



Health Resource Facility

Independent Completion Review:  
AusAID support for UNICEF Pacific  
Multi-Country Program (2008-2012)

Child Protection and Immunisation Programs

Stewart Tyson

Colleen Peacock-Taylor

Salanieta Taka Saketa

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AusAID HRF  
HLSP in association with IDSS  
GPO BOX 320  
15 Barry Drive  
Canberra City ACT 2601  
Tel: +61 (2) 6198 4100  
Fax: +61 (2) 6112 0106  
[www.ausaidhrf.com.au](http://www.ausaidhrf.com.au)

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## Acronyms

AUD	Australian dollars
AusAID	Australian Agency for International Development
CEDAW	(UN) Convention on the Elimination of all Forms of Violence Against Women
CRPD	(UN) Convention on the Rights of Persons with Disabilities
CRC	UN Convention of the Rights of the Child
CP	Child Protection
CSO	Civil society organisation
DHS	Demographic and Health Survey
EPI	Expanded Programme of Immunization
FBO	Faith-based organisation
FSM	Federated States of Micronesia
HIS	Health Information System
HPV	Human papillomavirus
ICR	Independent Completion Review
IIC	Investment in Children
ILO	International Labour Organization
JCV	Japanese Committee for Vaccines for the World's Children
JICA	Japan International Cooperation Agency
M&E	Monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MCP	Multi-Country Program
MCV	Measles Containing Vaccine
MDG	Millennium Development Goal
MR	Measles/Rubella vaccine
MOH	Ministry of Health
MSC	Most Significant Change
NGO	Non-government organisation
NCCC	National Children's Coordination Committee
NZAID	New Zealand Aid Programme
PICT	Pacific Island Countries and Territories
PIPS	Pacific Immunization Programme Strengthening (Partnership)

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RMI	Republic of the Marshall Islands
SIA	Supplementary immunization activities
SPC	Secretariat of the Pacific Community
SWAP	Sector-Wide Approach
TA	Technical Assistance
TVET	Technical and Vocational Education and Training
VII	Vaccine Independence Initiative
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## Executive Summary

### Background

The Australian Agency for International Development (AusAID) commissioned an Independent Completion Review (ICR) of the AusAID support to the United Nations Children's Fund (UNICEF) Pacific Multi-Country Program (MCP) (2008-2012) supporting Immunisation and Child Protection (CP). The review was carried out over three weeks in October/November 2012 with visits to Fiji, Vanuatu, and Kiribati.

The objectives of the review were: i) to evaluate the extent to which UNICEF has achieved its objectives, ii) to assess the effectiveness, efficiency and sustainability of UNICEF's regional approach, and iii) to provide critical analysis and recommendations to inform and shape AusAID's engagement with UNICEF's Multi-Country Program in the Pacific.

### Evidence of results

11 of 14 countries have achieved the targeted high levels of vaccine coverage, while progress in Vanuatu, Solomon Islands and Samoa remains constrained. The region has remained polio free since 2000, there has been no outbreak of measles since 2008-2009 and increasing routine coverage has led to a declining need for supplementary immunisation campaigns. Countries are on track to reach targets for hepatitis B vaccination and surveys in two countries have confirmed low disease prevalence. New vaccines have been introduced in a number of countries and are expected to bring further gains in reducing child mortality. While these results (and failings) cannot be attributed to UNICEF's support alone, there is evidence of UNICEF's contribution. There is no clear correlation of UNICEF financial support to immunisation coverage.

The child protection program has, over five years, helped transform the response in targeted countries.<sup>1</sup> Early limited intervention to increase awareness has evolved into a comprehensive response across legislative reform, improved service provision and community awareness and prevention and expanded to broad engagement across state and civil society. Baseline studies informed country-specific strategies and all countries have made substantial progress across each program component. There has been considerable work with communities and expansion of outreach and support services to rural areas. Governments have become increasingly open to CP issues with action reflected in national plans and resources. Improved legislation and awareness have led to increased demand that outstrips the capacity of service providers to respond.

### More to do on aid effectiveness

Each program is broadly aligned to national health and CP plans. UNICEF is seen to drive the country planning process with a set of regional objectives and priorities but plans are developed with inadequate reference to the sectoral context and policy and to national planning, budgeting and prioritisation exercises. It has done little to use and strengthen wider health systems. The CP program has helped build capacity of

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<sup>1</sup> The program prioritises Kiribati, Solomon Islands and Vanuatu but also assists Fiji, Samoa, Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI) and Palau.

systems around legislation and empowered service delivery agencies in carrying out their mandates.

UNICEF works well with government and agencies supporting immunisation but does not play an active role in sector coordination and governance arrangements. The child protection program is more closely coordinated with others. However there are missed opportunities for more active engagement with civil society organisations (CSOs) and other United Nations (UN) agencies. Communication with AusAID posts was reported as poor and limits potential for leverage and wider benefits.

### **Analysis and lesson learning**

There is limited analysis and learning around the causes of under-performance in immunisation that are often related to systemic deficiencies notably the shortage of health workers and limited recurrent budgets. There has been little attention to exploring alternative approaches to lesson sharing and staff training that do not remove staff from their work site for long periods.

### **Concerns over efficiency**

UNICEF staff in field offices have limited autonomy and most decisions are referred to Suva. This reduces efficiency and affects how the offices are perceived. UNICEF approval and funding mechanisms are reported to be slow and cumbersome and lead to substantial transaction costs for those doing business with the organisation. UNICEF has increased its country presence through recruitment of national officers and UN volunteers.

### **Sustainability**

The sustainability of each program is reliant on adequate resourcing and the capacity and performance of national health and child protection systems. Costs (and benefits) will increase substantially with introduction of new vaccines and in strengthening child protection systems and services to meet rising demand. Some countries need to explore alternatives to reach isolated and under-staffed areas. Each program remains dependent on external resources.

### **Lessons**

UNICEF has played an important role in supporting immunisation and in progressing the CP agenda in Pacific Island Countries and Territories (PICTs).

The UNICEF multi-country approach has value in providing access to a regional body of technical expertise and in supporting activities with regional added value. However it focuses on UNICEF's selective priorities rather than the wider health agendas of target countries. It does not encourage cooperation across agencies in support of country led strategies and plans nor ensure coherent programming.

There is a need to adapt UNICEF's framework and approach to the country context and to work more closely with others- with civil society organisations to improve services and with bilateral programs to maximise leverage.

In-service staff training alone does not equate to capacity building. There is need for greater attention to institutional capacity strengthening and to monitor the impact of training on performance. New approaches are needed to address workforce shortages, for example through task shifting to lower skilled staff.

Routine immunisation data needs to be validated through more frequent use of population coverage surveys.

There are many opportunities to realise efficiencies through better coordination and integration of activities across targeted programs.

Pooled procurement through the Vaccine Independence Initiative is efficient, highly valued by countries and could be expanded to cover new vaccines.

There is a tension between regional and country level approaches to supporting immunisation and child protection.

There is merit in maintaining the multi-country model through UNICEF but this will require greater progress on alignment, systems strengthening and harmonisation.

## **Recommendations to UNICEF**

### ***General***

Strengthen performance against key aid effectiveness criteria to better align UNICEF processes with government systems and procedures.

Improve efficiency of operations and reduce transaction costs for partners.

Strengthen participation in sectoral and cross-government coordination mechanisms and work with civil society organisations.

Give greater attention to building capacity of institutions and in monitoring the impact of training on performance.

Strengthen links with AusAID Posts and CSO programs to gain greater leverage.

Assist partner Ministries to make the case for funding to Ministries of Finance.

### ***Child Protection***

Consolidate child protection work to date including completion of end-line research to identify lessons to inform longer-term work.

Work with ministries, regional and national training providers and AusAID on innovative approaches to address workforce shortages.

Develop a clearly articulated theory of change and simplify categories of CP work to improve understanding

### ***Immunisation***

Strengthen supervision and monitoring systems and increase use of coverage surveys to verify routine immunisation data.

Identify opportunities for greater coordination and integration of activities across targeted programs (e.g. coordination of malaria and the Expanded Programme of Immunization (EPI) outreach activities; integration of SRH services, maternal health, nutrition and other child health issues.

Increase efforts to embed EPI and other associated training (IMCI) at pre-service level and explore use of innovative approaches such as on-line training.

Shift the focus of reporting from low-level activity (e.g. numbers of staff trained) to changes in performance (increased coverage).

## Recommendations to AusAID

The proposed interim support to the MCP over the next 12-18 months should consolidate the immunisation and CP programs with limited expectations of expansion.

Provide future support to the UNICEF MCP as un-earmarked support in line with AusAID's aid effectiveness agenda and partnership agreement with UNICEF.

A future program should establish high-level results indicators for child protection and immunisation and for performance against aid effectiveness principles.

Multi-country support should be largely focused on areas where there is regional added value but allow flexibility in pursuing innovative approaches at country level. Significant support for in-country operations should be funded, where possible through the bilateral program

Explore the use of thematic regional funds to improve coherence and cooperation in support of a country owned health agendas models.

Consider institutional strengthening support for Ministries of Women, Children, Youth, Disability and Social Welfare.

Strengthen links between AusAID bilateral programs and UNICEF across health and education initiatives relevant to child protection and gender.

Consider support for introducing new vaccines in PICTs through bilateral support or through an expanded Vaccine Independence Initiative.

## Evaluation criteria ratings

Evaluation Criteria	Rating 1-6 <sup>2</sup>	
	Immunisation	Child protection
Relevance	5	5
Effectiveness	4	5
Efficiency	3	3
Sustainability	4	5
Gender equality	5	4
Monitoring and Evaluation	4	4
Analysis & Learning	3	5

<sup>2</sup> Rating scale: 6= very high quality, 5=good quality, 4=adequate quality, 3=less than satisfactory, 2=poor quality, 1=very poor quality.

## 1. Introduction

Consultants carried out an Independent Completion Review (ICR) of the Australian Agency for International Development's (AusAID) support to the United Nations Children's Fund (UNICEF) Pacific Multi-Country Program on Child Protection and Immunisation covering for the period 2008-2012.

### 1.1. Background

AusAID has supported the Child Protection Program (CPP) and the Expanded Programme of Immunization (EPI) under the UNICEF Pacific Multi-Country Program since 2005. The initial support (2005-2010) was extended by two years to ensure continued improvements and results in immunisation and child protection while a longer-term strategy was developed. From 2008-2012 AusAID provided AUD\$9 million for Child Protection (CP) and AUD\$2.495 million for immunisation. A breakdown of expenditure by year and country is contained in Annex D.

The CP program was established in 2008 and builds upon work initiated under the Pacific Children's Program. It aims to prevent and respond to violence, abuse and exploitation of children through a threefold strategy: improve laws and regulations and their enforcement; improve social services; and address community practices and behaviour. The program focused on three priority countries; Kiribati, Solomon Islands and Vanuatu and also assisted Fiji, Samoa, Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI) and Palau.

The long-standing immunisation program contributes to the reduction of mortality and disease burden and to the achievement of health-related Millennium Development Goals (MDGs) in 14 Pacific Island Countries and Territories (PICTs) although Kiribati, Solomon Islands and Vanuatu were priorities.<sup>3</sup> It assists countries to remain polio free, to achieve and maintain measles elimination status and improve hepatitis B control through strengthening routine immunisation activities. The Multi-Country Program is part of a wider immunisation effort that is coordinated through the Pacific Immunization Programme Strengthening (PIPS).<sup>4</sup>

### 1.2. Objectives

The review has three objectives: i) to evaluate the extent to which UNICEF has achieved its objectives for each program; ii) to assess the effectiveness, efficiency and sustainability of UNICEF's regional programming and implementation approach, and iii) to provide critical analysis and recommendations to AusAID in informing and shaping AusAID's engagement with UNICEF's Multi-Country Program in the Pacific. In this regard, the review was asked to consider AusAID's support within the wider context of the AusAID-UNICEF Partnership Framework (2008-2015), key policy and

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<sup>3</sup> Tier 1 (priority)- Solomon Islands, Kiribati, Vanuatu; Tier 2 – Fiji, FSM, RMI, Samoa, Tuvalu; and Tier 3 - Cook Islands, Nauru, Niue, Palau, Tokelau and Tonga.

<sup>4</sup> The Pacific Immunization Programme Strengthening (PIPS) initiative was established in 2004 as a subregional mechanism to coordinate and mobilise technical and financial support to the National Immunization Programmes.

program documents, and discussions underway on possible future models of regional cooperation with United Nations (UN) agencies and other multilaterals.<sup>5</sup>

### 1.3. Methodology

The review drew on extensive sources of qualitative and quantitative data sources. The process was inclusive, drawing on the views of over 180 individuals (see annex C for details). Methods included:

- Primary review of background literature and monitoring and evaluation (M&E) reports
- Consultation with Canberra-based AusAID staff<sup>6</sup>
- Feedback from AusAID posts through a short questionnaire on each program
- Self-assessment sessions with UNICEF staff at the onset of visits to Fiji, Vanuatu and Kiribati
- Meetings with in-country stakeholders including UNICEF, AusAID, government ministries, civil society and faith-based organisations, and bilateral/multilateral donors active in child protection and immunisation
- Round table and focus group discussions with service providers, community leaders, parents and young people using a semi-structured guide
- Telephone/e mail exchanges with ten representatives of state and non-state agencies from a further seven countries not visited by the review team.<sup>7</sup>

On completion of each country visit, feedback sessions were held separately with UNICEF and AusAID staff to discuss findings and emerging recommendations. The team debriefed UNICEF regional staff at the end of the mission and held a session on aid effectiveness. Initial findings were presented in an aide memoire to AusAID.

### 1.4. Evaluation team

The review was carried out over three weeks in October/November 2012 by an independent team comprising Stewart Tyson (Team Leader and Health Specialist with a focus on aid effectiveness), Salanieta Taka Saketa (Health Specialist) and Colleen Peacock-Taylor (Child Protection Specialist). The team was supported by Kate Fraser, AusAID Evaluation Manager and staff from the AusAID Regional office in Suva and AusAID Solomon Islands Post who accompanied the review team on country visits. UNICEF officers also accompanied the team and assisted with logistics during the review.

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<sup>5</sup> Including: Australia's Regional Aid Programme to the Pacific 2011-15; the 2011 Independent Review of Aid Effectiveness; AusAID commissioned Study of Independent Completion Reports and other evaluation documents, Peter Bazeley 2011; Review of Child Protection Policy; Australian Multilateral Assessment (2010); Independent Progress Review of the Child Protection & Expanded Immunisation Programs (January 2010); UNICEF's Internal Midterm Review of the 2008-2012 Pacific Islands Multi-Country Program (2010),

<sup>6</sup> Including the UNICEF lead in the UN and Commonwealth Section of AusAID, the Child Protection Specialist and Senior Health Sector Specialists.

<sup>7</sup> Cook Islands, FSM, Niue, Palau, RMI, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu,

## 1.5. Limitations

The duration of the review did not allow for collection of primary data, nor compensate for gaps and uncertainties over the validity of existing data. Each program has generated a great deal of information but this was often not in a readily accessible and aggregate format. A particular challenge is uncertainty on the validity of immunisation coverage data based on routine reporting systems and infrequent use of population surveys to verify data. The questionnaire to AusAID staff elicited only one response for CP and four for immunisation and it was not possible to triangulate information gathered via teleconference from a limited number of stakeholders in PICTs not visited. While it is difficult to generalise findings across the region due to the wide variation in countries and performance, the three countries studied provided a representative range of examples of practice and challenges from which to draw general conclusions and recommendations.

## 2. Findings

The immunisation and child protection programs are at very different stages of implementation and are addressed separately below. UNICEF has supported immunisation programs globally since 1974. These programs are well established and have become a core component of national health systems with clear targets and an extensive set of tools for planning, implementation and M&E.

Child protection is a new program in the Pacific for UNICEF (and for AusAID). Early intervention under the Pacific Children's Program focused on "setting the stage" through awareness raising. Since 2008 the comprehensive program has supported the realisation of children's rights in eight target Pacific countries by improving laws and regulations and their enforcement, enhancing services, and changing community practices to better protect and care for children.<sup>8</sup>

### 2.1. Expanded Programme of Immunization

#### 2.1.1. Context

The Pacific represents one of the most challenging environments in which to deliver universal access to essential health care, of which immunisation is a key component. The 14 targeted countries are distributed over 30 million square kilometres of ocean with populations spread over scattered and remote islands. The region suffers from multiple health challenges including communicable and non-communicable diseases and high fertility. Health systems are fragile, underfunded, and often donor dependent. They are characterised by limited human capacity that is weakened by high turnover and out-migration of skilled and experienced health workers, especially nurses. There are low levels of investment in health and inadequate funding for operational costs. The health budget of many countries may cover little more than salaries and the costs of the main hospital.

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<sup>8</sup> Targeted first-tier countries are Pacific LDCs Kiribati, Solomon Islands and Vanuatu; second-tier countries include Fiji, Samoa, FSM, RMI and Palau.

### **2.1.2. Relevance – 5 Good**

The program is highly relevant for countries within the region and to the needs of the ultimate beneficiaries. It is a high priority for all PICT governments, for AusAID, and is considered core business by UNICEF. Immunisation is one of the most cost-effective and important public health interventions and is key to the control and eradication of a number of priority diseases. It makes a substantial contribution to achieving the MDGs; has universal reach and benefits, and can be a platform for strengthening health care systems. With increasing availability of vaccines effective against major causes of illness and death at all ages, the potential for population-wide health gains through immunisation is increasing.

### **2.1.3. Effectiveness – 4 Adequate**

#### ***To what extent has UNICEF met objectives?***

The EPI program has been successful in delivering results against clear objectives however the level of achievement does not reflect UNICEF's contribution alone but the collective effort of all partners against accepted international and regional targets.<sup>9</sup> Program documentation does not set specific indicators of achievement for UNICEF at impact, outcome and output level as, for example, through a logical framework. This would have differentiated the impact of UNICEF's contribution from that of other partners. However in a regional context and with a modest budget it is appropriate to report the achievement of the collective immunisation effort.<sup>10</sup> The program has been less successful in supporting health system strengthening and in influencing governments to adequately resource immunisation.

