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Recommendation for funding for a short-duration country programme**

Pacific island countries

Summary

The present document contains a recommendation for funding from regular resources and other resources for the programme of the Pacific island countries with a duration of one year to support ongoing activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of \$2,000,000 from regular resources, subject to the availability of funds, and \$2,800,000 in other resources, subject to the availability of specific-purpose contributions, for 2002.

The programme covers the following 13 Pacific island countries: Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).



The situation of children and women

1. With a total population of 1,980,500 residing on hundreds of islands and atolls spread over thousands of square miles of ocean, the population of most Pacific island countries is small, ranging from less than 2,000 in Niue to some 800,000 in Fiji.

2. The countries have achieved quite different levels of development. Broadly speaking, there are three groups: (a) the smaller island States (Cook Islands, Niue, Palau, Samoa, Tonga) and Fiji rank highest; (b) Tuvalu, and the Micronesian States of Federated States of Micronesia and the Marshall Islands are in the middle range; and (c) Kiribati and the Melanesian countries of Solomon Islands and Vanuatu are at the lower end of the scale. In Kiribati, the Marshall Islands, Federated States of Micronesia, Solomon Islands and Vanuatu, the child survival goals remain particularly relevant. These countries have also been more active in advocating for and monitoring the goals of the World Summit for Children.

3. According to the 2000 Human Development Index, some of the countries rank high among all developing countries, while others are among the least developed in the world. The effects of globalization and urbanization influence development trends in the Pacific. The growth in ethnic and political tension in the region means that children are increasingly drawn into and traumatized by these conflicts. Many Pacific islanders are leaving the region in the hope of finding a more secure and prosperous future abroad. At the same time, some countries have high birth rates and resulting population growth.

4. The Pacific island countries ratified the Convention on the Rights of the Child and established National Coordinating Bodies (NCBs) to advocate for and monitor the Convention and to address local child rights issues. Six countries have submitted their initial reports on implementation of the Convention, and five have also presented to the Committee on the Rights of the Child. Six country reports are under preparation.

5. Although substantial progress has been made in all countries in achieving the goals of the World Summit for Children, those related to child survival have not been met in all countries. While infant mortality rates have declined steadily in the region over the past decade, they are still relatively high - between 37-63 per 1,000 live births - in some countries. While it remains difficult to accurately assess trends in under-five mortality rates due to insufficient and/or unreliable data, the leading causes of death in children under the age of five years include acute respiratory infections, diarrhoea, and other infectious and vector-borne diseases, including malaria (Solomon Islands, Vanuatu); perinatal complications; and injuries.

6. Significant progress has been made in achieving and maintaining high immunization rates, with 90 per cent or higher coverage in seven countries and over 80 per cent in two others, while four countries are working to achieve the 80 per cent target. For the region as a whole, at least 80 per cent of the infant population under one year of age have been immunized against seven major vaccine-preventable diseases, including hepatitis B. A challenge for the next decade is to maintain and improve current coverage rates and to strengthen local health care systems to ensure sustainability. Pacific island countries have achieved the World Summit goal on polio eradication and are well placed to eliminate measles and neonatal tetanus. No measles cases have been confirmed in three years.

7. Maternal mortality ratios continue to be high in some countries. It is 122 per 1,000 live births in Federated States of Micronesia, 225 in Kiribati and 550 in Solomon Islands. Contributing factors include inadequate child spacing, anaemia, malaria (Solomon Islands) and lack of access to safe delivery systems.

8. Malnutrition is linked to childhood mortality and morbidity. Protein-energy malnutrition varies from almost nil in most Polynesian countries to 6–23 per cent in Fiji, the Marshall Islands, Federated States of Micronesia, Solomon Islands and Vanuatu. Nutritional diseases are increasing as the rate of breastfeeding declines and more children eat unhealthy and inappropriate foods. Anaemia and obesity are now common problems among children and young people in the Pacific. The elimination of micronutrient deficiencies has not yet been achieved in these countries, with three of the Micronesian countries having some of the highest vitamin A deficiency rates in the world.

