the first phase of integrating CFS into teachers teaching curriculum at School of Education, SICHE has taken place. Follow up action will ensure the continuation and consistency of the process.
- UNICEF has also influenced the development of a range of education policies and strategic documents. For example, the Basic Education Policy specifically refers to the need for a child friendly environment. Also, the National ECE Policy Statement and the soon to be finalized National ECE Curriculum have adopted the concept of a child friendly playing and learning environment.

2.5 HIV
- A baseline study was completed in 2009 that mapped most at risk adolescents and young people (MARA and MARYP)(15-24) and their vulnerability to HIV infection based on their knowledge, attitudes and practices in Honiara, Choiseul and Western Provinces and Gizo.
- National micro planning for communication for HIV prevention. Providing TA for message development, production and distribution.
- 2 PMTCT sites (Munda, Sasamunga) provide service; a mix of VCT in PICT setting. One site (Gizo) under renovation.

2.6 Child Protection
- MOU developed between Ministry of Health and Ministry of Home Affairs following key discussions on processes of birth registration and analysis of situations in Convergence areas.
- Community Welfare Volunteers, 21 in Western Province and 9 in Choiseul Province, through ongoing training, support, monitoring and evaluations continue to successfully develop community resilience and a protective environment for children. They work in collaboration with Child Friendly Schools.
- Lessons learnt from the response to the 2007 earthquake and tsunami is being used to guide the participatory development of a child friendly space, community games and activities in emergencies.

2.7 PAPE
- Choiseul and Western Provinces have Provincial Development Plans that are more inclusive of children’s priorities. These plans have been endorsed by the Provincial Authorities and Ministries of Development Planning and Aid Coordination and Provincial Government.
• Through Technical Assistance provided the administrative capacity to develop and cost provincial plans has been improved.
• Communication for Development Plans developed through participatory processes.
CONVERGENCE PROGRAMME IN KIRIBATI
2008 – 2010

1. Background

Kiribati is a country of 33 atolls and low lying reef islands widely scattered along the Equator in the central Pacific Ocean. The eastern Line and Phoenix Islands are sparsely populated. Most people live in the western Gilbert Group, and over 40 per cent of the national population is concentrated on the southern end of one atoll, Tarawa. The economy of South Tarawa is much more monetised than those of the other islands. In terms of mortality and morbidity, living conditions and per capita GDP, Kiribati’s level of development is almost the lowest in the Pacific region. The relatively high infant and child death rates reflect the sad fact that children in Kiribati still die from readily preventable causes. On the Human Development Index, Kiribati ranks 129th on the global scale and 11th out of the 14 countries in the Pacific Island region.

One of the key development challenges to Kiribati relates to uneven provision of a wide range of essential services (health, education, employment opportunities, social security, transport and communications) between Tarawa and rest of Kiribati and among various island groups. There are significant differences in living standard between South Tarawa and outer islands of Kiribati. People living on outer islands are generally disadvantaged by their poor facilities, restricted services and limited livelihood opportunities. While successive governments and development plans have attempted to redress the imbalance, the difference continues both because of greater absorptive capacity of Tarawa and problems of project implementation and absorptive capacity of outer islands and the weak institutions that are tasked with delivering services to the outer islands.

In order to fulfil the long-standing desire to provide more equitable distribution of services to outer islands, the Kiribati Development Plan (2008-2011) was approved by the Cabinet with target for equitable access to basic services by all Kiribati people. The Government has indicated plans to develop growth centres in outer islands to provide services and opportunities to people who have long suffered from lack of these. However, in doing so, there is need to develop carefully considered plans and strategies for providing sustainable services and opportunities in outer islands. Given the egalitarian nature of the Kiribati society, there may be pressures on government from various islands to deliver the exact same services. In undertaking this development approach, as stated by the new government, the country needs to ensure long-term viability and implications of these initiatives. Without a carefully considered plan, the government risks investing in infrastructure and services with only short-term gains.

2. Selection of convergence areas

Consultations have been done with the Local Governance Division, Ministry of Internal and Social Affairs and Ministry of Finance and Economic Development (Government’s coordinating ministry for UN cooperation in Kiribati) in 2008 for selection of convergence areas. South Tarawa was selected as almost half of the country’s population reside. See Annex 1 on basic data for selection of an island. The following criteria were factored in:

- Urban and rural areas
- Size of population and number of children
Vulnerable children and people and at risk
Distance from Tarawa to the convergence island
Availability of infrastructure and social facilities established by the Government
Management capacity and commitment of the central government and local government

3. Geographical location of convergence areas

Map of Kiribati

4. Situation

4.1 South Tarawa

South Tarawa residents of 40,311 represent 44 of total Population of Kiribati. The medium population density was 127 persons per square kilometre. While the Kiritimati Island has only 13 per son per square km, South Tarawa has 2,558 persons per square km, of which Betio’s population is 6,600 per sq km making this islet one of the highest densities per square in the world. Kiribati will experience a continued growth of its population during next year.

For many years the gap between the economies and lifestyles of South Tarawa and the outer islands has steadily grown, despite policies and programs that have aimed to counter it. Over the past decade, the populations of most outer islands have dropped because of out-migration. South Tarawa’s population, by contrast, grew three times faster than the national population, at an average rate of 5.2 per cent per year (1995-2000).

In 2000, 44 per cent of the national population was living on South Tarawa, up from 37 per cent in 1995. South Tarawa’s population is growing both because of in-migration, which bounced up again in the mid-1990s, and also because of the number of births there and the momentum of growth that the concentration now generates. The national government, the main secondary schools, tertiary institutions, the main hospital, most businesses and jobs, the international airport, and ever increasing numbers of motor vehicles and volumes of solid waste are all located on this crowded strip of small islets.

1 Source: SITAN 2006
Growth of the Kiribati and South Tarawa populations, 1920-2000

![Graph showing population growth](image)

Source: Kiribati National Census, 2000

The rate of population growth, Kiribati and South Tarawa, 1930-2000

![Graph showing annual growth rate](image)

Source: Kiribati National Census, 2000

Because opportunities to earn cash are concentrated on South Tarawa, many outer island households make a conscious effort to have some of their members living there. Households are generally larger on South Tarawa than elsewhere because they must accommodate migrant relatives. The national average size is 8.3 residents, but over one quarter (28 per cent) of households on South Tarawa have ten or more members. Very crowded living conditions contribute to health, financial and social problems.
The average population density on South Tarawa is now around 2,300 persons per sq. km. but on the islet of Betio it is over 6,600 per sq km., making this islet one of the most densely packed square miles of single-storied dwellings in the world. Congested as South Tarawa now is, if the present growth rate should continue, twice as many people could be living on the island by 2020 as there were in 2000. Environmental health is an urgent concern. A survey in 2001 found that most households considered poor sanitation, inadequate water supply, congestion, and the social problems they engender to be their main problems. They may yet get worse.

- The main water supply is piped from a subterranean water lens in the northern part of the atoll. Although recently upgraded with the construction of a restricted flow system, the water supply is over-stretched by growing demand and threatened by settlements encroaching onto land above the water lens and pollution of ground water. Well water is often highly contaminated. Many households have invested in rain-water tanks, assisted in part by a government loan scheme run through the Kiribati Housing Corporation.

- I-Kiribati traditionally uses the sea as their toilet, and on sparsely populated outer islands this poses little health risk. On crowded South Tarawa around one quarter of households regularly use the beaches leaving the lagoon badly contaminated. On the shallow atoll soils, pit and water-seal toilets pollute the water lens. The sewerage system in Bikenibeu and Bairiki was recently upgraded but not extended to other parts of the island. Efforts to promote composting toilets have not yet succeeded as they came up against cultural barriers.