#### ***UNICEF Contribution***

The findings can be seen as associational but despite the lack of a logical framework there is adequate evidence to judge UNICEF's contribution. UNICEF has supported short and long-term technical assistance (TA) in priority countries (accounting for about 50 per cent of the budget); replaced 30-50 per cent of the cold chain including increased capacity to accommodate new vaccines and introduction of solar fridges in remote clinics; funded vaccines and other costs related to supplementary immunization activities (SIA); supported communication in preparation for introduction of new vaccines; and supported staff training with Japanese International Cooperation Agency (JICA) and World Health Organization (WHO). UNICEF also supported the Solomon Islands and Kiribati applications to GAVI.<sup>11</sup> TA included health specialist posts and/or United Nations Volunteers in priority countries (Vanuatu, Kiribati, Samoa and Solomon Islands), a data officer in the Ministry of Health (MOH), Vanuatu and a logistic officer and program assistant post in the UNICEF Suva office. Appointments were in response to recommendations of program reviews. The lack of skilled staff is a key impediment in almost all countries particularly for the tier one countries. UNICEF stated that the budget limits their options on recruitment. UNICEF staff in countries visited have a narrow technical background (nutrition in Kiribati, retired paediatrician in Vanuatu) and work across

<sup>9</sup> These include the Global Immunisation Strategy WHO/UNICEF2006-15 ; the Millennium Development Goals (2000), WHO WIPRO targets, World Health Assembly 2010 resolution.

<sup>10</sup> Funded largely by national governments with support from UNICEF, WHO, AusAID, NZAID, JICA, JCV.

<sup>11</sup> GAVI-Global Alliance on Vaccines and Immunisation.

UNICEF's health agenda but do not have a perspective of sector wide working and aid effectiveness issues.

Annex 5 compares spend by country with coverage. Samoa and Solomon Islands show increasing trends in immunisation coverage despite variable support of UNICEF. Vanuatu coverage remains static over the period despite increasing support. However it cannot be concluded that UNICEF is not effective in these countries. The resources related to need have been relatively modest and there are many confounding factors in countries including limited absorptive capacity and inadequate government budget allocation, particularly for operational costs. PIPS coordinates support around a regional strategy (multi-donor, multi-country, multi-year) which is in turn reflected in country plans. These are reported to be in line with national development strategies and health plans and UNDAF outcomes. PIPS is viewed as an effective mechanism for coordination although there is room to improve efficiency and improve the contribution of immunisation support to health system strengthening.

Achievements against program objectives are detailed in Table 1 below.

**Table 1: Progress against objectives of the UNICEF MCP EPI Program**

Expected Results 2012	Status November 2012 <sup>12</sup>
Maintenance of polio free status	– No polio case since 2000
Enhanced progress towards measles elimination by 2015	– No national measles outbreak since 2008 – National coverage rates range from 52-99% <sup>13</sup> – Increasing coverage through routine services is reflected in declining need for SIA- a fall from 13 in 2007-08 to three planned in 2013 (Samoa, Solomon Islands and Vanuatu)
Enhanced progress towards Hepatitis B control by 2015 <sup>14</sup>  First dose of Hepatitis B vaccine delivered within 24 hours of birth >65%  Hepatitis B 3 <sup>rd</sup> dose >85%	– Two countries have reduced Hepatitis B prevalence in children under five years to less than 2% (by serosurveys) <sup>15</sup> – Achieved by all countries except Niue (56%) in 2011 – Achieved by all countries except FSM (83%) and Vanuatu (59%) in 2011
Average national percentage of fully immunised children increased from 80% to 90% <sup>16</sup>	– In 2011 all countries except Samoa (67%), Solomon Islands (73%) and Vanuatu (52%) achieved 90% measles coverage <sup>17</sup>

<sup>12</sup> The latest available data is for 2011 based on UNICEF/WHO estimates

<sup>13</sup> 2011 estimates WHO/UNICEF

<sup>14</sup> To reduce prevalence of Hepatitis B in children under five years to less than 2 per cent by 2012 (WHO goal for Western Pacific 2005.)

<sup>15</sup> Two countries (Fiji and Tonga) have confirmed low disease prevalence and in the process of certification whilst seven are yet to carry out a survey before certification; (First Hepatitis B Expert Panel Report February 2011).

<sup>16</sup> Measles coverage is a useful proxy for full coverage as it is given at the end of the schedule of routine vaccines.

<sup>17</sup> WHO/UNICEF estimates 2011.

Expected Results 2012	Status November 2012 <sup>12</sup>
	<ul style="list-style-type: none"> <li>– In 2011 all countries except Palau (84%) and Vanuatu (68%) achieved 90% DPT3 coverage<sup>18</sup></li> </ul>
<p>Countries achieve at least 80% coverage in each district (GIVS objective)</p>	<ul style="list-style-type: none"> <li>– Not met. District level data in Kiribati and Vanuatu demonstrated wide variation.</li> </ul>
<p>Potent traditional and new vaccines procured and made available and equitably accessible in Solomon Islands, Vanuatu, and Kiribati and hard to reach areas in Fiji, FSM, Samoa and Tier 3 countries.</p>	<ul style="list-style-type: none"> <li>– See Table 2 below for details of new vaccine introduction</li> <li>– Where new vaccines have been introduced they have been introduced countrywide.<sup>19</sup> There is no evidence of any specific focus on inequity or disadvantaged areas.</li> </ul>
<p>Health workers at all levels have enhanced capacity to undertake equitable EPI programming in Solomon Islands, Vanuatu and Kiribati (and marginalised and hard to reach areas in Tier 2 and Tier 3 countries)</p>	<ul style="list-style-type: none"> <li>– Staff have been trained (and often retrained) in immunisation planning and management however there is no structured approach to assessing whether new skills are translated to improved practice. While training is increasingly coordinated with other donors and includes other health issues there is no move to a coordinated continuing education approach and limited input to pre-service training.</li> </ul>
<p>Health workers at all levels have enhanced capacity to prevent and control pneumonia and diarrhoea in Solomon Island, Vanuatu and Kiribati (and marginalised and hard to reach areas in Tier 2 and Tier 3 countries)</p>	<ul style="list-style-type: none"> <li>– 1,139 health workers were trained in 2011. Focus groups in Kiribati reported that increased capacity of health workers had led to greater awareness of communities on the need for early intervention and reduction in cases of severe illness presenting during diarrhoea outbreaks</li> </ul>
<p>Children under-fives regularly receive integrated package of interventions during measles SIA</p>	<ul style="list-style-type: none"> <li>– SIA and child health days routinely support Vitamin A, deworming treatment, birth registration, hand washing demonstrations, and distribution of treated bed nets. However these are infrequent events and the integrated package is not provided regularly.</li> </ul>

<sup>18</sup> WHO/UNICEF estimates 2011.

<sup>19</sup> The volume of vaccine donations may determine the coverage. For example Kiribati has introduced HPV on the basis of a one off donation from Merck that is enough to reach half the population only.

**Table 2: New vaccine introduction**

Vaccine	Introduced	Planned
HiB	All by 2010	
Second dose Measles Containing Vaccine (MCV)	All by 2009, except Solomon Islands and Vanuatu.	
Measles/Rubella	2006 Fiji, 2011 Tuvalu, Kiribati	2013 Solomon Islands, Vanuatu
Pneumococcus	2012 Fiji, RMI, FSM, Palau <sup>20</sup>	2013 Kiribati 2014 Solomon Islands
Rotavirus	2012 Fiji, RMI, FSM, Palau, Guam	
Human Papillomavirus (HPV)	2011 Kiribati, Cook Islands, RMI, FSM (except Chuuk State), Palau,	2013 Fiji, Vanuatu (pilot)

### ***Consistency with aid effectiveness principles***

UNICEF is highly regarded by AusAID as reflected in the substantial increases in core support to the organisation from 2008-2011.

Yet the organisation's strength in delivering results has often come at the expense of aid effectiveness when measured against internationally accepted criteria.<sup>21</sup> This review concurs with previous assessments that UNICEF needs to do more to align support to national systems and to harmonise efforts with others.<sup>22</sup>

### ***Ownership***

Immunisation, as a core component of health systems, is 'owned' by national governments however it is more questionable whether governments own the UNICEF contribution. Informants report having little say in resource allocation decisions and selection of TA. They see UNICEF as bringing a predetermined plan to the table and then fitting this onto national plans.

### ***Alignment***

Government health systems are weak in most target countries. UNICEF has generally focused on the delivery of results in the short-term and not contributed significantly to the building of institutions and the wider systems necessary for longer-term sustainability. While the EPI multi-year plans are informed by immunisation reviews and vaccine management assessments they appear to be developed with inadequate reference to the wider sectoral context and policy and to national planning, budgeting and prioritisation exercises. The Vanuatu EPI plan is a substantial document of 48 pages but addresses only one of many priority health programs. It highlights what *needs to be done* to deliver immunisation targets rather than *what can be done* given the likely limited budget envelope. UNICEF approaches

<sup>20</sup> Supported by United States Centres for Disease Control.

<sup>21</sup> [Paris Declaration principles 2005.](#)

<sup>22</sup> Multilateral Organisation Performance Assessment Network (MOPAN), UNICEF report 2009; Australian Multilateral Assessment UNICEF March 2012; AusAID/UNICEF Pacific Multi-Country Programme 2005-2010, Independent Progress Report, January 2010, Regional Health Portfolio Transition Design (draft), Janine Constantine, September 2012.

immunisation as *the priority* for governments rather than as one of many priorities that need to be planned and financed within an overall strategic health plan and budget framework. The level of prioritisation should be determined by national governments rather than through the availability of external resources for a particular program.

A country-focused, context-appropriate approach would be more in line with the country ownership objective espoused in aid effectiveness principles. The success and sustainability of targeted interventions such as immunisation will be dependent on action across the sector and beyond.

UNICEF procurement delivers supplies of vaccines and cold chain materials at low prices and is highly valued by countries. While the review team heard of isolated problems, supply is generally reliable.<sup>23</sup> However, procurement is managed by UNICEF and is not seen by national contract review boards. The process does not contribute to building national capacity in tendering and contract management.<sup>24</sup>

Health information systems (HIS) are weak in most target countries and agencies supporting 'vertical' or targeted programs including EPI, justify the use of parallel data systems to generate data needed to efficiently manage the program. The collective impact is, at best, a lost opportunity to contribute to building an effective and sustainable HIS system and at worst, an undermining of efforts.

### **Harmonisation**

UNICEF works well with WHO and JICA in supporting immunisation and with governments but there are missed opportunities for more active engagement with civil society organisations (CSOs). Communication with AusAID Posts was reported as poor, thus constraining the potential for leveraging through bi-lateral channels.

UNICEF documentation highlights a country systems focus, engagement in sector coordination mechanisms ('SWAPs'), and strategic partnerships with donors, non-government organisations (NGOs) and other UN agencies. However UNICEF is not seen to play an active or lead role in sector coordination. This is surprising given its wide remit in health and obvious strengths. Government described UNICEF as 'going it alone'. Duplication of activity with WHO and lack of advance notification of TA missions were flagged as issues during country visits.<sup>25</sup>

The success and sustainability of targeted interventions such as immunisation and CP will be dependent on action across the sector and beyond and this requires UNICEF officers to understand wider developments in the sector. UNICEF sees its partner as government and perhaps invests too little time in communication and coordination with in-country bilateral agencies and with civil society. Numerous immunisation and CP stakeholders reported that UNICEF personnel were often absent from coordination meetings, that key documents had not been widely

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<sup>23</sup> Fiji reported delays and stockouts and Kiribati reported receiving vaccine near its expiry date that had to be returned.

<sup>24</sup> in Vanuatu AusAID supports strengthening of MOH contract management systems to ensure that all procurement passes through the embryonic Central Supplies and Tender Board. UNICEF procurement is not signed off by the Board.

<sup>25</sup> Duplication was not reported in immunisation but in support for health education in schools in Solomon Islands.

circulated and as a result they had little knowledge of what UNICEF was supporting.<sup>26</sup>

### **Managing for results**

Despite weak information management in countries there is an established results framework for immunisation and systems to link activity to the effect on beneficiaries. However much reporting is activity focused with concerns over the timely use of information to guide decisions and resource allocations to improve performance.<sup>27</sup>

### **Mutual accountability**

Countries generally accept aid provided but report that they have inadequate influence over how it is allocated. There is no effective means to hold UNICEF to account.

## **2.1.4. Efficiency – 3 Less than satisfactory**

### ***Was the activity managed to get the most out of inputs of funds, staff and other resources?***

While the program has a limited budget, evidence suggests that it achieved significant “value for money” in scope and reach. UNICEF is seen as having a comparative advantage in procurement of vaccines and cold chain materials. All 14 PICTs fund the basic vaccines and 13 of those, benefit from low prices through UNICEF procurement using the Vaccine Independence Initiative.<sup>28</sup> The VII is a pooled procurement mechanism for countries (using domestic funds) but provides only one component of the EPI i.e. vaccines. UNICEF (though the MCP) has provided other needed support to the program (eg TA, training, cold chain replacement, support for SIA etc.). UNICEF has also been used as a procurement agent where countries have introduced new and underused vaccines.

UNICEF administrative and financial systems are reported to be slow and inefficient and bureaucratic procedures are considered cumbersome leading to substantial transaction costs for those engaging with the organisation. Government staff expressed frustration over the need to request each transaction as a separate activity rather than through quarterly advances against an agreed plan. Organisational inefficiencies are further discussed in 2.2.4 below.

There is evidence of greater integration around child survival, for example in linking immunisation training to management of childhood illness. There are substantial inefficiencies for governments in managing many targeted health programs and limited evidence that programs such as EPI and malaria routinely cooperate and plan outreach activities to make most efficient use of the limited resources. One positive example in Vanuatu was initiated by a CSO rather than by the programs or UNICEF. The inefficiency of selective programming is starkly seen in relation to the continuum

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<sup>26</sup> For example the AusAID Child Protection Officer in Vila had not received or seen the child protection baseline study for the country.

<sup>27</sup> Duplication was not reported in immunisation but in support for health education in schools in Solomon Islands.

<sup>28</sup> Fiji is not able to use the VII mechanism but benefits from using UNICEF to procure vaccines. Vanuatu did fund the basic vaccines until the Japan Committee for Vaccines took responsibility to fund Pentavalent Vaccines for a five year period on an arrangement in which Vanuatu makes an increasing contribution.

of care on maternal, newborn and child health where, despite a nominal division of labour among UN agencies, there is no coherent program of support.

### **2.1.5. Impact – 5 Good**

While the ambitious objectives of the immunisation program will not be fully met by 2012, there has been substantial progress. Reported coverage of all vaccines is high in countries with the exception of Solomon Islands, Vanuatu and Samoa. High coverage is reflected in the maintenance of polio free status since 2000, the absence of measles outbreaks since 2008 and reduced reliance on SIAs as routine service coverage improves. Cases of tetanus are also uncommon. Most countries are on track to reducing the prevalence of hepatitis B to targeted levels.

All countries except Solomon Islands and Vanuatu have introduced a second dose of a measles containing vaccine. New vaccines (Pneumococcal, Rotavirus and HPV) have been introduced in 'early adopter' countries and are planned in others. These will further reduce illness and death from diarrhoea and pneumonia (which together account for up to 50 per cent of under-five deaths) and cervical cancer but will substantially increase program costs. Immunisation is increasingly delivered with a range of other high impact health interventions during SIA or national child health days.<sup>29</sup>

### **2.1.6. Sustainability – 4 Adequate**

#### ***Will benefits continue after funding has ceased?***

Immunisation is a long-term agenda. A new cohort of infants needs to be immunised each year (about 50 000 newborns annually across the 14 PICTs) to maintain the gains and prevent build-up of unimmunised populations that are susceptible to infection. Failure to maintain gains to date will lead to reversals and threaten the wider Pacific and its neighbours from measles and polio in particular. Until all vaccines are heat stable there will be need to maintain and replace cold chain equipment. The advent of new vaccines including Pneumococcus, Rotavirus and HPV will bring major health benefits to countries but program costs will rise substantially and all countries will need support until vaccine prices fall.

The sustainability of the EPI program is dependent on adequate resourcing and the capacity and performance of national health systems. This will require effective leadership, rational planning, sound financial management and good governance. UNICEF needs to balance support to deliver immunisation gains over the short term with support to strengthen systems and institutions to ensure long term sustainability.

Sustainability should loom larger on UNICEF's agenda given the experience following reduction of UNICEF support, after the declaration of Universal Child Immunization in 1990. This saw immunisation coverage levels collapse in many countries which had been over-reliant on external resources and where immunisation had been delivered as a vertical program.

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<sup>29</sup> Including vitamin A distribution, deworming treatment, distribution of insecticide treated bednets, hand washing guidance, birth registration and training on recognition of disability

### **2.1.7. Gender equality – 5 Good**

Education of mothers correlates positively with immunisation coverage of their children. Sex-specific immunisation coverage data are not routinely reported in PICTs but included in periodic population surveys. Differential coverage of immunisation of girls and boys has not been raised as a concern when population surveys study coverage.<sup>30</sup> Recognition of disability is part of the integrated package of child health interventions offered during SIA and child health weeks.

### **2.1.8. Monitoring and evaluation – 4 Adequate**

#### ***Has the M&E system effectively measured progress to meeting objectives?***

Monitoring systems are well established for immunisation but are dependent on trained staff, and an effective HIS. Countries rely on routinely reported data (from immunisation providers at all levels) supplied each month to district offices and sent on to provincial authorities and to the national level. Most HIS have deficiencies including under and over-reporting, and poor quality data. Countries report routine and adjusted figures annually and WHO/UNICEF develop an estimate taking into account most recent survey data.