9. Limited access to safe drinking water and sanitation contributes to childhood morbidity and mortality. Existing data indicate that, as a region, approximately 75 per cent of the population have access to safe drinking water and 65 per cent have access to sanitary means of excreta disposal. In general, Polynesian countries have greater access to safe water, while there is a relatively large variation regarding access to safe sanitation.

10. While the proportion of children attending primary school has increased steadily, there are still a number of children who do not benefit from basic education because of non-enrolment or drop out. Households are being required to assume the increasing and often unmanageable costs associated with schooling. In many areas, significant discrimination exists in access to basic education based on distance, poverty and/or disability. Children with disabilities have limited access to educational opportunities. In most of the countries, the gender gap in primary and secondary school enrolment is closing, although gender issues such as early female drop-outs, lack of gender sensitivity in school curricula, and patterns of violence against girls and women require urgent attention. The quality of education in Pacific island countries is still a major problem, with common problems such as rote learning teaching methodologies, a lack of resources and untrained/unmotivated teachers. For the young child, few efforts are made to address the need for early stimulation and the psychosocial development of children under the age of two years. Although there has been a tremendous growth in pre-schools and increased community and government interest in early childhood education (ECE), most Pacific island countries still lack national policies and plans to ensure the comprehensive and systematic expansion of quality early childhood efforts.

11. Adolescents face increasing difficulty moving from childhood to adulthood, as indicated by the alarming suicide rates, increasing abuse of alcohol and other drugs, involvement in criminal activity and engagement in high-risk sexual behaviours. Adolescent suicide rates in the Pacific are among the highest in the world. The spread of HIV/AIDS is increasing, and the prevalence of other sexually transmitted infections remains high, especially for young people. These trends reflect the growing conflict between traditional and modern values, as well as the lack of employment opportunities. While still small, there are increasing numbers of children and young people working/living on the street and involved in pornography and prostitution. Specialized interventions are required to redress these issues and increase youth participation in development efforts.

Programme cooperation, 1997-2001

12. The 1997-2001 programme of cooperation for the Pacific island countries (E/ICEF/1996/P/L.30/Add.1), the second country-based programme cycle, was developed in full cooperation with national counterparts. In line with the global goals for children for the 1990s, the master plan of operations (MPO) has two general objectives: (a) to continue to facilitate the development, implementation and monitoring of national programmes for children and families, leading towards realizing the rights of children; and (b) to sustain national achievements through promotion of the Convention on the Rights of the Child. The programme consists of four regional programmes (child and youth advocacy, health and nutrition, education, and monitoring and evaluation) and one integrated area-based programme (comprising eight individual country-level projects and one multi-country project).

13. The child and youth advocacy programme promotes the Convention on the Rights of the Child using a number of complementary strategies, including support for popular theatre, the production of promotional materials, technical assistance and training. Reporting on the Convention is supported through technical and financial assistance to enhance local capacity. Legislative review is also supported. An innovative youth health and development project has been initiated recently to address the increasing number and severity of issues affecting young people. Needs assessments were conducted in Fiji, Federated States of Micronesia, Tonga and Vanuatu, and a life skills curriculum was drafted for individual country adaptation.

14. The health and nutrition programme supports the Vaccine Independence Initiative, a successful multi-donor, regional scheme introduced in 1995. Marked improvements have been noted in the immunization coverage rates of participating countries. A successful measles vaccination campaign has resulted in no further confirmed measles cases since 1999. A further achievement has been the successful introduction of hepatitis B vaccination into the regular immunization programme. To control diarrhoeal diseases, UNICEF supported the delivery of oral rehydration salts to all 13 Pacific island countries. The Integrated Management of Childhood Illness (IMCI) strategy was introduced in collaboration with the World Health Organization (WHO). Breastfeeding promotion and support for the Baby-Friendly Hospital Initiative (BFHI) is ongoing. Research on child feeding is also supported. Surveys on the prevalence of micronutrient deficiencies have been conducted in various countries. The distribution of vitamin A capsules is carried out in Kiribati, the Marshall Islands and Federated States of Micronesia. Iron fortification of flour was initiated in Fiji with UNICEF technical assistance.