- Various efforts have been made recently to reduce and better manage the high volume of household garbage and pollutants such as waste oils and chemicals, derelict vehicles and machinery on the island. They have included the construction of new land-fills, the introduction of garbage sorting by the Councils and use of biodegradable plastic bags for household garbage (‘green bags’), the establishment of a recycling facility, the removal of persistent organic pollutants, community education activities, island-wide clean-up campaigns, and the promotion of household use of organic wastes.
Living conditions on South Tarawa

<table>
<thead>
<tr>
<th>Type of toilet used</th>
<th>Per cent of households</th>
<th>Main drinking water</th>
<th>Per cent of households</th>
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<tbody>
<tr>
<td>Flush toilet</td>
<td>48</td>
<td>Rain water</td>
<td>24</td>
</tr>
<tr>
<td>Water-sealed toilet</td>
<td>29</td>
<td>Piped water</td>
<td>70</td>
</tr>
<tr>
<td>Lagoon beach</td>
<td>26</td>
<td>Open well</td>
<td>33</td>
</tr>
<tr>
<td>Ocean beach</td>
<td>28</td>
<td>Protected well</td>
<td>18</td>
</tr>
<tr>
<td>Other place</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentages add up to more than 100 as some households use more than one facility.


4.2 South Tarawa

A. Abemama Island

Outer Island communities and councils themselves have little funding for development projects. The assessment and allocation of funding for outer islands development is a lengthy process.

2 Source: Abemama Island profile
and time-consuming process. Islands councils are allocated government grants to fund their operations. However, there have been cases where island councils have resorted to using project funds to meet their operation costs and maintenance of island councils’ facilities.

Island council system
The government system in Kiribati is made up of the central government, based in South Tarawa, and Island Councils based on each island. Abemama Island Council was established on April 12, 1967 under a warrant which outlines the purpose, responsibilities, authority, powers and laws which governed the existence of Councils. The functions of the Island Council were spelled out in the Local Government Ordinance 1966 which had been revised a few times, the most recent being in 2006.

The Island Council is made up of representatives from each village/ward who is elected every 4 years. There are also nominated and ex-officio members who, together with elected members meet every month to discuss matters pertaining to the operation of the Island Council and issues affecting the various wards and the island as a whole. Among its core functions as stipulated in the Local Government Act 2006, the Island Council is also responsible for the following general areas:-

- Agriculture, livestock and fisheries,
- Buildings and village planning,
- Education,
- Forestry and trees,
- Land,
- Relief of famine and drought,
- Markets,
- Public health,
- Public order, peace and safety,
- Communications and public utilities,
- Trade and industry

All Island Councils have management and support staff who are seconded by central government and stationed on the outer islands. These staff include the Council Clerk, the Treasurer, the Assistant Treasurer, the Island project Officer, and the Assistant Social Welfare Officer. In addition to this administrative and support team who work directly with Councils, there are also other government personnel who are placed on the islands to assist in other important areas, such as police officers, agricultural assistants, fisheries assistants, medical assistants, and teachers.

Abemama Island Council has 12 elected members, from each village of the island starting from Abatiku to Kabangaki excluding Biike. There are 2 special members who represent the Unimwane and Women associations.

Health
There are 4 dispensaries (clinics) and one health centre on Abemama. The clinics are located each in the villages of Abatiku, Tabiang, Tekatirirake and Kabangaki villages, while the health centre is located in the island’s administrative centre, Kariatelike village. There is one Medical Assistant (MA) who is the highest ranking medical staff on the island. The MA is in charge of 2 nurses and 4 nursing aids. The MA and nurses are paid by the central government while the nursing aids are the responsibility of the Island Council of Abemama. Old buildings were replaced with new ones in 2009 with the funding support from EU. Most common diseases on Abemama Island are conjunctivitis, fever, and diarrhea. These diseases were the most prevalent among the patients who visited or were admitted to the clinics and health centre on Abemama in 2006. Other reported diseases are dysentery, acute respiratory infections, ringworm and white spots.

In relation to sexually transmitted infections the Ministry of Health and Medical Services believes that due to fear of social rebuke STIs are usually difficult to detect since people keep them secret. Therefore while there may be no record of patients with such diseases, it is likely that there are actually people infected and living with STIs on Abemama. According to medical records from Abemama Island, no cases of HIV/AIDS or Tuberculosis were reported or treated for the year 2006. However, malnutrition accounted for 1 % of reported cases for that year.

Most common health problems
Water and sanitation
The main water sources for drinking and sanitary purposes are rainwater and groundwater respectively. The groundwater drawn out from open wells is also used for drinking purposes, but due to the close proximity of some open wells to pit latrines, people are often advised to boil water before drinking. The 592 households on Abemama have access to one or more sources of water, for drinking and other domestic uses. The 2005 census recorded that 94 households have access to rainwater; none to piped water, 464 to open wells, 217 to protected wells and 681 have access to both open and protected wells. The supply of water is dependent on a number of factors. The more important of which are population, climate and topography. Abemama Island water shortage had never been a problem owing to the massive underground water of massive land area. Rainwater serves as the second major source of drinking water, which can be obtained by collecting it in poly water tanks or through open wells dug into the ground where rainwater accumulates after rains.

Education
Abemama has a total of 579 (according to 2005 census) children who are aged for primary schooling out of the total number of children in the primary school age of 6-12 years, 496 enrolled in primary schools; 85.7%, while the other 83 either never enrolled or had circumstances of which are either family problems or individual child’s problem such conclusion needs further investigation beforehand. Kiribati has an average enrolment of 94 %, and Abemama itself has approximately 86 %( round to nearest tenth).
The national average of primary completion of Kiribati is 70% and Abemama has an average primary school completion of 69 % (round off to the nearest tenth).

Abemama Island has 5 schools comprising of 4 Primary Schools and one Junior Secondary School and 3 Senior or High Schools. Convergence of programmes target four primary schools.
1) Tekatia primary school : 7 teachers, 130 children,
2) Barebutanna primary school : 7 teachers, 111 children
3) Tetongo primary school : 7 teachers, 170 children
4) Abatiku primary school : 3 teachers, 19 children
5) Junior secondary school : 14 teachers, 380 students
The condition of classrooms, teacher living quarters and other school buildings is generally poor. School buildings are of the local and permanent type and, as such, local buildings will be better serviced due to the availability and low cost of materials. While repair and maintenance work on local buildings is more frequent, there is often insufficient funding to address full maintenance requirements at any one time. Permanent buildings have not received any maintenance work for many years. As a result some permanent buildings had deteriorated so badly that local authorities are forced to use local materials to patch up damaged walls. School furniture is generally lacking, and it is not unusual to find pupils learning while sitting or lying on the ground. To try to provide much needed funds the school administration and parents sometimes launch fundraising activities in order to generate income to meet the cost of teaching materials and stationery. Australia and New Zealand have provided rainwater tanks and school furniture to both the primary and JSS schools and Senior high schools on Abemama.

Normally the community does not interfere with the school syllabus as it is the responsibility of Government to design them and ensure their effective implementation. However the community, through the school committee, often takes the initiative to address a wide range of other issues, such as children and teachers comfort, security, staffing, sports, and many more. They even try supporting their kids by attending arranged tutorials with the teachers after class. Practically only a few of those families were enthusiastic as in helping out with their children’s progress in school as the way teachers mentioned during the time of discussion with them.

Over the past years the community had assisted both the primary and junior secondary schools especially in performing critical maintenance work on classrooms, offices and teacher residences. These buildings are by right the responsibility of Government who, in many cases has been very slow in providing the financial support needed to keep school infrastructure in good shape. On Abemama, the community had constructed new classrooms and repaired old buildings using locally available materials, provided that they would therefore be paid by the council.