Routine data is verified through periodic population based surveys such as the Multiple Indicator Cluster Survey (MICS) and Demographic Health Survey (DHS). These are however carried out infrequently and are high cost. Such surveys can demonstrate a dramatic difference in coverage rates. Countries have generally underused the relatively inexpensive immunisation coverage survey (although sampling poses challenges where populations are widely scattered).

### **2.1.9. Analysis and learning – 3 Less than satisfactory**

EPI programming is based on a regularly updated situation analysis, program reviews and vaccine management assessments and these have led to appropriate interventions. For example, identification of data problems led to the appointment of a data entry officer in Vanuatu; reported low coverage in Samoa initiated an EPI review and subsequent appointment of a UN volunteer to support the program. UNICEF intervened to resolve gas shortages in Solomon Island and Vanuatu and covered transport costs.

However there is limited analysis and learning around the causes of under-performance in immunisation that are often related to systemic deficiencies. In each country the team heard that critical constraints to improved coverage are the shortage of health workers, particularly nurses and limited recurrent budgets. This would suggest that different approaches are needed; task shifting for immunisation to other lesser skilled health workers and more effective cooperation across the many targeted programs. There has been little attention to exploring alternative approaches to lesson sharing and staff training that do not remove staff from their work site for long periods.

<sup>30</sup> The 2007 Vanuatu MICS Survey among 342 children aged 12-23 months, 44.1 per cent of girls and 39.5 per cent of boys were fully immunised. The 2008 Fiji national coverage survey conducted in 2008, including 1200 children (47.8 per cent female) in all four divisions, only 79 children had not been fully immunised – 37 girls and 42 boys, from 50 different clusters.

There are examples of south-south cooperation and the transfer of lessons from one country to another. Trained staff from Fiji have supported training on installation and maintenance of solar chills in Vanuatu and Kiribati. .

However the program has shown little evidence of innovation to address systemic problems such as the shortage of trained staff in all countries or in promoting more cost effective approaches to training staff. The training model remains reliant on in service training that removes staff from the workplace, often for long periods as each program (malaria, HIV, TB) relies on a limited workforce. While there is evidence of more integrated training there is much room to explore other approaches to pre-service and in-service training.

Communication was reported as one of UNICEF’s strengths by one government. Yet there are opportunities to improve communication with other partners, particularly bilateral programs and CSOs. Numerous immunisation and CP stakeholders reported that they had not seen key documents and had little knowledge of what UNICEF was supporting.<sup>31</sup> UNICEF should ensure broader distribution of materials, in user-friendly formats to the wider constituency. Production of short electronic newsletters to update stakeholders on innovation and achievements in EPI and CP across the region would be a valuable contribution. (While planned this has not been completed in 2012).

#### 2.1.10. Evaluation criteria ratings

Focus area	Explanation	Score
<b>Relevance</b>	Highly relevant to the goals of AusAID, UNICEF countries and beneficiaries.	<b>5</b>
<b>Effectiveness</b>	While all goals will not be met UNICEF has <i>contributed to</i> high levels of coverage, maintenance of polio free status, reduction in measles and Hepatitis B prevalence and the introduction of new vaccines. Through the separate Vaccine Independence Initiative UNICEF has procured basic vaccines (funded by PICTs) at low cost and maintained continuity of supply.  More could be achieved on capacity development, strengthening national systems, coordination and communication with partners and active engagement in sector governance arrangements	<b>4</b>
<b>Efficiency</b>	Widespread concerns over UNICEF’s slow response times, cumbersome bureaucracy and high transaction costs.	<b>3</b>
<b>Sustainability</b>	UNICEF’s approach has been to support selective interventions, often through parallel systems to government and has not contributed to strengthening national institutional capacity in procurement, health information, and financial management.	<b>4</b>
<b>Gender Equality</b>	Gender disaggregation is reflected in immunisation survey data but not in routine	<b>5</b>

<sup>31</sup> For example the AusAID Child Protection Officer in Vila had not seen the child protection baseline study.

Focus area	Explanation	Score
	reporting. However gender has not been identified as a barrier to immunisation in the region.	
<b>Monitoring and Evaluation</b>	Reliance on routine data systems with underutilisation of immunisation coverage surveys.	<b>4</b>
<b>Analysis and Learning</b>	EPI planning is informed by program reviews and extensive performance data. There is little evidence of innovation to address the shortage of health workers for example through task shifting), in approaches to training and monitoring impact on performance and in lesson sharing (through e mail/blog).	<b>3</b>

## 2.2. Child Protection Program

### 2.2.1. Context

AusAID has recognised child abuse as a pervasive global problem. PICT governments are struggling to meet international standards as set out in the Convention on the Rights of the Child (CRC) which all program target countries have ratified. CRC requirements can be especially difficult to meet for small island states where formal child protection systems do not exist and national resources are not available to establish or sustain such systems to the scale and scope required.

When AusAID and UNICEF commenced work on the CPP in 2008 this was the first comprehensive, multi-faceted child protection initiative in the Pacific region. As such, it represented largely green-field work for both agencies as well as for governments and civil society organisations (CSOs). Although child protection work was initiated in Fiji, Vanuatu and Samoa through the regional AusAID Pacific Children’s Program (PCP, 2001-2008) this focused primarily on community-level awareness and prevention and for the most part did not venture into the areas of legislative reform or formal sector service provision. During implementation of the CPP, AusAID also developed and commenced implementation of its first Child Protection Policy reflecting the Australian government’s commitment to protect children from all kinds of abuse in the delivery of aid.<sup>32</sup> The first independent review of this policy in March 2012 notes that AusAID was the first bilateral donor and Commonwealth agency to implement a child protection policy and acknowledges the agency’s leadership and ground-breaking work to date in developing and supporting child protection, including embedding CP requirements into key business processes.<sup>33</sup>

### 2.2.2. Relevance – 5 high

The program is highly relevant to UNICEF and AusAID priorities, for countries within the region and to the needs of the ultimate beneficiaries. It supports delivery of commitments set out in the CRC (which all target countries have ratified), the MDGs and World Fit for Children objectives. Children are particularly vulnerable during

<sup>32</sup> Government of Australia, *AusAID Child Protection Policy*, 2009, Canberra. This policy articulates AusAID’s zero tolerance approach to child abuse and child pornography and provides a framework for managing and reducing risks of child abuse by persons engaged in delivering aid program activities.

<sup>33</sup> Report of the AusAID *Independent Child Protection Policy Review*, 2012, GPCS Consulting Group

crisis situations (be it environmental, political or economic in nature) and in circumstances characterised by increasing population and changing migration patterns, poverty, unemployment, teenage pregnancy, substance abuse, domestic violence and family breakdown - all of which are prevalent in targeted PICTs.

### 2.2.3. Effectiveness – 5 Good

The program has made a significant contribution, both directly and indirectly, to raising the profile of child protection issues. The initial country baseline reports were comprehensive and compelling, and when combined with awareness activities served to “kick start” child protection work in targeted countries. However the documents were not widely available and more could have done to ‘package’ the material to make it more accessible to different audiences, such as parliamentarians and the media. The involvement of CSOs and the engagement of police, educators, health care workers, churches and traditional leaders has resulted in greater public openness about child abuse and family violence - issues long considered “the private business” of families. Child-friendly legislative, active inter-agency planning groups and agreed referral protocols are all playing an important role in creating a more enabling environment for the protection of children.

Since 2008, all CP program target governments have developed, or are in the process of developing a range of laws, policies, operating procedures, protocols, action plans, programs and services to address child protection issues focusing on children as victims, witnesses and offenders. Over this period a proliferation of CSOs including faith-based organisations (FBOs) have also become actively and formally involved with CP work through awareness-raising, legal reform and service provision. As such, child protection has moved very quickly from being a green-field activity to become a complex, highly dynamic, cross-sector sphere of work in the Pacific.

The degree to which target PICTs governments acknowledge and incorporate child protection in national development plans and sector priorities varies considerably across target countries, with Kiribati and Fiji currently taking a lead role in this regard.<sup>34,35</sup> According to stakeholders, research compiled by international and regional agencies (including UNICEF) on issues of domestic and social violence in Kiribati served as “a wake-up call that jolted government into action”.

Increased interest by key stakeholders can be partially attributed to the 2009 AusAID Child Protection Policy which requires all recipients of AusAID funding to have organisational child protection policies and procedures in place which include CP Codes of Conduct signed off by all staff and volunteers. AusAID has also assisted in bringing child protection issues to the forefront by requiring all regional and bi-lateral

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<sup>34</sup> The Draft Kiribati Development Plan 2012-2015 states: “Violence against women and children is a widespread issue and is manifested in many forms although it remains largely unreported. The best understood are recently recorded levels of intimate partner violence (68 per cent of couples) and child sexual assault (19 per cent). Unsafe and unhealthy urban environments with no traditional social safety net puts many children at risk and requires a child protection response coordinated with gender and domestic violence initiatives... Priority actions will include finalisation and effective implementation of the socio welfare/protection policy document” (pg. 24). Government of Kiribati 2012.

<sup>35</sup> The Fiji Government recently launched the Prevention of Child Abuse and Neglect (PCAN) and invited government departments and CSOs to “take up the challenge”. According to the Permanent Secretary of the Ministry of Women, Poverty and Social Welfare, “there is a growing need to examine children’s status in light of the systems that are mandated to account for policies, programs and structures that protect them...in order to develop a more enabling and supportive environment”. Govind Sami, as quoted in the Fiji SundayTimes, 18 Nov. 2012, (pg. 2).

programs to incorporate child protection as a cross-cutting issue regardless of sector focus.

**Component 1: Legislation, regulation and enforcement**

There has been significant progress in all target countries in advancing legislative and regulatory frameworks for the protection of children as both victims and offenders. In some cases this has led to development of more integrated, whole of family legislation aimed at better safeguarding women, children and other vulnerable groups. Legislative reform has also led to greater compliance with the CRC, making implementation of this convention more achievable and meaningful for Pacific countries. The program has also assisted in developing capacity of national law reform systems in scoping and drafting legislation for children using participatory processes. New CP legislation has provided legitimacy and is serving to empower enforcement and justice agencies including police, courts, probation and social welfare officers in carrying out their respective mandates.

**Table 3: Summary of Legal & Policy Reform**

Country	2008	2012
<b>Fiji</b>	Juvenile Act, Adoption Infants Act, Probation of Offenders Act	Draft Adoption Decree Draft Community Based Corrections Decree Draft Child Justice Decree Draft Child Care and Protection Decree Child Protection Policy in Schools Ministry of Education
<b>Kiribati</b>	No Child Protection or Young Persons Act	Children, Young People and Family Welfare Bill (passed first reading in Parliament in December, expected to be adopted early 2013) Inclusion of child protection in the Kiribati Development Plan 2012-2015
<b>Solomon Islands</b>	Juvenile Offenders Act 1974 No Child Protection Law	Child and Family Welfare Bill
<b>Vanuatu</b>	No Child Protection Law or Policy	Child Protection Policy for Churches Child Protection Policy for Police Vanuatu Minimum Standards for Primary Schools (Standard 2.9 School Protection Policy)

(Data provided by UNICEF Suva)

Despite these gains, considerably more work is required over the medium to long-term to ensure new legislation is successfully implemented. This will require the development and testing of procedures and protocols, production of working manuals and provision of training for professionals working across the sector, including police officers, court workers, probation and child protection workers, hospital staff, school principals, traditional and religious leaders. It is essential that UNICEF dedicate sufficient, high-quality technical support to advance this work in second generation CP countries. Birth registration numbers and processes have also significantly improved in targeted PICTs.

**Table 4: Changes in birth registration by percentage from 2008-2012**

<b>Changes in birth registration by percentage from 2008-2012 in target Pacific countries</b>			
	<b>2008</b>	<b>2012</b>	<b>Percentage increase</b>
<b>Kiribati</b>	20%	95%	475%
<b>Solomon Islands</b>	1%	25%	2,400%
<b>Vanuatu</b>	25%	80%	220%

(Data provided by UNICEF Suva)

Building on child protection reform momentum, some PICT governments are now considering the comparative advantages of more composite laws to address family and social protection issues including women in domestic violence situations. In this scenario, some program staff expressed concern that child protection would get “caught-up” in a politicised gender debate thereby slowing legislative reform for children, while others believe the inclusion of CP in domestic violence laws is a good way to side-step resistance and overcome rights-based sensitivities. As such, UNICEF needs to consolidate its thinking on law reform issues and work in close collaboration with national legislative reform processes to ensure short and long-term impacts on children and families are fully considered. In the case of Fiji, participation on the Legislative Working Group is important, and in Vanuatu UNICEF needs to work closely with the Ministry of Justice and Social Welfare to identify TA requirements within an agreed strategic direction.

Although generally not as far progressed, legislative work on juvenile justice is underway and the CP program is actively engaged in diversion and rehabilitation programming. This includes the use of TA to assist police forces in planning policies and procedures for dealing with young offenders, with strong emphasis on community level intervention and alternatives to incarceration. Some PICTs are also addressing child labour issues and there is potential to partner with the International Labour Organisation (ILO) in the implementation of Decent Work Country Programs (DWCP) in target countries.

### **Component II: Services**

In 2011 the CP program compiled a valuable mapping report on formal and informal systems to protect children in Vanuatu that analyses the continuum of care, from prevention to treatment and crisis response. This kind of ‘who is doing what, where and how’ analysis provides a solid basis for planning “second generation” CP work and could be replicated in tier one countries.

Stakeholders consulted in all countries visited raised significant concern over the lack of available support services in both urban and rural areas and the growing number of cases that cannot be accommodated given limited human and financial resource capacity. Clearly the supply of services has not kept pace with the increasing level of demand for various kinds of counselling and treatment services. In particular, stakeholders described a significant shortage of positive parenting programs, alcohol and drug treatment for both adults and children, life-skills programs for youth, rehabilitation programs for young offenders, treatment for perpetrators of physical and sexual abuse, support for child sex workers, and suicide prevention programs.

Stakeholders also raised concern over the public's lack of awareness of services that are available as well as the negative stigma attached to attending services offered in government offices. As such, further consideration needs to be given to identifying the most accessible and strategic locations to house counselling and treatment services. Within the formal sector, it was often suggested that schools and health care centres would be well positioned to effectively identify and respond to child and family issues, while churches, community centres and youth facilities were seen as suitable and accessible locations. Even when services do exist, informants indicated that distance and cost factors often impede access - especially in rural areas

During the next phase of the program, further attention is needed to; i) identify the continuum of service available on a country-by-country basis, ii) identify areas where there are significant gaps in services required by children, iii) improve the range and quality of services available in response to identified needs, iv) ensure families know what support is available and how to access this, v) address impediments that constrain access to services, and vi) develop inter-agency referral protocols that are routinely monitored to ensure that children in need of protective services are not 'slipping between the cracks'.

In assisting governments to develop new CP systems, it will be important to ensure that full account is taken of social, cultural, distance and economic factors which vary greatly between and within Pacific Island countries. For instance, effective child protection will look different in urban and remote areas, for different cultural groups and for victims and offenders in specific environments. As such, it is incumbent upon UNICEF to assist target countries in identifying locally appropriate and economically viable approaches that address potential and actual risks to the safety and well-being of children in their own locales. In some PICTs this could involve development of parallel CP systems to ensure coverage in remote areas largely not serviced by the formal sector.

### ***Component III: Community awareness***

CP program sponsored communication and education campaigns and materials (including live and radio dramas, DVDs, comic books and pamphlets), alongside myriad community-level awareness programs have significantly increased public awareness of child protection issues and the call for non-violent disciplinary approaches. These campaigns have been directed at a wide range of stakeholders including children, parents, community groups, church and traditional leaders in all target countries.

Notwithstanding the benefits of this work, some issues have arisen that need to be addressed. In Fiji, Vanuatu and Kiribati, state and non-state informants reported that the lack of a common approach to awareness work is leading to confusion, resistance and even anger on the part of beneficiaries (this situation may be occurring on other PICTs). This problem seems to be exacerbated by the use of “child rights” terminology which is often not well understood (especially at community level) and can be wrongly interpreted to imply that children “can do whatever they want”. For example, following an awareness session conducted at a secondary school in Vanuatu, a hundred boarding school students refused to eat cassava for dinner asserting their “right to eat rice”. Needless to say, education authorities were not impressed and have renamed child rights “child’s rice” and refused to allow further awareness work to be carried out in the school. Clearly, there is a need to ensure that empowering children through increased knowledge of their rights does not serve to disempower parents, teachers, and other duty bearers in carrying out their roles and responsibilities. The notion of “rights” and the language used to describe rights is still new in many parts of the Pacific and can therefore easily be misunderstood. Implicit in the rights based agenda is progressive realisation and this needs to be stressed.

The CP program has addressed this issue in Fiji through the development of a new training manual for use by social welfare officers titled “Children are a Precious Gift from God” which reframes child rights/child protection in a more culturally acceptable way. The Vanuatu Christian Council (VCC) is also in the process of developing a child protection training manual and would benefit from reviewing and adapting this document to their work.

It is of concern that the recently compiled Vanuatu CRC Combined Periodic Report (2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup>) does not raise issues regarding community perception of child rights terminology or other on-the-ground CP issues in any meaningful way. It is important that all work supported by UNICEF, regardless of the program area, is consistent, and takes advantage of all opportunities for straight-forward critical analysis, collective learning and problem-solving by constituent partners.

Given the increasing number of actors involved in child rights/child protection awareness work there is a need for improved coordination with respect to geographic coverage (provinces/districts) as well as target group coverage (FBOs, traditional leaders, educators, health workers, police, courts, probation, women and youth groups). UNICEF is well positioned to play a pivotal role in bringing key actors together at national and provincial level to better coordinate child protection awareness work in terms of coverage and consistent messaging. It will also be important to collectively determine the most suitable entry points for work at community level in each country.