15. The education programme has assisted early childhood care and education (ECCE) throughout the Pacific, primarily through teacher training and support to community-based programmes associated with various pre-school associations, non-governmental organizations (NGOs) and departments of education. Progress has been made in improving basic education completion and access rates, except in some least developed countries, most notably Solomon Islands. From 1998 to 2000, the Pacific island countries were assisted in developing policies and curriculum guidelines for ECCE through the UNICEF-funded component of a multi-donor intercountry project implemented by the University of the South Pacific (USP).

16. UNICEF assists the countries to monitor child survival, growth and development. A situation analysis on the status of children in each of 11 countries

was published. What has not been achieved is progress in developing data systems for monitoring the situation of children and women. Existing statistics for several countries are unreliable, out-of-date, or both.

17. UNICEF has contributed to raising awareness of the Convention, which is now recognized as a serious commitment by many Pacific island Governments. UNICEF support contributed in particular to the high expanded programme on immunization (EPI) vaccination coverage rates in all 13 countries, as well as to the successful introduction and resulting high coverage for hepatitis B vaccination. Progress in awareness-raising and interventions in micronutrient deficiencies in some countries can be attributed largely to UNICEF. The same is true for breastfeeding promotion, which is supported in all 13 countries. UNICEF has contributed substantially to early childhood care efforts throughout the Pacific during the previous and current programmes. In some countries, the UNICEF contribution has helped to show that children and youth can make a difference in raising awareness about the Convention and other youth concerns.

18. In the 1999, mid-term review (MTR) meetings were held in nine countries, followed by a regional MTR meeting that included all 13 Pacific island countries. Preparations for the new programme cycle in the Pacific were interrupted by civil and political unrest, which resulted in serious delays in programme implementation and the extension of the current programme cycles of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF.

Lessons learned from past cooperation

19. The MTR process generally reconfirmed the appropriateness of the goals and objectives of the programme of cooperation. By reviewing the World Summit and Pacific goals set for children, most countries have been able to identify areas where further efforts are needed to reach these goals. The lack of accurate data in areas such as education and water and sanitation has given a false sense of assurance to some countries and needs further investigation and improvement of data systems.

20. At times, UNICEF assistance has provided unfocused support to small-scale activities without a clear link to reaching the agreed objectives. With the upgrading of the UNICEF Pacific Office (1998) and the increase in other resources funding from 1999, the operational strategies have begun to shift. Assistance is now based more clearly on the objectives in the plans of operation, with less ad hoc support. More detailed project reporting by countries now takes place. For United Nations agencies and donors, coordination efforts are ongoing but can be further improved, particularly regarding youth programming.

21. Another lesson highlighted in the MTR is the need for a strong communication strategy. For children's issues to be more visible, high quality and persuasive advocacy materials are needed. Therefore, increased emphasis should be placed on national-level advocacy through both NCBs for children and the relevant line ministries. Countries are being supported to revitalize their national committees, to mobilize new partners and to strengthen the role of children in these efforts. Because of weak technical capacity in the UNICEF office and in the countries, communication efforts for advocacy for the Convention, as well as specific areas of health or education, have not been maximized.

22. The MTR pointed out that throughout the Pacific islands, countries have begun assessing the problems of children in need of special protection, including abused children and children in conflict with the law. More assistance will be required.