**Social welfare, child protection and justice**

Assistant social welfare officer covers social welfare issues of total population, including family problems, use of alcohol among young people and adults, fighting in the family (husband and wife), school drop outs, claim for maintenance, request for support mainly money to face different life situation. Civil Registration is done by Assistant Island Clerk.

There are ten police officers providing services on crimes and problems in families, use of alcohol among young people and adults.

A Court Clerk from the Judiciary in Tarawa is also stationed on Abemama to administer the court system on the island. Duties of the Court Clerk include recording minutes of the magistrate court proceedings, executing the order of the court, collecting court fees, and processing claims and appeals to the High Court located in South Tarawa. There are seven magistrates on Abemama, including the presiding magistrate who must sit in all court sessions. Their work cover crimes commented by young offenders, late birth registration, inappropriate behaviour/crimes committed under alcohol influence, fighting in the family (husband and wife/other family members), divorce and claims for maintenance, definition of custody for children.
5. **Key results (2008-2010)**

**Commitment for support to convergence areas by the government ministries at national level and island councils at sub-national level**

Selection process of convergence area was carried out in close consultation with the implementing partners and Ministry of Finance and Economic Development (responsible for coordination for UN cooperation in Kiribati) and Ministry of Internal and Social Affairs (responsible for supervision of development of islands) in 2008. Concept of convergence was explained to officials from the ministries and council members of two councils in South Tarawa (Betio Town Council and Teinainano Urban Council) and Abemama Island. Initial response from ministries was that programme support should cover all islands, not targeting one or two specific islands. This is based on fair balance in terms of development in outer islands and also political sensitiveness as it relates to support to MPs who are from constituencies. Taking consideration of accessibility to all islands, limited funds and human resources, and proof of outcomes of support and synergistic partnership, it was agreed that South Tarawa and Abemama Island would be selected as convergence areas. Achievements in the selected areas would be reviewed and scaled up to other islands in coming years.

During 2008 and 2009, Kiribati National Advisory Committee for Children finalized its TOR and discussed areas of concerns relating to basic social services for children and women. Support to convergence areas was briefed and the members agreed. During the 2010 annual review, a representative from MISA attended the annual review meeting in Abemama and BTC and TUC.

Abemama Island council convened a number of meetings to review implementation of UNICEF-assisted programmes and committed a$ 5,000 as child centred budgets in its Island development budgets.

Local Government Division, MISA plays a role of coordination between Abemama island council and UNICEF for submission of direct cash transfer and fund liquidations.

**Development and monitoring of child-centred development plans**

- Baseline studies of child protection, health and sanitation, HIV completed.
- School self assessment completed in all schools in Abemama.
- Training of island council officials and service providers was undertaken in 2009 for development of island local plans for children.
- Support is provided to assist the convergence island councils to develop the island plans which will integrate the local plans for children

**Capacity building at sub-national level**

- Mayors and clerks of island councils, and project coordinators for implementation of different programme attended the training workshops for development of Island council plans and plans for children during 2008-2010 and had better understanding on setting goals, targets, indicators and assessment of results, linking the island plans with the national development plan with identification of children’s priorities.
- Island council clerk and project coordinators in convergence areas participated in annual review of 2009 and development of AWPs for 2010.
- A joint monitoring visit was organized for Ministry of Internal and Social Affairs and UNICEF staff to visit Abemama Island on 28-30 October 2009 to observe the
activities of different programme and progress made in 2009. Role and support of MISA for coordination among two town councils and island councils was also discussed during the annual review of PAPE on 2 November.

**Children, young people, child care-givers and community leaders report significant changes in children's survival, protection, participation and development**

- Two training workshops were organized in November 2009 and January 2010 on the most significant changes (MSC) technique with 30 participants from technical ministries, service providers and young people and in S. Tarawa and Abemama. A MSC Task Force was established comprising 10 representatives from key ministries (health, MISA, education, police) journalists from local radio, youth group and convergence areas. TF will meet once a month to discuss and coordinate MSC activities. Stories are collected and going through screening and translation into English.

- Stories on health tell on work of communities in a village who are motivated to producing sustainable food crops. Number of participation of households grew from to whole 30 households to the whole village. 153 youth members in their own initiative planted two sustainable food crops as entrance fee to enter the soccer and volley ball competition. This has created a lot of awareness and involvement among the islanders especially the youth.

- Stories on birth registration provide information on community participation in synchronized effort in measles campaign and birth registration and the health workers in the two convergence islands on use of birth notification as part of their daily work. Filling comprehensive birth notification forms have become part of the initial procedure after birth and during discharge of patient procedure.

**Results achieved and lessons learned in the convergence areas are being adopted as part of national policies, and programme strategies implemented and rolled out to other provinces**

- Breastfeeding policy is now being finalized for endorsement by the Ministry of Health and Medical Services. Benefits of breastfeeding were already tested and practiced in many islands including Abemama and parents support this good practice. All health workers in Kiribati will follow the policy as guidelines. Health workers are changing protocol and procedure in the newborns to initiate breastfeeding in the first half hour after birth and promote rooming instead of carrying out initial toilets and bathing which has been the past practices.

- Ante-natal care guidelines are in its final stages for endorsement by the health ministry. This will guide the health workers on what to do during ante natal clinics and especially advocating that pregnant mothers should attend ANC at least four times during pregnancy. Once endorsed, printed guidelines will be distributed to all health workers.

- Concept of diversion is taken by school teachers as a good approach to educate and correct children with difficult behaviour. During 2008-2009, 14 pupils in primary and secondary schools in South Tarawa were dismissed for misconduct and 7 children were in the list to be kicked out from the school in 2010. With implementation of diversion approach staring from 2010 in South Tarawa, schools provide opportunities
to children to correct their behaviour with support of school committee and classmates. The Ministry of education encourages other schools and principals to use the same approach. The diversion principle in schools will effectively help implement non violent discipline policy at schools.

- Model of VIP toilets and water facilities at schools in Abemama is already included in the draft national sanitation implementation plan which is a part of National Sanitation Policy. The policy paper submitted to the Cabinet for its endorsement in April 2010.

**Partnership**

- UNICEF approached NZAID to offer technical support for community participation for awareness and improvement of health and hygiene in its sustainable township programme that will build a new town near the airport.

- Experience of support to improvement of water and sanitation in Abemama Island attracted attention of the government ministries and EU that lead to key role of UNICEF for implementation of EU-EDF 10 funding for water and sanitation facilities in all 16 islands.

- UNIFEM Kiribati has selected South Tarawa and Abemama Island for its support for women and gender mainstreaming and a joint programme for advocacy for CRC and CEDAW, coordination among two national committees for children and women and reporting from the country is under development for funding from UN One Fund.