Specific country-level achievements in meeting CP objectives for 2008-2012 are summarised for tier one countries (Kiribati, Solomon Islands, Vanuatu) in Annex E in accord with expected program outcomes and delivery strategies.

### ***Consistency with Aid Effectiveness Principles***

The program could be strengthened through development of MoUs with key partners, particularly CSOs who are instrumental to successful CP interventions (including

Save the Children) to ensure greater alignment and ownership at regional, country and district level. Increased collaboration with other UN agencies (including UN Women and ILO) and with AusAID posts around bilateral mechanisms could greatly assist in advancing the CP agenda by maximising potential for wider benefits and leveraging support through influential agents.

Further decentralisation of the program budget to field offices (based on agreed annual work plans) would enhance CP Program staff reputation, improve response time and promote better management of resources against results. Similarly, staff should work with receiving Government ministries at country level to expedite internal transfers to program partners – all of which needs to be tracked in M&E systems. As identified in the M&E section below, further attention is required to strengthen performance based planning and reporting using evidence-based data. Reviewing, revising and concise regular reporting against Results and Resources Frameworks (as outlined in the *Regional Programme Strategy for Building a Protective Environment for Children in the Pacific, 2008*) would provide a more transparent accountability mechanism.

#### **2.2.4. Efficiency - 3 Less than satisfactory**

In meeting CP program objectives, UNICEF provides a combination of direct TA, salary support to government officers and financial support for programs and research (see Annex D for budget breakdown by country and type of expenditure).

The area of greatest stakeholder dissatisfaction with respect to implementation of the CP program (and of UNICEF in general) is in the area of efficiency, particularly when it involves approval of proposals, transfer of funds and timely engagement of TA. In general, both government and CSOs view UNICEF as overly bureaucratic, “controlled by Suva”, and unresponsive when requests are considered superfluous to “the UNICEF agenda”. While the impact of actual and/or perceived inefficiencies varies from country-to-country and initiative-by-initiative basis, sufficient concern was raised to suggest a loss of credibility and in some cases, a loss of interest in working with the program in future. UNICEF needs to adapt its procedures to reduce transaction costs for its partners. One of the primary factors effecting efficiency throughout 2012 was the transfer to the new management system (VISION) which created considerable difficulty for all parties and impeded program implementation. While the new system is reported as fully operational now, some reputational damage remains.

Increased efficiency could also result from reviewing the existing regional staffing configuration in view of the shift from first to second generation CP work in targeted PICTs and planned work expansion in northern Micronesia which may require new skill sets and relocation of staff to new priority areas.

#### **2.2.5. Impact - 5 High**

The combined effect of strengthening legal frameworks and raising community awareness, has served to stimulate increased demand for services in two ways: i) through new legislation, policies, operating procedures and referral protocols, both in terms of dealing with children as victims and offenders, and ii) through increased public education on protection issues and the need for early intervention and

treatment. In essence the program strategy has created simultaneous downward demand, stemming from new laws, and upward demand, stemming from increased awareness of CP issues leading to greater numbers of people disclosing and requesting support.

As a result of this kind of “double demand” stimulation, stakeholders in both urban and rural areas raised significant concern over the growing shortage of support services available for children, youth and families; access to existing services given distance and cost constraints; the quality of existing support services; and lack of specialist providers.

Given this scenario, UNICEF has an essential and critical role to play in responding to this deficit. Second generation CP work will require a more proactive and concerted focus on addressing supply side issues that have arisen and are likely to intensify with continued stimulation. The same situation can be expected in tier two countries that have now completed baseline studies and are commencing program implementation.

In undertaking this work, UNICEF will need to become more actively engaged in assessing regional and country labour market needs in the community services area, assisting governments in forecasting the demand for counsellors, and in advocating for training of child protections practitioners. As a beginning point, UNICEF could commence dialogue with regional and country level Technical and Vocational Education and Training (TVET) providers, some of which are funded by AusAID, and with Ministries of Labour and Human Resource Development. For instance, the Australia Pacific Technical College (APTC), headquartered in Nadi, provides training to students from 14 PICTs and offers a number of community services programs for which scholarships are available. At the bilateral level, TVET Strengthening Programs are currently operating in Fiji, Vanuatu and Kiribati and may be able to provide and/or expand training in counselling and other community service areas if demand is justified.

#### **2.2.6. Sustainability – 5 Good**

Given the geographic, demographic, cultural and socio-economic characteristics of targeted PICTs, planning for sustainability in child protection is, and will likely remain, extremely challenging - especially given the green-field nature of the work. Establishing, institutionalising and sustaining CP mechanisms will be further complicated by increasing population rates alongside the growing youth bulge, increasing teenage pregnancy rates, urbanisation, breakdown of customary safety nets and growing levels of hardship and poverty. Despite these barriers, UNICEF needs to work strategically to strengthen emerging child protection mechanisms in both the formal and informal sector in order to create resilience and establish a firm foundation for future expansion.

In moving the CP agenda forward, it is critical that UNICEF work collaboratively to ensure continued relevance. For tier one target countries (Fiji, Kiribati, Vanuatu and Solomon Islands), this will mean helping governments and civil society transition from first to second generation CP work, while in tier two countries (RMI, FSM, Palau and Samoa) this means completing initial baseline reports as the basis for formulating locally relevant CP plans. “First generation” child protection work

commenced with implementation of three pronged “protective environment” approach and will conclude with a comprehensive evaluation of end-line data against benchmarks established through the baseline research.<sup>36</sup> Based on progress against targets, close examination of outcomes (both anticipated and unanticipated), identification of lessons learned, and taking into account changed circumstances, “second generation” CP work can be designed and undertaken for a further period. This cycle is expected to continue over several decades and assumes that countries, and districts within countries, will evolve differently given the wide range of socio-cultural and economic factors that affect children’s welfare on a location by location basis.

With respect to the formal sector, one of the key constraints to sustainability is the serious lack of capacity of lead government agencies responsible for child protection. No PICT has a separate ministry for children; instead, functional responsibility for children is generally clustered in ministries and divisions that are also mandated to deal with women, youth, social welfare and disability issues and in some cases an array of other functions. As such, these ministries are seriously stretched and have limited human and financial capacity to effectively address the needs of any one of these groups of people, let alone deal with the entire portfolio.

Given the high interest by donors and other development partners in serving vulnerable and marginalised groups, these ministries are further required to participate in a wide range of external activities as well as implement and report on numerous international conventions and global and regional platforms.<sup>37</sup> Further, social welfare ministries have historically received stagnant or decreased annual budget allocations which are often even reduced before all funds are received. These endemic resourcing issues are the result of declining national revenue and external pressure to decrease public sector expenditure as well as the lack of political commitment and prioritisation of social issues by most PICT governments. While it is beyond the mandate and scope of UNICEF to address underlying economic constraints, there are a number of ways in which UNICEF can assist in addressing financial shortfalls in ministries for children.

First, UNICEF can and should assist key ministries in advocating and sourcing resources for institutional strengthening initiatives. This could involve creating opportunities and preparing senior ministry staff for dialogue with bi-lateral and multi-lateral donors to explore opportunities to extend services through new or existing institutional strengthening initiatives. UNICEF could also work with ministries in sourcing capacity building assistance through AusAID volunteer programs and consider potential for secondments and south-south exchanges. Short-term TA is an option for targeted institutional strengthening tasks provided these inputs are directly linked to a longer-term, integrated capacity building strategy.

Sustainability can also be fostered through developing the capabilities of child protection working groups at national and provincial level. In this regard, the Kiribati Child Protection Work Group, formed in 2008 to plan and oversee the baseline

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<sup>36</sup> Protecting Children from Violence, Abuse and Exploitation in the Pacific, A Regional Program Strategy for Building a Protective Environment for Children in the Pacific, UNICEF Pacific, 2008

<sup>37</sup> These include the UN Convention on the Rights of the Child (CRC), the UN Convention on the Elimination of all Forms of Violence against Women (CEDAW) and the UN Convention on the Rights of Persons with Disabilities (CRPD)

research has continued to function effectively throughout CP program implementation. In meeting with this group, it was clear they had a detailed understanding of child protection issues and strategies, were working on numerous fronts simultaneously, and felt a high degree of ownership for successful CP outcomes. This approach is advantageous in generating capacity across the sector through engagement of multiple ministries and collaboration with civil society in planning, implementation and evaluation of initiatives.

Greater investment in children (IIC) by governments is fundamental to the sustainability of effective child protection in the Pacific. The CP program-supported Vanuatu costing analysis demonstrates that long-term savings can result from increased expenditure on prevention and early intervention and this message needs to be convincingly conveyed to senior policy-makers. In this regard UNICEF would do well to strategise with other donor agencies, including the Asian Development Bank, World Bank and AusAID posts who work at this level in influencing national budgets.

### **2.2.7. Gender equality and disability inclusiveness – 4 Adequate**

Gender is successfully mainstreamed in CP activities and human rights and equality issues are consciously addressed in carrying out day-to-day business but greater focus is required on identifying and responding to disability issues relevant to child protection. Implementation of CP recommendations arising from the UNICEF 2010 Pacific Children with Disabilities Report is recommended alongside exploring potential to partner with regional and national disability associations to better support high risk children and families.

### **2.2.8. Monitoring and evaluation – 4 Adequate**

UNICEF has not yet undertaken the planned 2012 end-line research against the baseline studies for tier one countries. This makes the assessment of the effectiveness of program interventions difficult and also significantly disadvantages both UNICEF and PICT governments in planning for second generation CP work. There is also need to review the effectiveness and outcomes of multi-country, multi-year and country-specific annual work plans alongside a thorough analysis for Communications for Social Change strategies.

The use of the Most Significant Change (MSC) methodology has been effective in capturing attitude and behaviour change at individual and community level. This tool could also be tailored to capture change within organisations and groups of people working together on behalf of children (such as Child Protection Working Groups and National Children's Coordination Committee [NCCCs]). It is also important that the CP program develop, in collaboration with stakeholders, a concise Theory of Change which outlines the key tenants of the delivery strategy and provides a theoretical basis for evaluation.

Child protection represents a complex, multi-faceted area of work that is not well understood by stakeholders in its entirety. As such, effectiveness could be enhanced through simplified categorisation of primary CP components in user-friendly formats (see example below) that are used for country level planning and M&E purposes, including the "stop light" approach to on-going progress assessment. In each of

these categories, it would be important to differentiate between urban and rural areas and between girls and boys to ensure comprehensive geographic and gender analysis and responsiveness.

	Prevention	Regulation	Intervention	Evaluation	Sustainability
Children as Victims					
Children as Offenders					
Children in Emergencies					
Children in Employment					
Children with Special Needs (i.e., disabilities)					

### 2.2.9. Analysis and learning – 5 Good quality

Comprehensive baseline analyses undertaken in tier one and two countries were used effectively to inform program articulation. The use of local consultants and country advisory groups as part of this process created opportunity for collective analysis and learning and built momentum for implementation. Annual regional meetings have proven highly effective in sharing program successes and challenges and have led to country adaptation of innovative initiatives. For example, Fiji adopted the Kiribati CP “road show” concept, Solomon Islands learned from the Kiribati child registration experience and the Fiji Police handbook influenced the Kiribati ‘diversion’ framework

Regional and country level research on specific CP issues has been highly beneficial in improving awareness of the circumstances of children and the ‘state of play’ in responding to their concerns. The use of CP newsletters, chat rooms, document repositories etc. could further increase learning and application across PICTs. UNICEF should ensure broader distribution of materials, in user-friendly formats to the wider constituency to maximise impact.

### 2.2.10. Evaluation criteria ratings

Focus area	Explanation	Score
<b>Relevance</b>	Highly relevant to the goals of AusAID and responsive to needs of target countries, although more clearly articulated by some PICT governments than others.	<b>5</b>
<b>Effectiveness</b>	The three pronged approach to creating a protective environment for children is strategic and effective; significant change at individual, community and organisational level is apparent; implementation of new laws and CP systems is progressing but will require long-term, sustained effort tailored to specific circumstances of PICTs; the program could do more to build capacity of national systems and address downstream impacts proactively.	<b>5</b>

Focus area	Explanation	Score
<b>Efficiency</b>	Stakeholder concern regarding UNICEF's response time, cumbersome bureaucratic procedures and centralised decision-making reduce UNICEF's effectiveness and undermine credibility. UNICEF can improve efficiency by acknowledging and actively addressing responsiveness concerns (measured through specific performance indicators) and by taking a less insular, "UNICEF-centric" approach.	<b>3</b>
<b>Sustainability</b>	Given that child protection work is still in a formative stage in PICTs, program sustainability was not a primary focus. The CPP has supported strategies to build local capacity including engagement of local consultants, training of trainers and institutionalisation of planning and review mechanisms. Some PICTs have provided budget and HR support to continue and/or expand CP services. Government enactment of new laws and policies to protect children alongside increased demand for CP services demonstrates growing concurrence and beneficiary buy-in.	<b>5</b>
<b>Gender Equality</b>	Gender is mainstreamed in CP activities and issues are consciously addressed in carrying out day-to-day business but greater focus on identifying and responding to disability issues is required. Implementation of CP recommendations arising from the UNICEF 2010 <i>Pacific Children with Disabilities</i> Report is recommended	<b>4</b>
<b>Monitoring and Evaluation</b>	The program is built on a strong analytical base however end-line research has not been conducted against baseline data constraining potential to assess results. The program would benefit from a more focused M&E approach including an agreed PAF, clearly articulated Theory of Change, greater critical analysis in annual reports, on-going collection and analysis of quantitative data and expanded use of MSC to assess change at system and organisational level.	<b>4</b>
<b>Analysis and Learning</b>	Comprehensive baseline analysis undertaken to inform program formulation; significant lessons shared at annual regional conferences leading to country adaptation of successful initiatives; use of CP newsletters could further increase learning and application across PICTs.	<b>5</b>

## 2.3. UNICEF's Multi-Country Program in the Pacific

### **Analysis**

The recent Australian multilateral assessment of UNICEF highlights close alignment to AusAID's strategic goals, strong performance in delivering results, and in setting norms and standards on child rights issues. It also highlights the weaknesses reflected in this review including poor alignment to, and use of, partner government systems and weak coordination with CSOs.

AusAID supports UNICEF in the Pacific through core support to the organisation and through the Multi-Country Program (MCP) Agreement. AusAID's partnership agreement with UNICEF commits each organisation to improve the effectiveness of their aid in line with principles of the Paris and Accra Declarations although, despite

concerns being repeatedly raised, UNICEF has failed to adequately strengthen this area.

The Multi-Country Program has merits. It enables the organisation to recruit and retain a critical mass of expertise based in Suva to support PICTs, most of which have, and will continue to have, limited national capacity. The tiered approach allows support to be provided to countries according to level of need and in theory to allow timely adjustments in allocations of resources.

The approach has clear benefits in supporting activities with added regional value, for example, pooled procurement, program coordination, research, surveillance, communication materials and training and lesson learning across countries. The latter function is particularly advantageous given the ground-breaking nature of much child protection work.

UNICEF support is broadly aligned to national plans but the ambition of plans far exceeds the resources available. UNICEF and national governments may have differing views on priorities. UNICEF takes a selective approach to children's issues while its national partner must respond to multiple development challenges with limited resources and make difficult choices. The level of activity and prioritisation in countries is in practice often determined by availability of resources. The team heard of UNICEF prioritising the *Baby or Parent Friendly Hospital Initiative* and the *Marginal Budgeting for Bottlenecks exercise* when these were not seen as priorities by countries. Support for *prevention of parent to child transmission of HIV* is a UNICEF priority but may not be seen as the most cost effective use of resources where HIV prevalence is very low and prevalence of other sexually transmitted infections is very high. There is a tension between regionally led and country led programs and support through regional agencies can be out of line with country planning.

UNICEF programs do not usually align to national systems. UNICEF has a strong focus on delivering results in the short to medium term but gives inadequate attention to strengthening and using national systems (human resources, information, finance, procurement) for long-term sustainability, leaving this vital support to others. The use of parallel systems on information and procurement leads to lost opportunities to build national systems for the long term.

The MCP approach does not encourage coordination across programs and across UN and other agencies to maximise efficiencies, limit duplication and reduce transaction costs for partners. Nor does it contribute with other partners to ensure coherence, for example in supporting all components within the substantial agenda around maternal, newborn and child health. The program was seen to support a joint approach with WHO, the only other UN agency active in immunisation. It did not encourage joint programming with UN Women or the Secretariat of the Pacific Community (SPC) Realising Reproductive Rights program on family protection approaches.

There is also tension between regional and country-level approaches for TA and development funding. Substantial amounts of health funding to the region are delivered via regional organisations with concerns about effectiveness, funding levels and scaling-up of regional management systems at the expense of support for

country programs to effect on-the-ground impact. In the health sector regional approaches have proliferated.<sup>38</sup>

The MCP does offer benefits for AusAID in terms of being able to draw on specialist expertise and deliver results in priority areas although these benefits could be achieved through other modalities. The MCP model has many advantages and significant disadvantages. UNICEF funding far exceeds that of all other UN agencies in health and the team commonly heard that '*without UNICEF there would be little activity in immunisation*'.<sup>39</sup> While this situation was the same at the launch of the CP program, there are now many more active players providing substantial support.

### ***Future AusAID engagement with the UNICEF Pacific MCP***

There are clear agendas for the next five years for both programs and a changing environment. There will be less external support for immunisation as JICA support ends in 2014, and rising costs as countries adopt new vaccines. A substantial second phase of child protection work will be needed to expand services to meet demand. Governments will need to assume more of the costs of both programs.