23. As discussed during the MTR, with the extremely high cost of travel, the vast distances between/within the Pacific island countries and the communication limitations with counterparts in remote areas, it is extremely important to have the presence of UNICEF staff in-country in order to achieve the programme objectives. Since the MTR, the outposting of UNICEF staff to high priority countries has improved the planning, implementation and monitoring of UNICEF-supported projects. In Vanuatu, where a UNICEF staff member has been outposted as field coordinator since late 1999, the number of requests for assistance from UNICEF has increased sharply. The quality of implementation, monitoring and reporting has improved. Progress has also been made in liquidating cash advances to Government. In 2000, two more staff (United Nations Volunteers) have been outposted, one to Federated States of Micronesia and the other to Solomon Islands.

Recommended programme cooperation, 2002

	<i>Estimated annual expenditure (In thousands of United States dollars)</i>
	<i>Total</i>
Regular resources	
Health and nutrition	330
Education	162
Child and youth advocacy	246
Monitoring and evaluation	92
Integrated area-based programme	913
Cross-sectoral costs	257
Subtotal	2 000
Other resources	
Health and nutrition	814
Education	719
Child and youth advocacy	526
Monitoring and evaluation	237
Integrated area-based programme	504
Subtotal	2 800
Total	4 800

Country programme preparation process

24. The present recommendation is for an extension of the current UNICEF programme of cooperation until the end of 2002. While the objectives of the current MPO remain largely relevant, the one-year extension will allow for proper preparations of the new 2003–2007 programme cycle. It is important to ensure that

counterparts identify needs and priorities and are fully involved in all aspects of project design, implementation and evaluation. Without the full participation of partners, local "ownership" and sustainability are unlikely to result. United Nations agencies, Pacific regional bodies and donor agencies are also being consulted on the new five-year programme.

25. The proposed programme extension for 2002 is based on lessons learned from the MTR (November 1999) and the internal planning and review process of UNICEF in the Pacific held in 2000 and 2001. These consultations upheld the objectives identified in the MPO and did not result in a major change in programme priorities. However, there is increased emphasis on integrated programme planning in health and education, especially in the early formative years of children's lives, and a new emphasis on holistic youth development and participation.

26. The preparation for the new programme cycle was disrupted in 2000 with civil and political disturbances in Fiji and Solomon Islands, and resulted in delayed consultations with counterparts. Likewise, other United Nations agencies have postponed the preparation of programme planning in the region, and the extension of the current cycle will harmonize the UNICEF programme cycle with these organizations.

27. The preparation process for the new country programme is under way. A new situation analysis of children and women in the Pacific has been drafted and is under discussion with counterparts. The first strategy meeting with key counterparts from 10 countries and a consultative meeting with Pacific regional organizations, donors and United Nations agencies were both held in April 2001. Between July and September 2001, in-country strategy meetings are scheduled in at least the five priority countries. During the strategy meetings, special attention will be given to the new global priorities, as stated in the outcome document for the Special Session on Children outlining the new global agenda for children, and the UNICEF medium-term strategic plan.

Country programme goals and objectives

28. During this one-year extension, the current programme goals and objectives will apply, with an emphasis on maintaining national-level achievements in health, nutrition and education, and advancing child and youth protection and advocacy. There are two general objectives: (a) to continue to facilitate the development, implementation and monitoring of national programmes for children and families, leading towards realization of the rights of children; and (b) to sustain national achievements through promotion of the Convention on the Rights of the Child. The programme consists of four regional programmes and one integrated area-based programme (comprising eight individual country-level projects and one multi-country project). The regional programmes include health and nutrition, child and youth advocacy, education, and monitoring and evaluation.

29. Further, monitoring and evaluation of the situation of children and women and the effectiveness of UNICEF-supported initiatives will remain a priority. Efforts will also be made to strengthen regional and national capacities for systematic data gathering and analysis of children's issues.