**Key results**

- **Health and nutrition**
  - Medical Assistant in Abemama received refresher training on Vaccine Management system and IC clerks, Air Kiribati agents, Chief Councillors, IC Treasurer in Abemama support cold chain management through training and exchange of information
  - 95% of target population in Abemama (under 5) are immunized, de-wormed and received Vitamin A in 2009
  - 4 nurses from Abemama and 6 nurses from BTC and TUC recruited and trained on midwifery skill including breast feeding, neonatal resuscitation, emergency obstetrical care and postnatal care
  - Baby friendly community groups were formed in two villages in Abemama for support to BF mothers
  - Births registration and ante-natal records in Tarawa and Abemama strengthened, using birth notification forms
  - Committee carried out breastfeeding awareness and cooking demonstration to the community
  - Ante-natal care training was conducted to nurses and pregnant mothers 4 times before delivery, involving husbands (Abemama)
  - 14 women were delivered babies at clinics, while 19 were delivered at homes and 10 problem cases referred to TCH (Tarawa)
  - Vitamin A was distributed during integrated SIA campaign in June 2009

- **Water and sanitation**
  - Baseline data collection on water and sanitation facilities in schools and surrounding communities in Abemama and S. Tarawa was completed for setting up goals and
targets (only 30% of the total sample households have access to improved Sanitation facilities in Abemama)

- VIP toilets and hand washing areas will be set up in four primary schools in Abemama and awareness and promotion on hygiene and sanitation will be organized
- School committees participated in selection of sites and collection of stones

**B. Education**

- Head teachers, JSS principal, school chiefs, council Mayor participated in capacity building on child friendly schools concepts and development of CFS standards (school improvement plans)
- One official from Ministry of Education participated in a training workshop on CFS organized in the Philippines
- CFS committees were established with members from school teachers, school committees, and village chiefs. Parents and children also support CFS and participated in school self-assessment
- Schools are improving towards quality learning, health, safety and inclusiveness in schools.

**C. Child protection**

- The report of the child protection baseline research is published and launching of the report and advocacy is planned in the second quarter of 2010.
- 7 magistrates in Abemama court apply juvenile justice principles and diversion policy to all cases related to young people in conflict with the law
- JJ manual was translated into I-Kiribati language for use in all related cases
- 10 officers from one police station in Abemama apply diversion in all youth related cases.
- 66% of new born children (0-1 yr) registered in Abemama through new birth notification system established under MoU (MISA/MOH) in 2009
- On-going mobile birth registration campaign targets registration of over 80% of all young people from 0-18 year old (1,541) in 2010
- Implemented drama presentation on the importance of birth registration for all 12 Abemama communities.

**D. HIV/AIDS**

- Collection of baseline data on HIV/AIDS was completed in 2009 and initial findings were presented to parliamentarians in 2009 to raise awareness on HIV/STD
- Training of trainers for 20 peer educators, 4 HIV/AIDS Committees, and 6 baseline data collectors.
- Peer educators dramatized messages on HIV/AIDS prevention
- 13 villages established support committees and HIV/AIDS film have shown to 4 villages
- PMTCT concept was introduced to ANC programme.
- Community have learnt transmission of HIV and now ready to support positive clients.

**E. Policy, advocacy, planning and evaluation**

- Micro communication for children (C4D) plans on HIV/AIDS/WASH drafted and consolidated with partners and programmes
- KNACC capacity tool kit was developed and will be applied by the third quarter of 2010
1. Background

The Republic of Vanuatu is a “Y”-shaped archipelago consisting of 83 islands located in the South Pacific Ocean stretching over 850 kilometers in a north-south direction, lying 13-22 degrees south of the equator. It has a total land area of 12,189 square kilometers and its closest neighbours are the Solomon Islands, New Caledonia and Fiji.

The 2009 Census recorded the population of Vanuatu at 243,304, with about 98% of ni-Vanuatu or part-Vanuatu ethnicity. About 78% live in rural areas while 22% live in the urban areas: Port Vila and Luganville.

Vanuatu ranked 119 out of 177 countries in the 2006 Human Development Report and is the 3rd poorest country in the Pacific with national poverty incidence of 33% (2007 HIES). The report also indicated that out of the 83% of children who live in rural Vanuatu, 93% came from poor households. It was therefore chosen by UNICEF Pacific as one of the three priority countries for assistance in the formulation of the 2008-2012 Country Programme Action Plan (CPAP). The current expanded programme of cooperation has five programme components: Health and Sanitation, Education, HIV and AIDS, Child Protection and Policy/Advocacy/Planning and Evaluation.

2. Rationale for Convergence Approach in Vanuatu:

Lessons learned from the end-cycle programme review of the previous country programme indicated that:

- government departments/NGOs tended to work vertically and in isolation despite emerging sector-wide approaches;
- there was lack of ownership and limited community involvement in government-led programmes;
• low absorption capacity at national and sub-national levels and the difficulty in showing significant results of the country programme as the inputs of UNICEF assistance lacked focus;

Given the limited resources in the Pacific, there is therefore a need for more strategic approach to plan and deliver these basic services provisions and reach vulnerable children and families in a more efficient way.

To respond to these challenges, the current CPAP (2008-2012) opted to facilitate integrative, convergent and participatory programming of all UNICEF assisted-activities and initiatives in selected areas to achieve more significant results for children.

3. Criteria for Convergence and Why TAFEA?

TAFEA Province was selected as Convergence area based on the following criteria:

• Degree of vulnerability of children and women - In the 2006 Household Income and Expenditure Survey, TAFEA came out 2nd to the lowest province (TORBA) in terms of average monthly household income. In the 2007 MICS, TAFEA province had the lowest proportion of 3-5 children attending early childhood education (12.8%), had lowest percentage of birth registration (12.5%) and lowest primary school net attendance ratio (49%).

• Comparative size of population - TAFEA has the 2nd biggest population and is the most densely populated among the six provinces.

• Greater need for strengthening capacity of local government administration and services given the challenges in TAFEA province.

• Existence of current UNICEF programmatic activities. In the previous Country Programme, the Child Friendly School project was piloted in 12 schools in Tanna which needed to be expanded to cover all the 70+ schools in TAFEA so it can become a good model for rolling out to all the other provinces.

• Current and proposed programmes for women and children supported by other UN agencies and NGOs. TAFEA was also chosen for Malaria Elimination.

5. Profile of TAFEA:

Vanuatu is made up of six provinces with TAFEA being the southernmost province. The name of TAFEA is an acronym for the five islands that make up the province: Tanna, Aneityum, Futuna, Erromango and Aniwa.
Tanna is vulnerable to volcanic activities (ash fall, gas emission, acid rain, lahar) as it has one of the most active Volcanoes in the country, Mt. Yasur. On the other hand, it has also attracted many tourists which contribute significantly to the local economy and employment opportunities.

In April-May 2010, Mt Yasur Volcano has escalated its activity and this year its activity status have been changing to Level 2/3 status. Bigger and more frequent explosions have caused ash falls reaching as far as the Lenakel and Isangel areas. Ash falls and acid rains are affecting the vegetation, gardens and water supply of the communities around the volcano.

In the recent 2009 Population Census, TAFEA has a total population of 33,301 of which 16,822 are male and 16,479 female. In the 1999 Census, about 85% of the population is residing in Tanna Island. It has an area of 1,628 km² with Tanna Island being the most densely populated. Its capital is Isangel in Tanna Island. Most of the islands are Melanesian, but the two smallest islands, Aniwa and Futuna, are Polynesian outliers.

Cultural and traditional practices are still strong in the province with ‘Kastom’ villages still in existence in remote areas of Tanna. In these villages, good practices of health, water and sanitation and food preparation are not practiced and families are discouraged (prevented) from accessing medical services and western education. Delivery of services and access to these villages is upon approval by the Chiefs and arranged through the Provincial Council and the Area Secretary. The presence of these kastom villages continues to be a major barrier to education and the rights of a child to education are not fulfilled since children are not allowed to attend school.

In the health sector, there are 15 health facilities in the province providing basic primary health care services to communities which includes the one referral hospital at Lenakel, 4 Health Centers and 12 Dispensaries (2 of which are non-functional because of lack of manpower). These are complemented by 32 Aid Posts manned by 32 Village Health Workers. There are 5 Nurse Practitioners, 4 midwives and 27 Registered Nurses. There is no local doctor in TAFEA but there is one volunteer doctor from Canada, based at the Lenakel Hospital, on a six month rotational basis as part of a bilateral agreement between the Government of Vanuatu and the Canadian Government. The main hospital located at Lenakel has 50 beds and provides both in and outpatient care. There is a maternity ward in the main hospital with ante-post natal care services available. Main health issues are respiratory diseases, diarrhea and non-communicable diseases. With regard to children, main causes of illness are diarrhea and acute respiratory inflammation (ARI).