AusAID has committed to significantly increase core support to UNICEF. AusAID has also scoped out possible options for future support to the Pacific MCP with funding for a 12-18 month transition period. It is recommended that this support be limited to immunisation and CP, allowing a period of consolidation, rather than expansion. This period should enable those countries that have completed preparatory CP work to begin implementation.

AusAID should provide future longer-term support to the MCP as un-earmarked support for the entire program. This will encourage integration across program areas in line with AusAID's partnership agreement with UNICEF and its aid effectiveness agenda. The team heard concerns that the UNICEF program could become too spread across many agendas with child protection and immunisation receiving less support. AusAID should therefore establish a limited number of high level results indicators, including for child protection and immunisation, as in sector support arrangements in some countries in the region. AusAID should provide a base level of resources for the MCP over the program period.

Given the persistent concerns over UNICEF's poor performance on aid effectiveness, AusAID should agree a framework and key performance indicators to monitor progress. Additional support could be linked to progress in this area.

Multi-country support should be largely focused on areas where there is regional added value but should also enable flexibility in pursuing innovative approaches at the country level, for example, much of the early work on child protection recognises the need for context specific interventions. Any significant support for in-country operations should be funded through the AusAID bilateral program where there is a health program, for example through support to the health sector budget in Solomon Islands and Vanuatu. Immunisation needs to be planned and programmed as one of

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<sup>38</sup> One study identified 52 regional health mechanisms, and 14 one-off meetings over a 12 month period. Thirteen of the 66 meetings concerned HIV or STIs. Regional Health Meetings in the Pacific and their Impact on Health Governance, Joel Negin, Chris Morgan, and Rob Condon, *Global Health Governance*, Volume V, No. 2 (Spring 2012) <http://www.ghgj.org>.

<sup>39</sup> Comments made by other UN organisations and by AusAID posts

many priorities within the wider health sector planning and budgeting process. That is best done when EPI is considered with other health interventions rather than influenced by specific narrow budgets from regional agencies. This also places greater responsibility on governments to own the program.

AusAID is also exploring the use of thematic regional funds to improve coherence and cooperation in support of country owned health agendas. There is a strong case for joint work with UN Women on gender violence and with the United Nations Population Fund (UNFPA) and WHO on a comprehensive approach to reproductive, maternal, newborn and child health. Such a fund could require applications from two or more regional agencies.

### **3. Conclusions and recommendations**

#### **3.1. Conclusions**

##### ***Highly relevant programs***

The immunisation and child protection programs are highly relevant to country needs, to the strategic priorities of AusAID and UNICEF and to the needs of the ultimate beneficiaries.

##### ***Varying context***

PICTs are, and will remain, challenging settings in which to achieve and sustain high coverage of essential services. Achievements have been made in countries with fragile and under-resourced systems, where there are multiple challenges across the development agenda and where government ministries struggle to address multiple and competing priorities.

##### ***Effectiveness in reaching objectives***

UNICEF has played an important role in supporting immunisation and child protection programs. In countries where the national budget can cover salaries and little else, '*UNICEF support has made things happen.*<sup>40</sup>

Most, but not all countries will achieve many of the ambitious EPI objectives. High levels of immunisation coverage have been achieved, largely through routine services. Success is reflected in the fact that disease outbreaks are not occurring. The region has remained polio free since 2000, free of measles outbreaks since 2008 and there is evidence that hepatitis B prevalence is falling.

The CP support has helped kick-start a comprehensive response and transform child protection from a limited focus on awareness-raising to a comprehensive, government led program. A significant outcome is the increased demand for services that now outstrips the capacity of available services.

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<sup>40</sup> UNICEF's flexibility has been appreciated by countries, for example, in purchasing boats to strengthen outreach activities in the Solomon Islands and in to resolve a fuel shortage and maintain the cold chain in the outer islands of Vanuatu. Such expenditure responds to a failure of government planning and budgeting and is not the most strategic use of resources however it has helped to maintain continuity of immunisation services.

### ***More attention needed to improve aid effectiveness***

UNICEF's strengths in delivering results may have come at the expense of aid effectiveness. Immunisation and CP need to be programmed with many other development priorities and the level of prioritisation should be determined by national governments rather than through the availability of external resources and the imported UNICEF model.

Each program is aligned to national plans but works to a variable extent through national systems. The immunisation program does little to align its operations to, and strengthen, government wide systems and UNICEF does not play an active role in health sector coordination. The CP program, in contrast, has helped build capacity of national systems and supported multi-agency working groups to coordinate activities at national and provincial levels.

UNICEF works well with governments and with WHO and JICA in supporting immunisation but perhaps invests too little time in communications with in-country bilateral agencies and with civil society. There are missed opportunities for more active engagement with CSOs and other UN agencies in advancing the CP agenda. Communication with AusAID posts was reported as inadequate, constraining the potential for leverage through bi-lateral channels.

### ***Continuing concerns over organisational efficiency***

The concerns raised in previous assessments have not been addressed and undermine UNICEF's reputation and effectiveness. UNICEF administrative and financial systems are considered slow and inefficient and bureaucratic procedures cumbersome, leading to substantial transaction costs for those engaging with the organisation. There are opportunities to maximise efficiency of program delivery through closer coordination across programs. For example, there are opportunities for targeted health programs, such as immunisation, malaria and TB control, to work more effectively together to reach remote communities. This makes the best use of limited resources including transport and reduces the burden on health.

### ***Sustainability***

Immunisation and child protection are long-term agendas for governments that need to be reflected in national plans and budgets. Governments need to absorb more of the operational costs and UNICEF needs to define how it will best add value.

Some countries will be unable to maintain high immunisation coverage through routine service and will need to use alternative models to reach isolated and under-staffed areas.

The CP program has been launched from scratch and there is clearly a substantial agenda to develop and strengthen systems and services to meet rising demand. Long-term support for immunisation needs to be more strategic to influence performance and resource use. Weak health systems, limited capacity and multiple health priorities limit what UNICEF can achieve.

## ***Analysis and learning***

There is extensive analysis of program specific issues (baseline research for CP, EPI reviews and vaccine management assessments for immunisation) but little critical analysis of systemic obstacles and challenges to guide new approaches.

### **3.2. Lessons learned**

- There is a need to adapt the UNICEF framework to the county context. For example child rights language has alienated communities in a number of Pacific countries and has been successfully reformulated as protecting children in more culturally appropriate ways.
- At the onset of the CP program UNICEF was the major source of support, but there are now many more agencies involved. UNICEF needs to adapt its program to complement the wider CP effort.
- UNICEF needs to look beyond its partnership with government and engage more closely with civil society organisations that are working to improve services and with bilateral programs, to maximise leverage.
- In-service staff training alone does not equate to capacity building. There is a need to monitor the impact of training on performance of trainees and in the case of CP, on children. There is need for greater attention to institutional capacity strengthening and pre-service training.
- New approaches are needed to address workforce shortages in counselling and delivery of basic health services including immunisation, for example through task shifting to lower skilled staff.
- Routine immunisation data needs to be validated through more frequent use of EPI coverage surveys and other population based surveys. In the longer term, the high rates of birth registration resulting from the CP program offer opportunities for complete registration and clinic-retained records.
- There are many opportunities to realise greater efficiencies through coordination and integration of activities across targeted programs
- Pooled procurement through the Vaccine Independence Initiative is efficient, highly valued by countries and could be expanded to cover new vaccines.

### **3.3. Recommendations**

#### ***Recommendations to UNICEF***

##### ***General***

- Strengthen performance against key aid effectiveness criteria to better align UNICEF processes with government systems and procedures.
- Improve efficiency of operations to reduce transaction costs for partners.
- Strengthen participation in sectoral and cross-government coordination mechanisms and work with civil society organisations.

- Give greater attention to building capacity of institutions and monitor impact of training on performance.
- Strengthen links with AusAID posts and CSO programs to gain greater leverage.
- Assist partner Ministries to make the case for funding to Ministries of Finance.

### ***Child Protection***

- Consolidate child protection work to date including completion of end-line research to identify lessons to inform longer-term work.
- Work with ministries, national and regional training institutions and AusAID on innovative approaches to address workforce shortages.
- Develop a clearly articulated theory of change and simplify categories of CP work to improve understanding.

### ***Immunisation***

- Strengthen supervision and monitoring systems and increase use of coverage surveys to verify routine immunisation data.
- Identify opportunities to realise efficiencies through better coordination and integration of activities across targeted programs (e.g. coordination of malaria and EPI outreach activities; integration of SRH services, maternal health, nutrition and other child health issues).
- Increase efforts to embed EPI and other associated training (IMCI) at pre-service level and explore innovative approaches such as on-line training.

### ***Recommendations to AusAID***

- The proposed support to the MCP over the next 12-18 months should consolidate the immunisation and CP programs with limited expectations of expansion.
- Beyond that period, provide future support to the UNICEF MCP as un-earmarked support in line with AusAID's aid effectiveness agenda and partnership agreement with UNICEF.
- A future program should establish high-level results indicators for child protection and immunisation and for performance against aid effectiveness principles.
- Support for multi-country support should be largely focused on areas where there is regional added value, but allow flexibility in pursuing innovative approaches at country level. Significant support for in-country operations should be funded, where possible, through the AusAID bilateral program.
- Explore the use of thematic regional funds to improve coherence and cooperation in support of country owned health agendas models.
- Consider institutional strengthening support for Ministries of Women, Children, Youth, Disability and Social Welfare.

- Strengthen links between AusAID bilateral programs and UNICEF across health and education initiatives relevant to child protection and gender.
- Consider support for introduction of new vaccines in PICTs through bilateral support or through an expanded Vaccine Independence Initiative. Consider support for introduction of new vaccines in PICTs through bilateral support or through an expanded Vaccine Independence Initiative.

## Annex 1: Terms of reference

### UNICEF Pacific Child Protection Program and Expanded Programme on Immunization

These terms of reference serve to commission an independent completion review of AusAID's support for UNICEF's Pacific Multi-country Program (2008-2012), which has focused on support for two programs; the Child Protection Program and the Expanded Programme on Immunization.

The purpose of this review is to evaluate the extent to which UNICEF has achieved its objectives under the Child Protection Program and Expanded Programme on Immunization, the effectiveness, efficiency and sustainability of UNICEF's regional programming and implementation approach and most importantly provide critical analysis and recommendations that AusAID will assist in informing and shaping AusAID's engagement with UNICEF's Multi-Country program in the Pacific.<sup>41</sup>

#### 1. Background

UNICEF works in over 150 countries and territories to promote and protect the rights of children to meet children's basic needs and to expand their opportunities to reach their full potential. UNICEF is a key development and humanitarian partner for AusAID. UNICEF's mandate and strategic objectives have a very high degree of alignment with four of the five strategic goals of the Australian aid program—saving lives, promoting opportunities for all, effective governance and humanitarian and disaster response.

AusAID works with UNICEF in order to draw on the organisation's specialist expertise, extend the reach of Australia's aid program, and deliver key results in priority areas such as education, humanitarian assistance, and maternal and child health.

AusAID currently engages with UNICEF at two levels in the Pacific. The first is through an existing Partnership Framework with UNICEF for 2008-2015. This Partnership Framework provided \$93.6 million in core funding between 2008 and 2011 (Table 1). AusAID is committed to providing on-going core funding support to UNICEF. This funding agreement is managed by the UN and Commonwealth Section of AusAID, Canberra. The Partnership commits both UNICEF and AusAID to improving the effectiveness of their aid in line with the Principles of the Paris Declaration and Accra Agenda.

*Table 1: Core funding by AusAID to UNICEF under the Partnership Framework 2008-2015*

2008-09	2009-10	2010-11	2011-12	Total
\$14.5 million	\$19.6 million	\$25.4 million	\$34.1 million	\$93.6 million

<sup>41</sup> It should be noted that AusAID will develop an interim strategy to support UNICEF's programs in 2013 and that this review along with other internal work will shape a more strategic engagement with UNICEF from 2014.

The second, in the Pacific region, is through UNICEF's Pacific Multi-Country Program (2008-2012) supports the global Partnership Framework. Australia contributed \$9 million from 2005-2010 for immunisation, child protection and adolescent health program activities under UNICEF's Pacific Multi-Country Program 2005-2010 as follows:

Year	EPI	Pacific Children's Program	Adolescent Health Program	Total
2005	200,000	700,000		900,000
2006	400,000	1,400,000		1,800,000
2007	300,000	1,200,000	300,000	1,800,000
2008	300,000	1,200,000	300,000	1,800,000
2009	300,000	1,200,000	300,000	1,800,000
2010	150,000	600,000	150,000	900,000
total	1,650,000	6,300,000	1,050,000	9,000,000

In this period Australia contributed a further \$1 million to the Vaccine Independence Initiative (VII) as well.

Australia is contributing a total of AUD\$6,745,000 in support of the UNICEF Pacific Child Protection Program (AUD\$5 million) and the Immunization Program component (AUD\$1,745,000) for the 2011-2012 period. Suva Post manages the funding agreements with UNICEF Pacific and coordinates with Pacific Posts on reporting and linkages to bilateral health programs.

It should be noted also that in the Health sector specifically AusAID also directs substantial amounts of funding to other regional mechanisms managed by UN organisations such as the World Health Organization (WHO) and UNFPA as well as the SPC.

This review will consider AusAID's support for the Child Protection Program and Expanded Program on Immunization under the Pacific Multi-Country Program within the context of the existing partnership framework but also in the context of broader engagement with the UN Family in the health sector.

### **Child Protection Program (2008-2012)**

The Child Protection Program of UNICEF Pacific was established in 2008. The program aims to prevent and respond appropriately to violence, abuse and exploitation of children.

The expected outcomes of UNICEF's Child Protection Program (2008-2012) are:

1. Children are increasingly protected by legislation and are better served by justice systems that protect them as victims, offenders and witnesses.
2. Children are better served by well informed and coordinated child protection social services which ensure greater protection against and respond to violence, abuse and exploitation.
3. Families and communities establish home and community environments for children that are increasingly free from violence, abuse and exploitation.

The program strategy is threefold: improve laws and regulations and their enforcement; improve services; and address community practices and behaviour. UNICEF provides a combination of direct technical assistance and salary support to officers in Social Welfare ministries to implement the program.

The countries targeted by the program are: LDCs in the Pacific region - Kiribati, Solomon Islands, Vanuatu. The Program also assists governments of Fiji, Samoa, FSM, RMI and Palau in advancing their child protection systems.

### **Expanded Programme on Immunization (EPI)**

The EPI program contributes to the reduction of mortality and disease burden in 14 PICTs and achievement of health-related MDGs (1c, 4, 5 and 7c). Its focus is to assist the Pacific achieve and maintain measles elimination status and improve hepatitis B control, in line with the Western Pacific Regional Committee meeting resolution of September 2003.

The expected key results of the EPI by 2012 are:

1. Sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control by 2015;
2. Children under-five years of age regularly receive a package of integrated interventions and services, including vaccination, vitamin A supplementation, deworming, proper management of pneumonia and diarrhoea, hand-washing demonstration, birth registration, early detection of disabilities, and prevention and detection of child abuse and injury.
3. Average national percentage of fully immunised children increased from 80 per cent to above 90 per cent and at least 80 per cent coverage in every district in 14 countries (Global Immunisation Vision Strategy, GIVS objective).
4. Potent traditional and new vaccines procured and made available and equitably accessible in Solomon Islands, Vanuatu, and Kiribati as well as in marginalised and hard-to-reach areas in Tier 2 and Tier 3 countries.
5. Health workers at national, sub-national and service delivery points have enhanced capacity to undertake equitable EPI programming and prevention and

control of pneumonia and diarrhoea in Solomon Islands, Vanuatu, and Kiribati as well as in marginalised and hard-to-reach areas in Tier 2 and Tier 3 countries.

The program strategy is to assist countries provide routine immunisation activities through the Pacific Immunization Programme Strengthening (PIPS) partnership.

Fourteen countries are targeted: Tier 1 - Solomon Islands, Kiribati, Vanuatu; Tier 2 – Fiji, FSM, RMI, Samoa, Tuvalu; and Tier 3 - Cook Islands, Nauru, Niue, Palau, Tokelau, Tonga. The tiered approach to implementation prioritises support to countries based on development status (e.g. LDCs) as well as needs.

## 2. Key Issues

### AusAID Recent Policy Developments

There have been a number of policy developments relevant to the AusAID and UNICEF's cooperation since the Partnership Framework was signed in 2008 that must be taken into account in the process of this review.

(a) Australia's aid policy, *An Effective Aid Program for Australia: Making a real difference—Delivering real results* was released in July 2011. It identifies five core strategic goals for the aid program: saving lives, promoting opportunities for all, sustainable economic development, effective governance, and humanitarian and disaster response.

(b) The Comprehensive Aid Policy Framework (CAPF), released in May 2012, complements Australia's aid policy and outlines a four year budget strategy to achieve against the new aid policy and also outlines key results that will be achieved from 2012-13 to 2015-16. Results have been set in the Pacific in terms of:

1. Number of children vaccinated
2. Number of births attended by a skilled birth attendant

In addition, the following country-specific indicators will also be monitored:

1. Number of cases of malaria in the Solomon Islands and Vanuatu
2. Percentage of pregnant women receiving HIV testing and treatment and the number of facilities providing HIV testing and prophylaxis in Papua New Guinea.

(c) Australia is increasing its focus on the effectiveness of multilateral partners to ensure it gets value for money from its growing multilateral funding. This includes an increased focus on results, transparency, and due diligence. The Australian Multilateral Assessment (AMA) was released in March 2012 and assesses the effectiveness of 42 key multilateral partners (including UNICEF), and their relevance to Australia's aid program. Building on the AMA findings, AusAID will publish a Multilateral Engagement Strategy in mid-2012, develop organisational engagement strategies for major multilateral partners, and assess ongoing effectiveness of all partners (including UNICEF) through an annual scorecard published each September.