Relation to national and international priorities

30. The programme of cooperation for 2002 is in accordance with the relevant international priorities that were set initially at the World Summit for Children, then at the World Conference on Education for All, the International Conference on Population and Development, the Fourth World Conference on Women and the World Social Summit. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide the underlying framework for this assistance. The assisted Pacific island countries are a parties to the Convention on the Rights of the Child, and many, but not all, to the Convention on the Elimination of All Forms of Discrimination against Women. Many of the countries have national plans that reflect these priorities. Fiji is placing a special chapter on child protection in its new development plan. Solomon Islands has drafted a new policy on child protection. Almost all countries have national plans of action for children, although most require review and updating.

Programme strategy

31. The programme in 2002 will continue to support implementation of interventions as outlined in the 1997–2001 programme, including a mix of customized strategies involving communications, technical assistance, advocacy and service delivery. The 1997-2001 programme had very ambitious goals and objectives, many of which were achieved through the cooperative efforts of many partners. UNICEF has adjusted its support based on the needs of the countries served and the support provided by other partners. In 2002, UNICEF will further refine its support to those areas where the goals have yet to be met, where those goals are still considered a priority and where there is inadequate support from other partners. UNICEF will continue to support the projects on immunization, micronutrient deficiencies, BFHI and ECE, and will emphasize and expand on child protection and child/youth advocacy and communication.

32. **Health and nutrition.** This programme will support a combination of service delivery and capacity-building interventions to assist in strengthening preventive health care at community, district and national levels. Special attention will be given to addressing micronutrient deficiencies, promoting breastfeeding, controlling diarrhoeal diseases, expanding EPI coverage and improving the overall quality of health care services in the region. The IMCI approach provides a continuing opportunity to address health and nutrition issues from a holistic perspective.

33. **Education.** This programme will promote child development by supporting innovations in ECCE at both the policy/planning and programming levels. Particular attention will be given to strengthening local commitment/capacity for initiatives that support parents with children under two years of age and enhance psychosocial development in the early years. The programme will also continue supporting life skills development for young people through needs assessment, training and communications.

34. **Child and youth advocacy.** Capacity-building of local institutions and NCBs will be the primary strategy used to promote and monitor child rights and implementation of the Convention on the Rights Child. High-quality advocacy and communication materials will be produced in partnership with other institutions in

the Pacific region. The programme will address a wide range of child and youth issues, including juvenile justice as well as advocacy and technical assistance for other child protection issues. The importance of youth participation in development programming will be emphasized. Violence and political instability in the Pacific create an unhealthy learning and living environment for children, and there is a need for greater emphasis on peace education, conflict resolution and appreciation of cultural diversity. UNICEF will cooperate with other partners in this area, advocating for the development of new initiatives.

35. Communications has been an important strategy in bringing children's issues to the forefront. Work in this area will be further strengthened through continued partnerships with the Secretariat of the Pacific Community (SPC). As access to television increases in the Pacific islands, UNICEF will do more to build the capacity of the region's radio and television broadcasters, thus enabling better programming for children and more advocacy for children's issues using mass media.

36. Within the guidelines established under the current MPO, support for initiatives using innovative communication tools in programme implementation will be emphasized. The use of mass and print media, information, education and communication materials, and local training have proven to be effective in advocacy, reporting, legislative review, health promotion and youth programming for the Convention on the Rights of the Child. The in-country training of journalists, broadcasters, health educators and others has resulted in first-time local productions of video materials in local languages of sufficient quality for national broadcast and distribution through video outlets.

Monitoring and evaluation

37. UNICEF will continue to assist NCBs in monitoring implementation of the Convention on the Rights of the Child through the provision of technical assistance. The monitoring and evaluation programme will focus on improving national-level systems to systematically assess the situation of children and women. This will involve strengthening the intercountry network of data sources currently used to obtain information and enhancing the quality and usefulness of this data. When completed, the recently drafted situation analysis of children and women will provide an important basis for planning the new country programme commencing in 2003.

38. An integrated monitoring and evaluation plan was recently introduced in the office and will be used, in conjunction with the Programme Management System, as the primary monitoring tool for programme implementation.