In the education sector, there are 129 pre-schools, 83 primary schools and 13 secondary schools and TAFEA Province. The majority of primary and secondary schools are funded and managed by Government; the rest are operated by the church and the community (generally pre-schools). There are 130 pre-school teachers, 83 primary school teachers and 71 teachers at secondary schools. Majority of teachers are qualified or trained teachers but there are still untrained teachers who were recruited to meet the need for teachers especially in the remote areas. UNICEF has supported the Ministry of Education to introduce the child friendly school project in TAFEA focused mainly on improving quality of education and creating a healthy school environment in primary schools to nurture the development of children in a protective environment.
Findings from the Baseline Study showed that 11.8% in Tanna, Tafea Province of all 15-19 year olds sampled had first sex before 15 years of age as compared to 8.5% in Port Vila, and 14.4% in Malekula, Malampa Province. Sexually active youths reporting condom use at last high risk sex (with a non regular partner) were 41.7% of those who were sampled -36.2% in the Port Vila area; 49.6% in Tanna, Tafea Province; and 42.9% in Malekula, Malampa Province.

The findings from the 2007 Multiple Indicator Cluster Survey, (MICS), further indicated that many of the Health, Nutrition, Education and Protection indicators for TAFEA are lagging behind the national average.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Indicator</th>
<th>TAFEA</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Prevalence of Underweight child malnourishment</td>
<td>11.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td></td>
<td>Exclusive breastfeeding for 0-5 infants</td>
<td>65.4%</td>
<td>40.1%</td>
</tr>
<tr>
<td></td>
<td>Household consumption of iodized salt</td>
<td>14.1%</td>
<td>22.9%</td>
</tr>
<tr>
<td></td>
<td>Low birth weight rate</td>
<td>10.8%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Immunization</td>
<td>BCG coverage</td>
<td>74.0%</td>
<td>79.2%</td>
</tr>
<tr>
<td></td>
<td>DPT3 coverage</td>
<td>54.0%</td>
<td>58.2%</td>
</tr>
<tr>
<td></td>
<td>Polio3 coverage</td>
<td>56.0%</td>
<td>55.2%</td>
</tr>
<tr>
<td></td>
<td>Immunized against measles</td>
<td>48.0%</td>
<td>37.1%</td>
</tr>
<tr>
<td></td>
<td>HepB3 coverage</td>
<td>52.0%</td>
<td>55.1%</td>
</tr>
<tr>
<td></td>
<td>Tetanus Toxoid 3 coverage among women</td>
<td>34.1%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Safe Motherhood and Neonatal care</td>
<td>Maternal &amp; newborn health antenatal care provided by skilled attendant</td>
<td>83.0%</td>
<td>84.3%</td>
</tr>
<tr>
<td></td>
<td>Birth delivery by skilled personnel</td>
<td>66.3%</td>
<td>74.0%</td>
</tr>
<tr>
<td></td>
<td>Birth delivery in health facility</td>
<td>70.5%</td>
<td>79.8%</td>
</tr>
<tr>
<td>IMCI</td>
<td>Home management of diarrhea of children under five yrs</td>
<td>7.1%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Malaria</td>
<td>Use of Long Lasting Bed nets</td>
<td>47.4%</td>
<td>67.6%</td>
</tr>
<tr>
<td>WASH,</td>
<td>HH using improved source of drinking water</td>
<td>74.3%</td>
<td>85.1%</td>
</tr>
<tr>
<td></td>
<td>HH using sanitary means of excreta disposal</td>
<td>54.0%</td>
<td>63.5%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Comprehensive knowledge on HIV prevention among young people</td>
<td>4.9%</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td>Testing coverage of HIV during ANC visit</td>
<td>6.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Education</td>
<td>School age attending pre-school</td>
<td>13.7%</td>
<td>23.4%</td>
</tr>
<tr>
<td></td>
<td>Net primary school attendance ratio</td>
<td>70.4%</td>
<td>72.7%</td>
</tr>
<tr>
<td></td>
<td>Secondary school attendance ratio:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Junior secondary school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Senior secondary school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females literate</td>
<td>67.8%</td>
<td>76.6%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Births registered in 2007</td>
<td>12.5%</td>
<td>25.6%</td>
</tr>
<tr>
<td></td>
<td>Girls married before age 18</td>
<td>31.6%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>
On some indicators, TAFEA was the lowest or one of the worst off in the whole country such as:
Governance:
The province is governed by the TAFEA Provincial Council. The Provincial Council is responsible for local governance within the province with directive from the national government, the Ministry of Internal Affairs. The Provincial Council also has support from a Provincial Technical Advisory Group (PTAG). The PTAG team has representatives from all government heads, provincial authority and the President of the province. The province of TAFEA is divided into 11 Area Councils. Area Councils are supported by community leaders, chiefs and other prominent parties within the community.

Provincial Government Structure:
**Implementation of Convergence in TAFEA.**

To achieve the agreed key results of convergence in TAFEA the following processes were and will be implemented.

<table>
<thead>
<tr>
<th>Phase/Timeframe</th>
<th>Activities</th>
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</table>
| **Preparatory Phase 2008** | • Desk review of relevant project documents, best practices, etc  
• Baseline study and situation analysis of proposed areas:  
  ➢ Review of agency data: HIS, VEMIS, project data/reports  
  ➢ use of MICS data to validate/identify other areas;  
  ➢ Key Informant Interviews (KII) on local development;  
  ➢ management structures/processes (formal/informal/traditional),  
• Brainstorming sessions internally and with stakeholders at central/provincial levels |
| **Advocacy and Partnership Building** | **National Level:**  
• Signing of the CPAP 2008-2012  
• Advocacy meetings with relevant Ministries on the convergence approach.  
**Sub-national level: Convergence in TAFEA:**  
• Advocacy Meeting/ at the Provincial/Area level:  
  ➢ Meeting with the President of TAFEA Province and Provincial Sec-General,  
  Provincial Planner and the Provincial Council on the CPAP & agreements on how to  
  apply the convergence approach in the implementation of the different activities in  
  the AWPS.  
  ➢ Presentation of CPAP & Convergence Approach to TAFEA Provincial Technical  
  Advisory Group and the P(P-TAG) and agreements on Workplan and deliverables  
• Strengthening Local structures/Capacity Building:  
  ➢ Convergence and Participatory planning  
  ➢ Organization of Convergence - Technical Working Group under the P-TAG  
• Conduct of Baseline Studies:  
  ➢ Child Protection Baseline Study  
  ➢ WASH in TAFEA Schools |
| **Implementation Phase :** | **June 2008**  
• Programme Review & participatory preparation of 2009 AWP –w/ detailed Courses of Action converging on identified target groups and areas.  
• Plan and implement capacity development activities on Convergence and Participatory Planning  
  ➢ Review of CRC and the basic rights of children and identification of priority needs of  
  children in TAFEA  
  ➢ Mapping of available services/intervention/ projects responding to the needs of  
  children and the service delivery implementors/partners  
  ➢ Identification of gaps/weaknesses in services delivered  
  ➢ Inter-agency/multi sectoral planning on applying convergence in service delivery  
  ➢ Training on Communication for Development (C4D)  
  ➢ Support to Provincial Development Planning for Children  
• Convergent Delivery of Services:  
  ➢ Integrated outreach to hard to reach villages: EPI, Growth Monitoring, Nutrition education, Micro-nutrient distribution (Vit A), De-worming, etc.  
  ➢ Pilot-testing in TAFEA the implementation of the MOU between Ministry of Internal Affairs - Civil Registry, Ministry of Health & Ministry on accelerating birth registration for all children under 18.  
  ➢ Multi-sectoral collaboration to respond to the School Improvement Plan in Child |
### 5. Progress and Key Results Achieved in TAFEA

**Key Result 1:** Children, young people, child care-givers and community leaders report significant changes in children's survival, protection, participation and development.