## Regional Coordination in the Health Sector

In 2011 a study supported by the Nossal Institute for Global Health's Health Policy and Health Finance Hub raised concerns regarding the increased number of uncoordinated regional coordination and governance mechanisms and regional meetings in the Health Sector. The study found the current situation was imposing high transaction costs on Senior Health Officials as well as duplication of some efforts and highlighted the tension that can exist between regional and country level approaches to technical assistance and development funding.

## Reviews of UNICEF

In recent years there have been a number of reviews that have also raised some key issues with respect to the operation of UNICEF's in the Pacific that have shaped the focus on this review.

The **Australian Multilateral Assessment** (AMA, 2011) of UNICEF provided a positive assessment of UNICEF against the following areas: Effective targeting of the poorest people, high degree of alignment with the strategic goals of Australia's aid program, responsiveness to gender, environment and disability issues, effective performance in fragile states; and for UNICEF's critical role in setting norms and standards on a range of children's development and rights issues.

However, it also identified a number of weaknesses against several areas, including greater alignment with country systems of partner governments; better reporting on impact and lessons learned; and stronger reporting of value for money. UNICEF was also found to give low key attention to partner efficiencies that will achieve better results for children. *Country systems have not been strengthening or used adequately, sometimes even by-passed resulting in inefficiencies.*

While UNICEF generally has a good reputation with partner governments, evidence is mixed on UNICEF's approach to engaging key stakeholders to improve effectiveness, in particular engagement with civil society.

AusAID commissioned an **Independent Progress Review of the Child Protection and the Expanded Program of Immunization (EPI) programs.**

For Child protection relevant government departments had or were in the process of developing clear policy frameworks to guide their work. Government staff reported increased awareness of their international obligations to protect children and developed skills to deliver services that are sensitive to the needs of children. For the EPI program the review reported that the overall UNICEF goal of achieving 90 per cent immunisation coverage in each country and 80 per cent in all districts by 2012 was unlikely to be achieved in Samoa, Solomon Islands and Vanuatu; for the latter, measles rates have fallen as low as 52 per cent.

The review found the programs relevant to UNICEF's and AusAID's priorities and regional plans and the needs of the ultimate beneficiaries, however it noted that UNICEF required a *clearer strategy to direct engagement with partner governments* in order to sustainably strengthen national systems. It also noted limited analysis and learning around the causes of underperformance in immunisation. *Again, concerns were expressed over UNICEF's approach to Capacity Building at country level.*

UNICEF commissioned an **Internal Midterm Review (MTR) of the 2008-2012 Pacific Islands Multi-Country Program** in 2010.

Focusing on strategic priorities, the MTR process looked at (a) data from formal situation analysis updates and/or baseline studies and discussions with national and regional partners; (b) commissioned studies on emerging topics, including climate change, urbanisation and disabilities; (c) a gender audit of UNICEF Pacific programming; (d) and reviews of program performance, convergent subnational programming and proposed adjustments to the country program management structure.

The MTR found that the Pacific Islands multi-country program contributed to key results in many areas. Of 12 outcomes, 11 were on track, with one outcome (HIV and AIDS) identified as being constrained due to reduced donor support. The program was found to be on track to maintain high coverage of routine immunisation in all Pacific Island States. Systems for integration of prevention of mother-to-child transmission of HIV services in reproductive health have been strengthened in five countries and integrated in nine selected health facilities. Through engagement in a sector-wide approach to development assistance for education, particularly as a pooled partner in Vanuatu, UNICEF has effectively promoted incorporation of child-friendly schools standards within national minimum standards and has leveraged significant increases in budget allocations for early childhood education.

The MTR recommended strengthening UNICEF capacity in tier-one countries and to make stronger links with United Nations Joint Presence Offices to drive program implementation particularly in tier-two countries. The MTR also suggested that in order to advance results in the Pacific Islands, program teams should: (a) strengthen the evidence base for action and advocacy, including strengthening of routine data collection and use in the health and education sectors of all countries; (b) strengthen the evidence base to drive communication for social change, particularly at the community level; (c) strengthen integration across programs to maximise impact on policy, services and behaviour change; and (d) reach the most vulnerable not just in the least developed countries but also in the North Pacific and atoll countries.

In addition to some of the issues raised in previous reviews there has been some analysis undertaken. How well have UNICEF worked with other UN agencies and development partners to reduce transaction cost for government and MOH in the region?

### **Proposed Reviews**

There are two other reviews in planning stages that will look at UNICEF's Operations in the Pacific.

UNICEF Pacific will be carrying out an **independent evaluation of 'convergence programming'** in three countries: Kiribati, Solomon Islands and Vanuatu. Convergent programming enables direct engagement and capacity building with local authorities and communities in provinces and islands as a base to demonstrate approaches before scaling-up nationally. The evaluation will be carried out in August-September 2012 and will cover the period of 2008-2012 and will assess the extent to which:

1. Results have been achieved at the sub-national level in convergence provinces/islands for the five program areas, including Health, Education, Child Protection, HIV/AIDS and Policy, Advocacy, Planning and Evaluation
2. The convergence approach has enhanced the achievement of results and contributed to impact at the sub-national level;
3. Approaches and lessons learned have been replicated and scaled-up from convergence areas to the national level.
4. Equity - the extent to which the convergent approach has incorporated an equity approach and contributed to a reduction in national and sub-national disparities for children based on income, geography, gender and disability. Differences between countries will be an important dimension of the analysis.

AusAID is also planning a **Pacific-wide review (August 2012) of its Humanitarian Aid to the Pacific** and will include consultations with UNICEF who is a valued partner in delivering humanitarian assistance in the Pacific.

### **3. Purpose and scope of the Evaluation**

The objectives of the review are to:

1. Evaluate the extent to which UNICEF has achieved its objectives under the Child Protection Program and Expanded Programme on Immunization
2. Evaluate the effectiveness, efficiency and sustainability of UNICEF's regional programming and implementation approach, including if this approach supports a joint approach from UN health agencies also involved in immunisation in the region.
3. Provide recommendations and lessons that will inform and shape AusAID's future engagement with UNICEF on its multi-country program in the Pacific.

This review should be targeted to inform senior management decision-making on AusAID's future support and engagement with UNICEF both on any specific ongoing support to these particular programs, as well as informing future programming decisions around multi-country programs with the UN.

NB: feedback from the review team will be sought on the feasibility of addressing these three purposes.

The independent review will focus on three evaluation criteria: effectiveness, efficiency and sustainability. The primary questions that the evaluation team shall focus on under each criteria are:

#### **Effectiveness**

1. To what extent has UNICEF met its objectives under the EPI and Child Protection Programs?
2. How successful has UNICEF been in strengthening countries routine immunisation and Child Protection systems; with reference to workforce, financial management, procurement, sustainability, equity and access, monitoring and supervision. What have been the key successes and challenges?

3. To what extent has UNICEF's programming approach and implementation been consistent with Aid Effectiveness Principles?
4. To what extent has implementation at country level been consistent with best practice and evidence in terms of:
  - a) The chosen package of services
  - b) The mode of delivery
  - c) The program architecture, management systems, and strategic approach to technical support and capacity building.
5. To what extent has evidence and learning from operations fed back into the program cycle? How well have UNICEF communicated successes and risks with counterpart governments and development partners? How have different actors been accountable for results?

### **Efficiency**

6. To what extent have UNICEF demonstrated Value for Money and other comparative advantages in their delivery? How well have UNICEF worked with other UN agencies and development partners to reduce transaction cost for government and MOH in the region?
7. Could UNICEF have delivered more outputs for the same inputs? Or could UNICEF have delivered the same outputs for less inputs?

### **Sustainability**

8. What evidence is there that national agencies are starting to deliver effective immunisation and child protection services in target countries?

Based on the above analysis, discuss the multi-country operational model and its appropriateness for improving EPI / Child Protection systems and coverage. To what extent can this modality deliver on aid effectiveness principles, capacity development, sustainability and value for money?

The review team is asked to provide feedback on priorities for future support, including, if possible, any relevant observations about potential alternative models for future investment in these areas (private sector, direct to country, one UN approach etc.)

Ratings against criteria used for this independent review will be provided using a rating scale of 1 to 6 with 6 indicating very high quality and 1 indicating very poor quality.

## **4. Evaluation Methods**

The evaluation team leader will be responsible for the development of a draft evaluation plan, to be submitted to AusAID, and UNICEF for approval at least three weeks prior to the in-country mission. The evaluation plan will include the main evaluation questions, the evaluation design and data collection methods, the report

structure. The evaluation will be undertaken according to the approved evaluation plan.

The evaluation approach will entail a combination of qualitative and quantitative methods and document review, field visits and stakeholder consultations.

### **Document Review**

- Review available and relevant documentation (a non-exhaustive list of reference documents is provided at Annex A);
- Collate quantitative data (e.g. immunisation rates, disease incidence rates, cost sharing and recurrent budget allocation to immunisation *etc.*) for target countries, identify data gaps to address during country visits and datasets for verification as part of the review;
- Collate qualitative information that informs the review and secondary questions for interviews;

### **Field Visits**

- Undertake in-country visits and consultations with partners in the following countries: Fiji, Kiribati and Vanuatu.

### **Other Stakeholder Consultations**

- Undertake consultations with additional stakeholders in partner countries not part of the field visits

## **5. Evaluation Team Composition**

The evaluation team will consist of:

- a. A Team Leader with demonstrated expertise in monitoring and evaluation, preferably with experience in the Pacific and an understanding of UNICEF's programs and Australia and New Zealand's aid program (Advisor Remuneration Framework D4) ;
- b. A Child Protection specialist with experience in the Pacific (Advisor Remuneration Framework B2);
- c. A Health specialist with experience in building and assessing sustainable routine immunisation systems health system strengthening approaches and aid modalities in the health sector and if possible Pacific experience(Advisor Remuneration Framework D4); and
- d. An AusAID representative (the 'Evaluation manager') with understanding of the Australian aid program and experience in aid program development, planning, monitoring and evaluation;

The Team Leader will:

- a. in consultation with the team plan, guide and develop the overall approach and methodology for the evaluation;

- b. manage and direct the evaluation's activities, represent the evaluation team and lead consultations with government officials and development partners;
- c. collate and analyse data collected through the evaluation by all team members;
- d. manage, compile and edit inputs from other team members to ensure the quality of reporting outputs;
- e. produce an aide memoire, synthesise evaluation material into a clear draft evaluation report and a final evaluation report;
- f. provide timely delivery of high-quality written reports; and
- g. represent the team in peer reviews if required.

The Child Protection specialist will:

- a. assist the team leader during evaluation activities;
- b. participate in field visits and consultations
- c. collate, analyse and report data collected through document review, field visits and other consultations;
- d. provide technical advice on child protection aspects of the evaluation; and
- e. provide inputs into the draft and final reports as directed by the team leader.

The Health specialist will:

- a. assist the team leader during evaluation activities;
- b. participate in field visits and consultations;
- c. collate, analyse and report data collected through document review, field visits and other consultations;
- d. provide technical advice on child protection aspects of the evaluation; and
- e. provide inputs into the draft and final reports as directed by the team leader.

The Evaluation manager will:

- a. coordinate the evaluation process;
- b. provide advice, relevant documentation from AusAID, and an understanding of AusAID processes; and
- c. contribute to the required dialogue, analysis and writing of the report, as directed by the team leader.

AusAID will be responsible for the contractual aspects of the review and the review team, logistical of the initial team briefing and debriefing sessions. UNICEF will be responsible for assisting the team with the logistical aspects of the field visits,

arranging the team appointments and contact with relevant agencies and partners. The contracts will be output based.

The Team leader and review team members will report to the AusAID Evaluation Manager. The review team will be able to consult with a review reference group (RRG) throughout the review. The RRG will be composed of UNICEF (Pacific and New York), AusAID (Canberra and Suva) and NZ Aid Program officers. It will be chaired by AusAID. The RRG may request the review team to brief it at any time to provide updates on the work and findings until work completion.

## 6. Timing and Duration

The review will commence on 22 August 2012 and be completed by 16 November 2012.

The timing and duration for the scope of services is up to 35 input days as follows (final dates will be negotiated with the team leader and stated in contracts):

INDICATIVE DATES 2012	ACTIVITY	LOCATION	INPUT: Maximum # of Days			
			Team Leader (Stewart Tyson)	Team Leader (Ros David**)	Health Specialist (Sala Saketa)	Child Protection Specialist (Colleen Peacock-Taylor)
27-30 Aug	Document review/desk review	At base	2	4		2
31 Aug	Briefing with AusAID – Canberra and Suva	Telecon	0.5	0.5		0.5
14 Sep	Draft Methodology / Evaluation Plan to AusAID and UNICEF	Via email	1	1		1
21 Sep	AusAID/ UNICEF feedback on the draft Evaluation Plan	At base				
28 Sep	Revise Evaluation Plan and submit to AusAID and UNICEF	Via email	0.5	0.5		0.5
	Detailed document appraisal (before commencement of field work)		3		3	3
Tbc prior to 14 October	Teleconferences with countries not visited		1		1	1
15-20 Oct	In-country visit to Fiji	Country visit	6		6	6
22-28 Oct	In-country visit to Vanuatu	Country visit	5		5	5

INDICATIVE DATES 2012	ACTIVITY	LOCATION	INPUT: Maximum # of Days			
			Team Leader (Stewart Tyson)	Team Leader (Ros David**)	Health Specialist (Sala Saketa)	Child Protection Specialist (Colleen Peacock-Taylor)
29 Oct	Teleconferences with countries not visited.	Nadi	1		1	1
30 Oct – 5 Nov	In-country visit to Kiribati	Country visit	5		5	5
7-8 Nov	Suva Debrief / Presentation of Evaluation Aide Memoire		2		2	2
	<i>Travel days</i>		6		2	2
23 Nov	Submission of draft Evaluation Report to AusAID	At base	5		4	4
30 Nov	Review & send comments to team	Via telecom and Email	0.5		0.5	0.5
7 Dec	Re-draft Evaluation report based on feedback from AusAID and other Stakeholders and Submit Final Evaluation Report to AusAID	At base	3		2	2
14 Dec	Confirmation of acceptance of Evaluation Report	At base				
<b>TOTAL</b>			<b>41.5</b>	<b>6</b>	<b>31.5</b>	<b>35.5</b>

**\*\* The original team leader was replaced as personal circumstances meant she was unable to continue with the work**

**\* Note: The Health Specialist may be required to provide 2 additional days to Suva Post upon return from Kiribati (TBC)**

## 7. Outputs

The following outputs are required:

- a. *Evaluation Plan / Draft Methodology* – provided to AusAID and UNICEF for agreement prior to the commencement of field visits and consultations.
- b. *Evaluation Mission Aide Memoire* - to be presented to AusAID Suva, UNICEF and relevant Pacific Post, and other stakeholders at the completion

of the in-country missions. The format for the Aide Memoire will follow AusAID's template.

- c. *Draft Independent Completion Report* – to be provided to AusAID Suva Post, within 10 working days of completion of the field study. Feedback from AusAID, UNICEF and other stakeholders will be provided within 10 working days of receiving the draft report, followed by a peer review.
- d. *Final Independent Completion Report* - final document within 10 working days of receiving the feedback, incorporating advice from evaluation peer review. The report will be no more than 25 pages (plus annexes). The report will include an executive summary of up to 2 pages, key findings and lessons learned, conclusions, and recommendations. Annexes should include these terms of reference, the final evaluation plan, consultations undertaken, documents reviewed and any other information the consultants deem relevant and useful.

All reports will be in Microsoft Word format.