Collaboration with partners

39. UNICEF will continue to work in collaboration with national and provincial governments, United Nations agencies (the United Nations Educational, Scientific and Cultural Organization, UNDP, UNFPA, WHO, the United Nations Development Fund for Women, the International Labour Organization and the United Nations Office for the Coordinator of Humanitarian Affairs), the Pacific Forum Secretariat and civil society organizations throughout the region to improve the situation of

children, women and families. Further inter-agency collaboration is needed to enhance the availability of information on children and families; to identify critical service delivery gaps; and to strengthen existing programmes in child survival, growth and development.

40. The major partners supporting UNICEF Pacific are the Governments of Australia, Japan and New Zealand. In particular, support will be given to various projects in the health and nutrition and child and youth advocacy programmes. Other important partners include National Committees for UNICEF (Australia, Japan, New Zealand and the United Kingdom).

Programme management

41. UNICEF assistance will continue to be managed through the Governments of the Pacific island countries and NGOs, in collaboration with NCBs for children. A key role for UNICEF staff is to provide timely and appropriate technical assistance to support Governments, NCBs and civil society in carrying out their respective roles and responsibilities in promoting and safeguarding children's rights.

42. UNICEF will continue to participate in United Nations inter-agency coordination meetings and task forces on the United Nations Development Assistance Framework/Common Country Assessment, youth, HIV/AIDS, gender, database, United Nations staff training and emergency response. Current collaboration will be maintained with other regional institutions such as SPC, the Forum Secretariat, USP and bilateral donor organizations that share an interest in advancing gains in children's survival, growth and development. Joint regional meetings, research, training and sharing of technical assistance and information will continue.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PACIFIC ISLANDS
PROGRAMME : 2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET										POSTS a/							STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL				
REGULAR RESOURCES :																				
HEALTH AND NUTRITION	330,000		330,000	0	0	0	0	1	0	1	0	1	2	109,965	14,529	124,494				
EDUCATION	162,000		162,000	0	0	0	0	0	0	0	1	1	1	0	32,662	32,662				
CHILD AND YOUTH ADVOCACY	246,000		246,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
MONITORING AND EVALUATION	92,000		92,000	0	0	0	0	0	0	0	1	1	1	0	27,359	27,359				
CROSS-SECTORAL COSTS	257,000		257,000	0	0	0	1	0	0	1	0	2	3	140,092	37,009	177,101				
INTEGRATED AREA-BASED PROGRAMME	913,000		913,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
TOTAL RR	2,000,000		2,000,000	0	0	0	1	1	0	2	2	3	7	250,057	111,559	361,616				
OTHER RESOURCES :																				
HEALTH AND NUTRITION		814,000	814,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
EDUCATION		719,000	719,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
CHILD AND YOUTH ADVOCACY		526,000	526,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
MONITORING AND EVALUATION		237,000	237,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
INTEGRATED AREA-BASED PROGRAMME		504,000	504,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
TOTAL OR		2,800,000	2,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0				
TOTAL RR & OR	2,000,000	2,800,000	4,800,000	0	0	0	1	1	0	2	2	3	7	250,057	111,559	361,616				
SUPPORT BUDGET																				
Operating costs			182,974	0	0	1	0	1	0	2	1	6	9	277,857	134,277	412,134				
Staffing				0	0	1	1	2	0	4	3	9	16	527,914	245,836	773,750				
GRAND TOTAL (RR + OR + SB)																				

Number of posts and staff costs:

Current programme cycle

At the end of proposed programme cycle (indicative only)

RR = regular resources.	4	3	9	16
OR = other resources.	4	3	9	16
IP = international Professional.	4	3	9	16
NP = national Professional.	4	3	9	16
GS = General Service.	4	3	9	16
SB = support budget.	4	3	9	16

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Excludes temporary assistance and overtime.