**Health and nutrition**

- 100% of target population in TAFEA (under 5) were immunized with measles, de-wormed and received Vitamin A in 2009 during the integrated measles campaign (SIA);
- Reported immunization coverage of other vaccines (BCG, DPT, Polio and Hep B) increased to 70-75% as a result of:
  - New Provincial EPI Coordinator was appointed and had provided technical knowledge, skills and logistical support to manage the EPI programme;
  - strengthened cold chain system (solar chill refrigerators in outer islands) and vaccine management;
  - integrated outreach services conducted in under-served areas;
  - more regular supervision and monitoring visits to support field performance and
  - EPI reports timely collected, consolidated and analyzed.
- Breastfeeding mothers are supported during delivery in the hospital (BFHI) and with follow-up support from baby-friendly community groups organized in West Tanna and Middle Bush. Lenakel Hospital (referral hospital for TAFEA) provided support to attain certification for BFHI by June 2010.
- Mother’s knowledge and skills on proper feeding of infant and young children were improved through breastfeeding awareness in the hospital, health facilities and cooking demonstration of supplementary food to the community.
- Integrated services and information sharing (immunization, growth monitoring, IMCI, breastfeeding promotion and Nutrition Education, HIV/AIDS education /distribution of condoms) were provided under one convergence tent, to families and general public of TAFEA who were participating in the 5-day TAFEA Kanaki Arts & Cultural Festival in July 2009.
- All Public health and hospital nurses in TAFEA were trained on Emergency Obstetrics and Newborn Care (EmONC) with emphasis on essential newborn care, newborn resuscitation and neonatal Integrated Management of Child Illness (IMCI) which included the following:
  - Participants were provided EmONC Manuals as reference resource to support their on-going learning.
  - Basic EmONC equipment provided to health centres and dispensaries such as one each Infant warmer (additional features with apgar reader, emergency tray and resuscitator kit), Pediatric stethoscopes, Neonatal resuscitator kits, ET
tubes, midwifery delivery sets, Hemocu e with consumable for and Electronic Baby Scales.
  o Participants are more confident that they are now better able to reduce neonatal and maternal deaths.

- MNC staff trained to provide quality care for pregnant women during ANC, birth, postnatal and neonatal care in TAFEA province
- Public health nurses and village health workers trained to promote the value of micronutrients, fortification and use of iodized salt for communities in TAFEA.

Water and sanitation
- Baseline data collection on water and sanitation facilities in all schools and health facilities in TAFEA which became the basis for installation of Rain Water Tank collectors in 3 Child Friendly Schools and 2 Health Aid Post in 2009 and 20 Tanks in 2010 (on-going) in Tanna.
- VIP toilets and hand washing areas will be set up in 15 primary schools in Tanna.
- Hand-washing demonstrations were conducted during the Integrated Measles Campaign and during the TAFEA Kanaki Art/cultural Festival.

Education
- Application of Child Friendly Schools principles and processes were expanded from 12 (2007) to 24 in 2008 and 67 primary schools in TAFEA by 2009.
- All TAFEA Zone curriculum Advisors (school supervisors/monitors) head teachers, PTAs, village council participated in their school self- assessment (SSA) exercise and in the development of School Improvement Plan (SIP) based on agreed CFS standards.
- CFS committees were established with members from school teachers, school committees, and village chiefs. Parents and children also support CFS and participated in school self-assessment (SSA).
- Schools without access to safe water and toilets were identified for priority action in 2009-2010 (see WASH above).
- More children are experiencing child-centered quality learning, health, safety and inclusiveness in schools.
- Enrolment campaign and 2010 fee-free initiative of the Ministry of Education, with the support of AusAID, NZAID and UNICEF, significantly increased enrollment (data will be provided end May) in primary education in TAFEA and the rest of the country.

Child protection
- In May-June 2009, births of 16, 520 of 0-18 year old children and young people in TAFEA were registered increasing birth registration from 12.5% (lowest in Vanuatu) to 82%.
- Increased awareness of parents, caregivers, community leaders of rights of children protection through the nationwide baseline study on Child protection, birth registration campaign.
- Findings of the Child Protection Baseline Research were used by Government partners and NGOs (Save the Children, Wan Smol Bag, World Vision, etc) in their advocacy and IEC materials even before it was publicly launched. Child Protection in Vanuatu Baseline Report had been published and officially launched in April 2010.
- Review of Vanuatu laws at national level making them more child-friendly led to the following developments and reforms at the sub-national level:
  o setting of a new Correctional facility in Tanna instead of just in Port Vila, to provide more protection and restorative justice especially to young offenders;
on-going discussion on diversion policy for young offenders that will allow them to be sent back to their own community for rehabilitation and close supervision.

HIV/AIDS

- TAFEA Province able to maintain Zero HIV/AIDS status but there is high incidence of STI among young people.
- Launched in 2009, the PMTCT services (Prevention of Mother to Child Transmission) were integrated in the ANC clinic of Lenakel Hospital which enabled all pregnant mothers attending ANC clinic to benefit from HIV/AIDS testing and counseling.
- A baseline study in Tanna was completed in 2009 that mapped most at risk adolescents and most at risk young people (15-24 years old MARA and MARYP) and their vulnerability to HIV infection based on their knowledge, attitudes and practices.
- Adolescent friendly health services established and serving MARA through:
  - National Capacity building for youth friendly HIV-AIDS services (YFHS).
  - Support to provision of YFHS for MARYP in Tanna and other identified areas of Vanuatu.
  - Supporting the youth hotline (nationwide through landline and mobile phones) to reach most at risk and vulnerable young people, through collaboration with NGO and MOH.
- Information made accessible through Peer Education to most at risk and vulnerable adolescents, women and partners, developed and activities are in process.
  - 20 peer educators among the MARA and MARYP in Tanna were trained on how to provide comprehensive knowledge about HIV/AIDS and STI.
  - Training Materials for peer education, with targeting of most at risk and vulnerable adolescents developed.
  - National capacity building on Training of TOT and establishing M and E in 2010.

Key Result 2: Sub-national authorities and partners have developed and are actively monitoring child-centred development plans for integrated services and programme delivery.

Inter-agency /Multi-sectoral and convergent planning, implementation and monitoring:

- Convergence Task Force organized under the Provincial Technical Advisory Group.
- Ownership of the programme was reaffirmed through the adoption of the name: “Mekem Gud Laef blong Pikinini blong TAFEA”. Inter-agency/ multi-sectoral provincial and area focal persons learned and applied participatory and convergent planning and identified basic rights and needs of children, map out available services and interventions and identified gaps and weaknesses that need to be responded and strengthened.
- Priority problems, key results agreed as basis for yearly planning and programming.
- Presentation to the Provincial Government and Area partners of the Bislama - translated MICS Findings especially highlighting the indicators in color-coded maps where TAFEA was lagging behind.
- Participatory formulation of the TAFEA Provincial Development Plan for Children in 4th Quarter 2009 and endorsed by the Provincial Council on May 2010 (bi-annual session).
- Convergence partners’ skills updated in preparing effective and integrated approaches in Communication For Development (C4D).
- Child and User-friendly version of the MICS report developed to facilitate and guide response action at the community/family level.
- Provincial Government and provincial sectoral agencies were supported in preparing disaster preparedness and response plan and in activating the Provincial Disaster Management Council.