## Annex A

The list of documents to be reviewed may include (NOTE: This list is not exhaustive):

### *UNICEF Documents and Reports:*

- a) Proposal to AusAID  
Multi-Country Programme Document 2008-2012, Country Programme Action Plans 2008-2012 and workplans for Child Protection and Health for 2008-2012.
- b) Program Progress reports 2008-2012
- c) Regional Programme Strategy for Building a Protective Environment for Children in the Pacific 2008-2012
- d) Financial records:
  - Annual financial reports
  - Ledger accounts for contribution and disbursement
- e) UNICEF (2008): "Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Fiji".
- f) UNICEF (2008): "Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Kiribati".
- g) UNICEF (2008): "Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Vanuatu".
- h) UNICEF (2008): "Protect me with love and care: A baseline report for creating a future free from violence, abuse and exploitation of girls and boys in Solomon Islands".
- i) UNICEF (2008): Regional summary of the Fiji, Kiribati, Solomon Islands and Vanuatu child protection baseline reports.
- j) WHO/UNICEF Joint Reporting Forms on Immunization , Fiji, Kiribati, Samoa, Solomon Islands, Samoa, Vanuatu, 2008-2011.
- k) Effective Vaccine and Management Assessment Reports for Fiji, Solomon Islands, Kiribati and Vanuatu
- l) Consultancy reports: SIAs and to Samoa
- m) Draft Regional EPI Strategy
- n) PIPS workshop reports: 2008, 2009, 2010, 2011

### *AusAID documents:*

- a. Guidelines and templates
  - Guideline: Manage the Independent Evaluation of an Aid Activity
  - Template: Aide Memoire

- o Template: ICR
- b. AusAID Gender, Humanitarian Aid, Disability and Child Protection strategy documents
- c. Independent Review of Aid Effectiveness, and Australian Government response
- d. An Effective Aid Program for Australia
- e. Quality at Implementation reports
- f. AusAID/ UNICEF Pacific Multi-country Program 2005-2010: Independent Progress Report.
- g. Quality at Entry Report for UNICEF Pacific Immunisation Multi-country Program 2011-12 (2010), plus UNICEF response.
- h. Partnership Framework between the Australian Agency for International Development (AusAID) and the United Nations Children's Fund (UNICEF). 2008 – 2015.
- i. Australian Multilateral Assessment of UNICEF: March 2012.  
<http://www.ausaid.gov.au/partner/Documents/unicef-assessment.pdf>

*Other documents:*

- a. Millennium Development Goals <<http://www.un.org/millenniumgoals/>>
- b. Paris Declaration and Accra Agenda for Action <[http://www.oecd.org/document/18/0,3746,en\\_2649\\_3236398\\_35401554\\_1\\_1\\_1,00&&en-US\\$01DBC.html](http://www.oecd.org/document/18/0,3746,en_2649_3236398_35401554_1_1_1,00&&en-US$01DBC.html)>
- c. Cairns Compact
- d. Pacific Plan of Action for Strengthening Regional Cooperation and Integration
- e. UNEG (2005) “Standards for Evaluation in the UN System”
- f. UNEG (2008) “UNEG Ethical Guidelines for Evaluation”
- g. UNICEF (2011) “How to design and manage Equity-focused evaluations”
- h. Documents as outlined in the table below:

KIRIBATI	SOLOMON ISLANDS	VANUATU	FIJI	SAMOA	REGIONAL
Police Diversion guidelines 2008 – Kiribati Police and UNICEF	National Children's Policy and Plan of Action 2007-2012 - Ministry of Women, Youth, Children and Family Affairs.	Child Protection Communication for Social Change Plan 2009-2012 – UNICEF	Fiji SITAN 2007. Situational Analysis of Children, Youth and Women- Government of Fiji and UNICEF.	Family and Welfare Safety Bill 2012 - Law Reform Commission.	Pacific Children with disabilities 2010 – UNICEF
Safe net community FBO Standard Operating procedures	Ministry of Women, Youth, Children and Family Affairs	Strategy birth registration in Vanuatu 2011-2012 - UNICEF	Fiji Child Protection Services Directory	Care and Protection Legislation to Protect Children.	Commercial Sexual Exploitation of Children and Child

KIRIBATI	SOLOMON ISLANDS	VANUATU	FIJI	SAMOA	REGIONAL
2009 - MISA	Corporate Plan 2011-2014.		2011 – Department of Social Welfare and UNICEF.	Issues Paper 2009. Law Reform Commission.	Sexual Abuse in the Pacific. A Regional Report – 2008 - UNICEF
Social Welfare Key Services 2011 - MISA	2012 Annual Work Plan - Ministry of Women, Youth, Children and Family Affairs.	Standard Operating Procedures: Investigation involving children and youth 2011 (revised 2012)- Vanuatu Police Force and UNICEF	Child Protection Communication for Social Change Plan 2009-2012 - UNICEF	Community Justice Act 2008	Climate Change and Children in the Pacific Islands 2010 - UNICEF
Ministry of Internal and Social Affairs Strategic Plan 2009-2011	Solomon Islands youth policy.	Vanuatu SITAN 2005. Situation Analysis of Children, women and Youth – Government of Kiribati and UNICEF.	Crimes Decree 2009	Young Offenders Act 2007	Children Living Away from the Family – 2010 - UNICEF
Analysis of the 2006 Household Income and Expenditures Survey.	Solomon Islands National Development Strategic plan 2011- 2012.	Lifting the financial burden of child abuse. A Vanuatu case study. 2011 – UNICEF	Child Welfare Decree 2010		Pacific Gender Audit-2010
Study on Violence Against Women and Children in Kiribati 2010 – MISA and UNWomen.	Family Health and Safety Study -2009	Children in Vanuatu: 2011. An atlas of social indicators – UNICEF	Domestic Violence Decree 2009		Birth registration in the Pacific 2005 - UNICEF
Child Prostitution. Notes on Commercial Sexual Exploitation of Children 2008 - UNICEF	Adoption regulation 2008	Sector Strategy and Child Protection Policy 2012- MoJCS	DRAFT Child Justice Decree 2012		Niue initial Report to the CRC 2010
Case Data from Social Welfare Department (2006-2010)	The corrections services regulations 2007	DRAFT Strategic Development of the Ministry of Justice and Community Services (MoJCS) 2012 – UNICEF.	DRAFT Child Protection Decree 2012		

KIRIBATI	SOLOMON ISLANDS	VANUATU	FIJI	SAMOA	REGIONAL
Initial Report to the CRC and concluding observations 2006.	Report on development of child rights and child protection bills in Solomon Islands 2005 – UNICEF	DRAFT Government of the Republic of Vanuatu. Priorities and Action Agenda 2006 – 2015. 2011 Update: Re-committing to Reform to achieve “an Educated, Healthy and Wealthy Vanuatu”.	DRAFT Adoption Decree 2012		
Kiribati SITAN 2005. Situation Analysis of Children, women and Youth – Government of Kiribati and UNICEF.	Solomon Islands SITAN 2005. Situation Analysis of Children, women and Youth – Government of Kiribati and UNICEF.	DRAFT Policy Directives & Action Plan for Protection of Ni Vanuatu children 2012 – MoJCS	Child Protection Guidelines for Health Workers in Fiji 2012 – Ministry of Health and UNICEF		
Risky Business Kiribati. HIV prevention amongst women who board foreign fishing vessels to sell sex 2011 – International HIV research group. School of public health and community medicine. University of NSW, Australia.	Initial Report to the CRC 2002 and concluding observations 2003.		CP Policy for Schools 2012- Ministry of Education with the support of UNICEF		
Kiribati Youth Policy 2011	Assessment of the current status of civil registration with focus on Birth registration in the Solomon Islands 2008 – UNICEF		Children in Fiji: 2011. An atlas of social indicators – GoF and UNICEF.		
Child Young People and Family Social Welfare Policy Document 2012	Draft CWV Facilitation Package 2010 - UNICEF		Fiji Report to the CRC 2011.		
Child Young People and Family Social Welfare Law	Solomon Islands (Draft Child and Family		Community Facilitation Package Community		

KIRIBATI	SOLOMON ISLANDS	VANUATU	FIJI	SAMOA	REGIONAL
2012	Welfare Bill) Briefing Notes 2012 – Social Welfare Department		Directory 2012 – UNICEF		
Child Protection Communication for Social Change Plan 2009-2012 - UNICEF					
Kiribati Parliamentary Briefing Notes on the Child Protection law reform 2012 - Office of the AG.					

AusAID and the UNICEF shall make available to the review team any other reasonable requests for information and documentation relating to the evaluation.

## Annex 2: Schedule of meetings in country

	October	Meeting/Activity
Fiji	15	AusAID Regional and Fiji country team New Zealand Aid - High Commission UNICEF
	16	Focus group NCCC government Focus group NCCC NGOs Ministry of Social Welfare, Women & Poverty Alleviation Health and Sanitation Team- UNICEF
	17	Ministry of Health UNICEF Child Protection Team MOH TA Health Sector Support Program UNFPA, UNWOMEN, RRRT(SPC)
	18	Field visits Western Division, Nagado, Dratabu, Nadi Field visit to Nadi Hospital, Nadi Health Office(MCH Clinic), Nawaicobo Nursing Station, Namaka Health Centre, Empower Pacific Visit Yee Cold Storage (Regional Cold Store)
	19	JICA WHO (EPI) Debrief UNICEF Debrief AusAID
	20	Report writing
	21	Travel to Vanuatu
Vanuatu	22	UNICEF
		UNICEF& UN Agencies
		Ministry of Health
		Focus group NGOs/FBOs:
		Visit to MOH EPI Unit/Central Vaccine Storage Visit to Police College
	23	EPI outreach session Manples, Port Vila
		AusAID
		Focus group Government partners
	24	Travel to Santo
		MCH Clinic, SANMA Provincial Health Office
		Northern Provincial Hospital
	25	Male Island Health Centre
		Probation Workers
		Child Protection Work Team, Santo
	26	Birth Registration Team
Debrief MOH EPI WHO Met with VCC		
Debrief AusAID		
Debrief UNICEF		
Report writing		
27	Report writing	

	October	Meeting/Activity
	28	Travel to Fiji
	29	Suva: teleconference with Solomon Islands (EPI Coordinator), Tuvalu (Director of Health), Tonga (EPI Coordinator). CP: Meeting with Save the Children
	30	Travel to Kiribati UNICEF Staff Joint UN Office : UNICEF/WHO/UN Women
	31	Ministry of Health /Visit main hospital Round table with Child Survival Team, Ministry of Health Round table with Government service delivery partners, CP,
	November	Meeting Activity
Kiribati	1	Visit clinic North Tarawa/vaccine store Civil Registration Office Alcohol Awareness and Family Recovery (AAFR) Crises Centre
	2	AusAID New Zealand Aid Programme (NZ AID) Visit Taborunga Clinic, Betio Separate focus groups parents/children on CP Focus group Community Support Group, Banraeaba Clinic CP Focus Groups with parents/children
	3-4	Report writing
	5	WHO Visit to Disability School, Tarawa Debrief UNICEF
	6	Travel to Fiji
	Fiji	7
8		Presentation of Aide Memoire, AusAID
		CPT and ST depart

## **Annex 3: Individuals met**

*(telephone/email contacts are in italics)*

### **AusAID Canberra**

Ben Rolfe Senior Health Specialist  
Beth Slatyer Senior Health Specialist  
Rachel Bezley, Child Protection Specialist  
Robyne Leven, UN and Commonwealth Section  
Kate Fraser, Health Specialist, Pacific Division

### **Fiji**

#### ***AusAID (Regional and Fiji Bilateral Programs)***

John Davidson, Pacific Minister-Counsellor  
Simon Flores, Counsellor Regional Development Cooperation  
Nilesh Goundar, Program Manager, UN Partnerships and Gender  
Paulini Sesevu, Senior Program Manager Regional Health  
Anne Austen, Health Adviser  
Melinia Nawadra, Senior Program Manager – Regional: Governance, Social Inclusion, and UN Partnerships  
Sarah Gwonyoma, Assistant Program Manager, Health Fiji  
Iris Low McKenzie, Program Manager Health Fiji  
Margaret Vuiyasawa, Acting Senior Program Manager, Health Fiji  
Angellah Kingmele Senior Program Manager Health & Watsan, Fiji

#### ***New Zealand High Commission***

Helen Leslie, First Secretary, Regional Development  
Makeleta Kolo-Liebrechts, Development Programme Coordinator, Health

### **JICA**

Shinya Matsuura, Project Formulation Advisor (Health)  
Kotoji Iwamoto, Consultant Vaccine Management  
Satoshi Machida, Project Coordinator  
Tatsuhiko Tsukakoshi, Consultant, Cold Chain Maintenance  
Nlla Prasad, Program Officer

### **UNICEF**

Dr Isiye Ndombe, Representative  
Isabelle Austin, Deputy Representative  
Dr Naawa Spiianyambe, Chief Health, Nutrition & Sanitation  
Amanda Bissex, Chief, Child Protection  
Carmen Moreles Girones, Child Protection  
Silvia Pina Juste, Child Protection  
Salote Kaimacuata, Child Protection  
Laisani Petersen, Child Protection  
Dr Ingrid Hillman, Child Survival Specialist  
EPI Logistics Officer  
Samantha Cocco-Klein, Chief Policy, Advocacy, Planning & Evaluation

#### ***UN and CROP Agencies***

Dr Jayprakash Vailiakolleru, Technical Officer, Immunisation  
Wame Baravilala, Reproductive Health Adviser, UNFPA  
Doreen Buethner, UN Women  
Sandra Bernklau, SPC/RRRT)

### ***Ministry of Social Welfare, Women & Poverty Alleviation***

Govind Sami, Permanent Secretary  
Melaia Simpson, Community Project Officer, Western Division, Department of Social Welfare

### ***Ministry of Health***

Dr Josefa Koroiueta, Deputy Secretary Public Health  
Dr Frances Bingwor, National Advisor, Family Health  
Penina Druavesi, Divisional EPI Coordinator  
Kylie Jenkins, Technical Facilitator, Infant & Child Health, Fiji Health Sector Support Program  
Dr Eliko Nanovu, Sub-divisional Medical Officer, Nadi  
Salote, Subdivisional Health Sister, Nadi  
District Nurse, Nawaicobocobo Nursing Station

### ***National Coordination Committee on Children***

Atish Kumar Ministry of Labour, Industrial Relations & Employment  
Joseph Kado, Paediatrician, Ministry of Health (MOH)  
Atama Masiouva, Senior Research Officer, MTA  
Metuisela Gauna, Ministry of Education  
Orisi Tukana Juvenile Bureau, Fiji Police  
Shobna Sharma, Fiji Police  
Frances Bingwor, National Advisor, Family Health, Ministry of Health  
Reapi Mataika, Paediatrician, MOH  
Venina Niumatawalu, Research Office, Ministry of Youth and Sports  
Salote K Ministry of Social Welfare  
Ela Ministry of Social Welfare

### ***Civil Society Organisations***

Amita Jhoti Prasad, Project Coordinator, Save the Children  
Asilika Rainima, Assistant Program Manager, Save the Children  
Robbie Gillespie, Save the Children  
Peniasi Dakuwaqa, Village Headman, Nagado Village, Ba Province  
Community Members, Nagado Village, Ba Province  
Ruth Kulamu, Regional Project Manager, Children in Development, Live & Learn  
Unaisi Ravuso, Empower Pacific, Nadi  
Ranjini Govind, Empower Pacific, Nadi  
Alumita Tuikenatabua, Empower Pacific, Nadi  
Nanise Waqamailau, Empower Pacific, Nadi

### ***Vanuatu***

#### ***AusAID***

Belynda McNaughton First Secretary, Health & Education  
Kendra Gates Derousseau, Senior Program Officer, Health  
Helen Corrigen, Senior Program Manager, Law & Justice  
Angellah Kingmele, (AusAID Solomon Islands)

### ***UN Agencies***

May Pascual, Chief of Field Office, UNICEF  
Hensley Graelieu, Health Officer, UNICEF  
Brenda Nabirye Mutumba, CP Officer, UNICEF  
Joemela Simeon, CP Officer, UNICEF  
Roslyn Arthur, Coordinator UN Affairs, UNICEF

Jacob Kool, Country Liaison Office, WHO  
Rebecca Olul, Country Programme Coordinator, UN Women

***Ministry of Health***

Maturin Tari, Director General Health  
Len Tarivonda Director, Public Health  
Leonard Tablip, National EPI Coordinator  
Calixto Maleb, EPI Statistician  
Janet Eric, EPI Coordinator SHEFA Province  
Joseph Political Adviser Minister of Health  
Jean Jacque Rory, Health Promotion Officer  
Maleb Anicet, Cold Chain Manager  
Ben Taura, Health Manager, SHEFA  
Bindu Varigazee, TA HIS  
Geoffrey Tila, Health Information System Manager  
Scott Montero, TA Procurement  
Patricia Dowling, TA Finance

***Department of Civil Status***

Iati Joe Johnson, Registrar General  
Etienne Ravo, Assistant Registrar

***Civil Society Organisations***

Michael Taurakoto, CEO, Wan Smol Bag  
Jennifer Harris, M&E Officer, Wan Smol Bag  
Riaz Deen, Wan Smol Bag  
Damian Farrell, Wan Smol Bag  
Katy Southall, former Child Protection Program Manager, Save the Children  
Joanna Spencer, Child Protection Program Manager, Save the Children  
Caroline Hilton, Save the Children  
Representative, Peace Corps  
Representative, World Vision  
Ruth Dovo, Vanuatu Christian Council  
Pastor Shem Tema, Vanuatu Christian Council

***Vanuatu Police***

Fred Mahit, Director Police College  
Peter Marru, Training Development Officer

***Ministry of Justice and Corrections***

Mark Peter Bebe, Director General, MOJCS  
Dorosday Kenneth Watson, Director Women's Affairs  
Natalie David, Coordinator, Vanuatu Law and Justice Program  
Leias Kaltovei, Child Desk Officer  
Edwin Amblus, Judiciary

***Santo***

Jivi Mele, Provincial Health Manager SANMA Province  
Johnson Vuti, Provincial Health Manager TORBA Province  
Casimia Livuslili, HPO, SANMA Province  
Lily May Toa – EPI Coordinator SANMA Province  
Dr Wilma, Northern Provincial Hospital  
Steve Vire, Nurse Practitioner Malo Island

Sgt Jean Baptiste Poland, Morality and Sexual Offenses Unit, Police  
PC Irene Alick, Morality and Sexual Offenses Unit, Police  
PC Serahlyn Tabi, Morality and Sexual Offenses Unit, Police  
Cpt. Rose Stephone, Family Protection Unit, Police  
PC Georgino Neve, Family Protection Unit, Police  
PC Peter Diri, Family Protection Unit, Police  
PC Peulla Zebedce, Family Protection Unit, Police  
Gloria Tarileo, Department of Women's Affairs, Sanma Provincial Desk Officer  
Policap Teviri, Save the Children, Chair - Child Protection Working Group  
Rolland Ture, Corporate Officer, Probation Services  
Kalep Wilkins, Probation Officer  
Jeff Malmangrou, Probation Officer  
Mathew Walter, Probation Officer  
Lolina Martin, Correctional Services & Secretary Child Protection Working Group  
Leina Abel, Probation Services  
Matahu Zekarai, Civil Status Department  
Zekarai Matahu, Provincial Registration Officer  
Anna Toara, Registration Officer, Luganville Municipality  
Paul Thompson, Actg. Provincial Education Officer  
Willie Samuel-Commander North, Vanuatu Police Force

## **Kiribati**

### **AusAID**

Lydia Bezeruk, First Secretary  
Kakiateiti Erikate, Manager, Health and Environment  
Mark Sayers, Development Program Specialist

### **New Zealand Aid Programme (NZAID)**

Ross Craven, Urban Development Project Coordinator  
Semilota Finauga, Senior Development Program Coordinator

### **Ministry of Health**

Tetro Tira, Director of Public Health  
Tikua Tekitanga, EPI Coordinator & Principal Nursing Officer  
Toata Titaake, IMCI Coordinator  
Luisa Kabong, MCH Coordinator  
Marutaake Karawaiti, Health Promotion  
Eretii Timeon, Nutritionist  
Pharmacist, Main Hospital  
Nurse in charge, North Tarawa clinic  
Nurse in charge and staff, Betio clinic  
Nurse in charge and community support group Betio clinic