**Key Result 3:** Results achieved and lessons learned in the convergence area are being adopted as part of national policies and programme strategies implemented and rolled out to other provinces.

**Birth Registration:**

“All births in Vanuatu will be registered by end 2010!” has become the rallying goal of the Vanuatu Civil Registry after the TAFEA experience had shown that it can be done. Prior to the BR campaign in TAFEA, UNICEF supported the development of the Plan of Action and an MOU was signed among the Ministry of Internal Affairs, MOH and MOE to strengthen collaboration toward improving birth registration in Vanuatu. TAFEA became the pilot-area and support was provided in terms of computerizing the Civil Registry at the Central level and TAFEA province, training of Area Secretaries, teachers and health personnel and the printing of improved BR forms. In 2 months (May – June 2009) 82% of 0-18 years old were registered and received Birth Certificates.

This achievement in TAFEA led to the following courses of action:

- Lessons learned in the successful campaign to increase the Birth Registration coverage in TAFEA led to the strengthening of the Civil Registry at the central level and nationwide in all provinces.
- The Ministry of Internal Affairs where Civil Registry is based, created new provincial Civil Registrar’s posts with UNICEF supporting 4 of the posts before it will be fully integrated into the Government budget.
- Deputized and gazetted the Secretary –General to sign the Birth Certificates instead of sending them all the way to Port Vila as previously practised.
- UNICEF continued its commitment to provide support in rolling-out the BR campaign to the other provinces in terms of providing 1 set of computers for the other 4 provinces; training of provincial teams.
- In 2010, contracted for two months the IT Specialist to work with the Civil Registry at the national level to analyze the results of the Icount initiative, where he developed and pilot-tested a Birth Registration IT programme that enabled the recording and reporting of births from remote communities through SMS using mobile phones. Digicel donated 20 phones to expand the pilot-testing to SANMA. Lessons learned will be mainstreamed as one of the strategies in the national birth registration project.

**Child Friendly Schools:**

Child-centered learning and child–friendly schools had been adopted by the Ministry of Education as one of the key strategies in improving the quality of basic education, one of the 3
Strategic Priorities of the Vanuatu Education Road Map (VERM). The following were the activities and strategies that led to the mainstreaming of the CFS initiative:

- CFSs were expanded from the 12 pilot schools to 25 in 2008 and to 67 primary schools in Tafea by 2009.
- As part of the advocacy to increase national ownership and better understanding of the CFS approach, the Director of Basic Education of the MOE was invited to participate in a regional CFS Review Workshop organized in the Philippines.
- Joint MOE (National & Provincial) and UNICEF monitoring visits were conducted to prepare for mainstreaming.
- In July 2009, CFS Workshop was organized in Tanna, Tafea for all the other 5 Provincial Education Officers and key Zone Curriculum Advisers to review achievements and learn about CFS implementation. At the end of the workshop it was unanimously recommended that CFS approach be mainstreamed and rolled-out to all the other provinces.
- In 2010, CFS is currently being rolled-out in selected 10 schools in Sanma Province and 10 Schools in Penama Province.
SECTION III

CONSTRAINTS, LESSONS LEARNT, OPPORTUNITIES AND THE WAY FORWARD

Over the two and a half years implementing the converged programmes UNICEF and partners have experienced and documented some challenges that have at times limited our ability to function effectively and achieve results as planned. However, there were many positive developments which supported implementation and encouraged all to keep on fighting to secure genuine results for children. These are shared below for information and have helped us as we plan for the way forward.

3.1 Challenges

- **Sustaining partner commitment** - Often partners are unable and or unwilling to meet their implementing obligations in light of shifting local and national priorities and commitments (often new donor driven activities). In some cases because the convergence process is new some governments are still adjusting and find it difficult to incorporate it into their regular programme stream.

- **Lack of development plans** – lack of sub-national development plans makes difficult to set goals and targets in convergence areas linking with national development goals (Kiribati)

- **Government budget cuts** - Lack of funds including the impact of the Global Economic Crisis on partner’s ability to meet their component of the budget (travel, DSA). For example in one country the approved budget was cut midyear by 35% retroactive to the beginning of the fiscal year. (Solomon Island)

- **Centralised funds management** - Related to the above, provinces have few funds at their disposal as most are under the control of the national government. Transfer of those funds, including that of UNICEF, allocated for sub-national activities are often delayed.

- **National/Sub-national coordination** - Lack of coordination at the national level is a bottle neck. For instance, Kiribati National Advisory Committee for Children (KNACC) is not fully functioning since TOR was not endorsed by the Cabinet and members of KNACC are junior officials who are not directly engaged in issues for children and women.

- **Human resource capacity** – Implementing capacity is limited by insufficient numbers of trained staff, extended staff absences, frequent turnover of skilled and experienced personnel and inadequate hand-over of responsibilities to new staff. (Vanuatu - in TAFEA, there is no local doctor and sparse health facilities are unmanned and non-functional for extended periods).

- **UNICEF Programme Management**: In the CPAP which was developed in 2007, the Programme Management Structure and budget allocation was sectoral and there was no clear indication on the adoption of convergence programming as a key implementation strategy. Considering that about 90% of Programme Staff in the Pacific came on board in 2008 only, there was lack of clear knowledge and understanding on how convergence will be implemented and no systematic capacity building to equip programme staff to manage the convergence programming approach. Programmes were basically managed sectorally/vertically and there were very limited resources to build the capacity of staff and local government to plan an integrated and convergence programme at the sub-national level.
UNICEF internal coordination – The lack of knowledge / connections between and among UNICEF programmes and the practice of working in silos affects progress. In addition decision making processes do not take sufficiently into consideration the role of the field office chief in budgeting for and managing resources for convergence processes.

Transport - Transport for travel to convergence areas by domestic flight or by boat is difficult at the sub-national level and often results in delays/cancellations to implementation and difficulties in organising activities.

Sub-national office resources - Lack of office equipment for communication, documentation, monitoring and reporting (Photocopier, Computers, Files and Cabinets) affects timely submission of reports and documentation at sub-national level.

Telecommunications – Although some improvements have occurred in the past two years telecommunications including phone and internet is still unreliable.

Sustainability - No strategy has yet been developed for long term sustainability and expansion

3.2 Opportunities

Development of local plans – sub-national governments developed the medium-term development plan for children for 2010-2012 with commitment of local budgets and needs for support from other stakeholders (Kiribati)

Functioning Authorities - Relatively well functioning Provincial Authorities with committed and motivated officials (Premier, Ministers, Executive Council, Heads of Departments, Staff and some resources).

Programme Commitment – National and Sub-national authorities have recognised the need for convergence approach demonstrated through their expressed support and endorsement of Convergence Approach and Plan.

Linkages and Collaboration – There are opportunities to build and strengthen linkages between and among National and International Agencies, NGOs and SWAs.

Results – Support at the sub-national level produces greater results for children, women and their families. (These are described in more detail in section on country results.)

Participation - Greater community participation and ownership, reflected in improved planning and implementation.

3.3 Lesson Learnt

Everyone must have a shared understanding of the convergence approach to programming from UNICEF Pacific, to the country level and implementing partners.

Clear linkages of sub-national plans to national development plan should be created.

Experience exchange among partners at national and sub-national level promotes transfer of knowledge and skills.

Ensure full buy in at National and Sub National levels.

Open and frequent communication with Provincial Leaders is necessary to sustain interest, commitment, increased resources and ownership.
The real “cost” on implementing Convergence must be built into the programme (the (high) costs of monitoring, implementation and travel to remote communities). AWPs should be based on funds that are actually readily available.

With cuts in local budgets there are greater demands on Officers to physically support programme implementation and monitoring and evaluation.

Joint efforts among implementing partners generates greater results

Monitoring and evaluation of sub-national and national partners should be regularised

3.4 The Way Forward
In implementing the convergence programming approach the ultimate goal is to demonstrate how this methodology can maximize efforts to secure greater results for children. Additionally the intention is also to present documented evidence to government, NGOs and development partners of the costs effectiveness of delivering programmes in a coordinated and comprehensive manner with demonstrated local ownership, therefore resulting adapting this approach programme implementation at all levels. The way forward is premised on these assumptions, infused with the lessons learnt, constraints and opportunities previously presented in this document.

To ensure the continuation, consolidation and sustainability of the convergence approach in the Pacific the following is required:

(3.4.1) Capacity Building
- **Monitoring and Evaluation, Documentations:** Further strengthening of the capacity of provincial partners in the planning, implementation and monitoring and evaluation is needed, therefore efforts will continue to strengthen the provincial departments to better perform these functions.
- **Data collection for evidence based policy making:** Strengthening of the collection, storage, analysis and dissemination of (cross-sectoral) data and information at the national and provincial level for planning and advocacy purposes using DevInfo software as a platform.
- **Child-centred budgeting:** While some of provinces now have drafted and adopted Children Development Plans (other Plans are get to be drafted), there is still a need to provide support to Provincial Authorities to prioritise budgets for children. This is one of the most effective ways of ensuring that the limited funds available to sun-national authorities for human development activities can be used to leverage additional resources. This activity will be supported by the previous proposed interventions to help monitor the budget allocations to each of the sector programmes and children in specific.
- **Evidence-based Advocacy:** Studies on the cost-effectiveness and cost-efficiency on delivering programmes i.e. basic education, immunization, child protection etc will be undertaken similar to the one currently being done in the education sector. This will be used a part of the advocacy effort for the mainstreaming of convergence in other parts of the three countries.

(3.4.2) Coordination and Communication
- **Cross Sectoral Coordination:** Continue to share experiences and facilitate peer learning between national and provincial officers working in differing sectors
through regular meetings and joint monitoring visits to help strengthen the ownership of the convergence approach.

- Strengthen the coordination among the stakeholders at national and sub-national level through improved function of National Advisory Children’s Councils. Involve children, young people, child care-givers and community leaders in key decision making processes.

- **Communication/PR:** The communication of the opportunities and added value of the convergence planning approach needs to be strengthened. As such a communication strategy should be considered for reaching three levels of target groups; communities, provincial partners and those at the national level, incorporating information on cost-effectiveness and cost-efficiency.

(3.4.3) **Leveraging Resources:**

- Strengthen the coordination and collaboration with other development partners on the ground through provincial donor meetings. We will use our participation in the various SWAps to promote, advocate and encourage the use of the convergence approach in support of sub-national leaders and authorities in programme implementation.

- Support sub-national and national partners in fundraising efforts to support achieving key results for children and their families.

(3.4.4) **Sustainability**

- **Ownership:** Within such a short time frame provincial counterparts still do not have full ownership of the convergence process. It will take more time to be able to show the full magnitude of the impact of the planning approach; at present results are not equal and as evident for all of the programmes and in all of the targeted communities. While the provincial systems for the health and education sectors are relatively well developed, this is less the case for child protection, and HIV which still is a new concept in some countries.

- Although Sun-national Officials are clearly supportive of the convergence process it will take more time for the convergence approach to be fully owned (collectively) jointly financed, in an environment limited funding. Efforts will be made to continue supporting the provincial authorities in advocating for the convergence approach as a best practice and the advantages of joint programming.

- Will support Provincial Authorities (date and studies must be available) to present at 2011 National Premier’s Conference the results of convergence – lesson learnt and best practices. This will also contribute to putting convergence on the National and Sub-national Agenda.

(3.4.6) **Roll out / Scaling up**

- **Solomon Island**

  A thorough review by partners and UNICEF FOs staff of the strengths and weaknesses of convergence approach in Western and Choiseul has concluded that the approach indeed is worthy of expansion to other parts of the country. However any expansion to other sub-national region must be driven by local demand and meets the criteria for convergence as set out in this paper. There are ten provinces in the Solomon Islands - we are in two - and working with significant results.
UNICEF S.I. believes that the best advocates for roll-out to other provinces are the current implementing partners and Provincial Officials who will be able to speak on the virtues of convergent programming. This of course will be support by documented evidence; including most significant stories. Using established systems and structures i.e. National Provincial Premier’s Association annual meetings, exchange visits of provincial staff and expanding linkages between Provincial Planning Authorities, presentations at donor coordination meetings and SWApS and Line Ministries is a comprehensive way to address proposed modalities for rolling out convergent programming approach to other provinces. UNICEF’s role should be re-defined as a facilitator bringing together proven experiences, technical competences and commitment to support greater donor coherence and coordination.

- **Kiribati**
  The outcome and experiences achieved in convergence areas (South Tarawa and Abemama Island) show that convergence approach is worth of expansion to other islands. As AusAid committed to provide funds and work with UNICEF for improvement of school infrastructure and EU for improvement of water and sanitation situation in outer islands 2011, it is recommended that the convergence of programmes be scaled up to cover 17 islands in Gilbert Group including Tarawa.

- **Vanuatu**
  Based on the review of results achieved and progress to date in TAFEA, findings indicated that implementing multi-sectoral programmes following the principles of convergence could lead to more significant results for children in a cost efficient and effective way. The convergence approach is however quite new in the country, especially at the provincial level and the first year was only preparatory phase mostly spent in advocacy, concept and process development and vision setting and planning. Sectoral project activities were delivered but still in the traditional vertical way. Actual implementation of the convergence strategy was accelerated in 2009 and the results are just starting to show and therefore would need more nurturing and support. Good practices and valuable lessons learned are already being adopted, replicated to other provinces and/or mainstreamed in the national programmes such as: Inter-agency Birth Registration Campaigns and use of IT in birth registration (i-Count) to capture births in remote communities; integrated outreach services for basic health and nutrition plus information on CRC and child protection concerns. In the Education Sector, Vanuatu is well on its way to fully implementing a Sector-wide approach and the Child Friendly School model in TAFEA have already been integrated in the Vanuatu Education Road Map. Following close is the Health Sector which is now developing a Health Sector Strategic Plan and organizing a Health Partners Group to consolidate all resources of the Government and all its partners towards agreed national priorities. Lessons from the TAFEA convergence approach will be valuable inputs on how to effectively deliver health services by different stakeholders.

In 2010-11, more investments should also be strategically invested on strengthening the role of the local government as the chief executive in driving a
more integrated local development, delivering basic services and ensuring the improvement of the quality of life of its people especially the more vulnerable groups: women and young boys and girls.

(3.4.7) Exit Strategy

The general consensus for all three countries is that work should continue in the provinces currently being served. However, where necessary as a result of improving indicators for children, costed provincial plans for children and developing capacities, programme support must be geared to sustain the gains made and to avoid regression. The section on the way forward outlines key components in capacity building, when implemented successful, will clearly demonstrate a decrease in the demand for direct UNICEF’s support.

The decision should not be a unilateral but a process that will be guided by a clear written agreement agreed to beforehand. This document does not exist but will be developed as a part of the process of capacity building. It is suggested that convergence programmes will leave from the current areas from 2011 and expand its coverage to 50-70% of other islands.

Conclusion:
The efforts require a total commitment from all partners, included beneficiaries and the requisite financial and human resources. UNICEF Pacific is well positioned to provide leadership and the practical experiences gained over the last two and a half years will prove invaluable and we support the realization of children’s rights in the Pacific.