### **Ministry of Internal and Social Affairs and Child Protection Work Group**

Teurakai Ukenio, Director of Social Welfare  
Tinia Rakenang, Senior Social Welfare Officer  
Tiensi Teea, Acting Registrar General  
Rina Billy, Social Welfare Officer  
Tetiro Sernilota, Judiciary CR  
Tenea Atera, BTC  
Harry Langley, TUC  
Iobi Jette, KCP, CPO

***UN Joint Office***

Joao Mendez, Child Protection, UNICEF  
Tinai Iuta, Health Officer, UNICEF  
Andre Reiff, WHO Country Liaison Officer

***Police***

Teriao Korua, Community Police Coordinator  
Tim Fenlon, CP Police Consultant

***Tarawa and Betio urban councils***

Council representatives  
Focus group children 14-18 years  
Focus group parents

***NGO/CSO/FBO***

Moia Tetoa Director AMAK  
Tetiro Semilota, Chief Registrar, High Court  
Tumai Timione, National Consultant for Child Protection Law Reform  
Sr. Rosarin Tataua, Crisis Centre  
Sr. Teretia Kairo, Crisis Centre  
Sr. Maritina Tawita, Alcohol Awareness and Family Recovery (AAFR)  
Rikaene Bonto, Alcohol Awareness and Family Recovery (AAFR)

***Niue***

Manila Notha, Director of Health

***Tokelau***

Liza Kelekolio, Program Manager

***Solomon Islands***

Ethel Sigimanu, Permanent Secretary, Ministry of Women, Youth and Family Affairs  
Raymond Mauriasi, EPI Coordinator  
Dr Divi Ogaoga, Director of National Child Health Unit (email communication)  
Mosu

***Palau***

Sharon Sakuma, UNDP/UNICEF/UNFPA

***Tonga***

Sela Paasi, EPI Coordinator

***Tuvalu***

Stephen Homasi Director of Health

***Cook Islands***

Rufina Tuatai, Acting EPI Coordinator

## Annex 4: Summary expenditure by program

AusAID EXPENDITURES BY COUNTRY BY YEAR 2008-2012 (EPI)						
YEAR	COUNTRY	CASH	CONTRACTS	SUPPLY	TRAVEL	SUPPORT
<b>2008</b>	FIJI	3,243.24	-	-	-	-
	KIRIBATI	29,413.72	-	816.63	235.90	-
	SAMOA	-	-	-	658.57	-
	SOLOMON	77,655.59	-	-	11,173.25	13,348.29
	VANUATU	-	770.93	-	7,520.43	-
	REGIONAL	6,859.77	3,671.28	5,564.96	-	163,629.56
	<b>\$324,562.12</b>	<b>TOTAL</b>	<b>117,172.32</b>	<b>4,442.21</b>	<b>6,381.59</b>	<b>19,588.15</b>
<b>2009</b>	FIJI	-	18,000.00	-	-	-
	KIRIBATI	-	-	-	337.97	-
	SAMOA	-	-	-	-	-
	SOLOMON	-	-	-	816.54	-
	VANUATU	18,351.90	-	-	14,285.90	-
	REGIONAL	-	50,442.31	12,582.38	10,916.01	-
	PROG. SUPPORT	-	-	-	-	143,826.70
<b>\$269,559.71</b>	<b>TOTAL</b>	<b>18,351.90</b>	<b>68,442.31</b>	<b>12,582.38</b>	<b>26,356.42</b>	<b>143,826.70</b>
<b>2010</b>	FIJI	-	-	-	5,099.88	-
	KIRIBATI	-	-	6,002.71	-	-
	SAMOA	-	-	-	-	-
	SOLOMON	34,090.91	-	-	-	-
	VANUATU	-	10,000.00	-	-	-
	REGIONAL	-	5,290.32	-	19,222.66	-

AusAID EXPENDITURES BY COUNTRY BY YEAR 2008-2012 (EPI)						
YEAR	COUNTRY	CASH	CONTRACTS	SUPPLY	TRAVEL	SUPPORT
<b>\$219,341.22</b>	PROG. SUPPORT	-	-	-	-	139,634.74
	<b>TOTAL</b>	<b>34,090.91</b>	<b>15,290.32</b>	<b>6,002.71</b>	<b>24,322.54</b>	<b>139,634.74</b>
<b>2011</b>	FIJI	-	-	-	-	-
	KIRIBATI	28,798.63	-	580.51	6,293.91	-
	SAMOA	-	-	-	-	127,854.00
	SOLOMON	14,305.37	13,250.00	8,182.06	10,163.62	86,182.80
	VANUATU	14,774.82	14,825.00	1,326.88	15,063.68	97,200.97
	REGIONAL	-	24,402.70	21,262.29	73,916.45	83,578.00
	PROG. SUPPORT	-	-	-	-	63,166.03
	<b>TOTAL</b>	<b>57,878.82</b>	<b>52,477.70</b>	<b>31,351.74</b>	<b>105,437.66</b>	<b>457,981.80</b>
<b>2012 as at 8-Nov</b>	FIJI	-	-	-	-	-
	KIRIBATI	47,140.50	-	3,543.60	3,249.94	29,491.85
	SAMOA	-	-	-	-	-
	SOLOMON	171,947.22	-	-	22,544.48	76,282.00
	VANUATU	183,732.37	5,206.56	30,557.27	25,365.59	72,467.00
	REGIONAL	24,663.80	-	32,183.09	1,741.02	69,999.00
	PROG. SUPPORT	-	-	-	-	-
	<b>TOTAL</b>	<b>427,483.89</b>	<b>5,206.56</b>	<b>66,283.96</b>	<b>52,901.03</b>	<b>248,239.85</b>
<b>\$2,318,706.06</b>	<b>TOTAL</b>	<b>654,977.84</b>	<b>145,859.10</b>	<b>122,602.38</b>	<b>228,605.80</b>	<b>1,166,660.94</b>

Percentage 28.25 6.29 5.29 9.86 50.32

## Immunisation budget –notes

1. **Cash** -direct transfers to Ministry of Finance account for:
  - a. all costs for installation costs and fabrication of solar chills panel stand poles and its distribution to the islands, in country IEC productions ( including mass media campaign, TV and radio spot)
  - b. outreach services or catch up campaign.
  - c. provincial and in country annual meetings where we use it also for building their capacity, micro planning meetings, integrated training on IMCI and newborn care and safe motherhood.
  - d. Operational costs of Measles/MR SIA and Child Health Day.
  - e. Monitoring and supervision of MOH staff to the provinces or health facilities.
  - f. salary Support for data and local cold chain officer.
2. **Program support:**
  - a. Salary and related costs of fixed term contract of: one Child Survival Specialist, one program assistant, three national officers in Solomon Islands, Vanuatu and Kiribati and supply and administration assistant.
  - b. Four UN volunteers for EPI officer in Solomon islands,, Vanuatu and Samoa and one logistic officer in Suva for 2012 and 2013.(up to Feb 2014).
3. **Contracts:**
  - a. Technical assistance (international consultant) for cold chain, EPI, and communication.
  - b. Regional consultant from Fiji and Solomon Island for Newborn care IMCI.
  - c. Services of Dr Ruff from Nossal Institute for Global Health University of Melbourne under AusAID agreement and Exchange of Letter dated 18 May 2006.
4. **Travel:** monitoring field visits or attending in-country meetings in focus countries and regional training.
  - a. From Suva to focus countries.
  - b. From Focus countries to provinces or islands by UNICEF Field Office staff.
  - c. For participants for MLM training from 7 Pacific countries in 2010 and 2011.

## 5. Supply:

- a. Communication materials for integration key messages on immunisation, pneumonia, diarrhoea, newborn care and nutrition (leaflets, flyers, flipcharts, airtime for radio and TV spots, DVD)
- b. Modules for pneumonia, diarrhoea, MCH (including newborn care) and IMCI supplies (new ORS and zinc tablets).
- c. Immunisation certificates.
- d. Vaccines and supplies during Measles/MR integrated campaign: vaccines, Vitamin A, deworming tablets.
- e. Procurement of supplies for MOH Fiji for severe malnutrition cases in 2011 (IMCI).
- f. Cold chain supplies: refrigerators, temp monitoring, vaccine carriers and cold boxes.

Most supplies are funded by NZ-MFAT, UNICEF funds (UNICEF Australia Natcom, Pandemic funds for supplies in 2008/2009) and Japan Committee for Vaccines for the World's Children (JCV).

UNICEF also received funds from NZ-MFAT, UNICEF regular resources, UNICEF Australia Natcom, Pandemic funds for supplies in 2008/2009) and JCV.

In 2011 and 2012 contribution of AusAID increased 3 times higher than the period of 2008-2010.

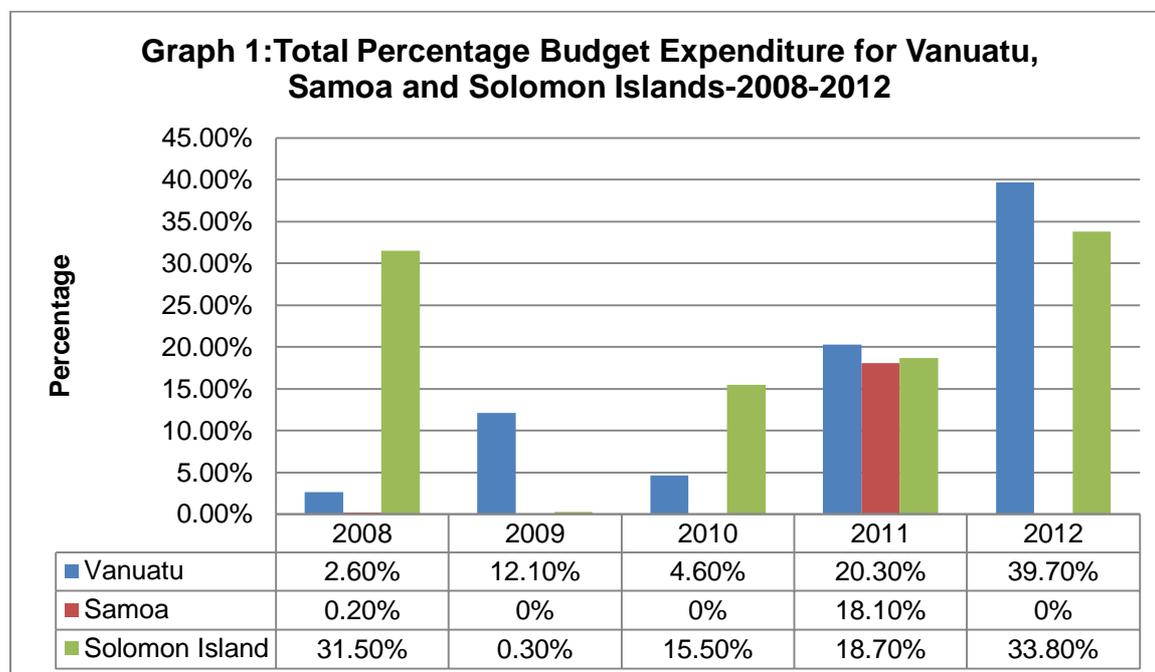
## Child protection

AusAID EXPENDITURES BY COUNTRY BY YEAR 2008-2012						
YEAR	COUNTRY	CASH	CONTRACTS	SUPPLY	TRAVEL	SUPPORT
<b>2008</b>	FIJI	105,123.22	43,070.61	1,417.56	1,794.24	
	KIRIBATI	168,453.33	33,109.56	9,662.72	1,741.70	
	SAMOA	-	-	-	-	
	SOLOMON	88,785.32	8,382.65	7,843.46	2,027.89	
	VANUATU	77,625.78	30,242.63	12,023.03	13,513.63	
	REGIONAL	59,523.53	172,683.51	4,654.90	156,753.95	
	<b>\$998,433.22</b>	<b>TOTAL</b>	<b>499,511.18</b>	<b>287,488.96</b>	<b>35,601.67</b>	<b>175,831.41</b>
<b>2009</b>	FIJI	57,809.56	-	-	-	-
	KIRIBATI	45,795.45	-	-	-	-
	SAMOA	41,142.50	1,950.00	-	-	-
	SOLOMON	50,285.70	24,687.00	2,694.69	36,014.94	-
	VANUATU	76,378.77	20,994.27	-	22,494.38	-
	REGIONAL	40,714.06	58,528.06	-	26,314.23	-
	PROG. SUPPORT	-	-	-	25,549.25	331,396.46
	<b>\$862,749.32</b>	<b>TOTAL</b>	<b>312,126.04</b>	<b>106,159.33</b>	<b>2,694.69</b>	<b>110,372.80</b>
<b>2010</b>	FIJI	66,160.64	-	-	1,347.21	-
	KIRIBATI	130,256.12	-	-	4,295.26	-
	SAMOA	133,888.21	-	1,614.44	1,612.50	-
	SOLOMON	36,655.86	6,850.00	-	8,017.50	-
	VANUATU	119,258.34	34,830.00	-	59,850.63	-
	REGIONAL	18,526.73	141,349.68	15,939.75	144,892.38	-
	PROG. SUPPORT	-	-	9,948.74	29,950.88	418,172.57
	<b>\$1,383,417.44</b>	<b>TOTAL</b>	<b>504,745.90</b>	<b>183,029.68</b>	<b>27,502.93</b>	<b>249,966.36</b>

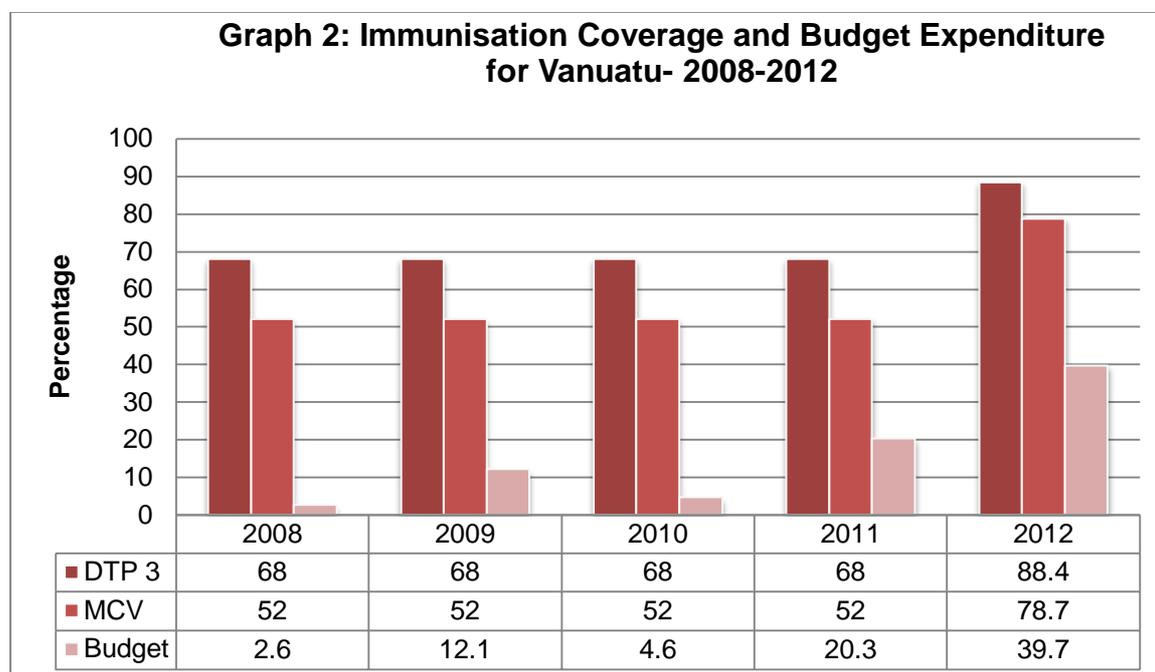
AusAID EXPENDITURES BY COUNTRY BY YEAR 2008-2012						
YEAR	COUNTRY	CASH	CONTRACTS	SUPPLY	TRAVEL	SUPPORT
<b>2011</b>	FIJI	153,495.30	37,581.81	1,000.00	17,057.30	-
	KIRIBATI	234,627.32	-	-	11,439.30	-
	SAMOA	19,037.42	-	-	13,492.81	-
	SOLOMON	141,916.12	12,000.00	-	43,492.61	-
	VANUATU	101,468.58	15,750.00	4,388.90	68,331.89	-
	REGIONAL	223,850.15	48,860.60	-	22,415.21	-
	PROG. SUPPORT	-	38,514.63	12,506.78	120,178.13	878,123.16
	<b>\$2,219,528.02</b>	<b>TOTAL</b>	<b>874,394.89</b>	<b>152,707.04</b>	<b>17,895.68</b>	<b>296,407.25</b>
<b>2012 as at 5-Nov</b>						
	FIJI	150,666.00	39,460.00	-	5,283.00	-
	KIRIBATI	70,333.00	60,969.00	-	-	238,442.00
	SAMOA	56,524.00	-	-	-	32,041.00
	SOLOMON	41,757.00	54,170.00	-	15,096.00	159,622.00
	VANUATU	168,568.00	4,200.00	-	8,799.00	272,212.00
	REGIONAL	-	39,911.00	-	22,187.00	126,041.00
	PROG. SUPPORT	-	1,368.00	-	33,926.00	322,290.00
<b>\$1,923,865.00</b>	<b>TOTAL</b>	<b>487,848.00</b>	<b>200,078.00</b>	<b>-</b>	<b>85,291.00</b>	<b>1,150,648.00</b>
<b>\$7,387,993.00</b>	<b>TOTAL</b>	<b>2,678,626.01</b>	<b>929,463.01</b>	<b>83,694.97</b>	<b>917,868.82</b>	<b>2,778,340.19</b>

## Annex 5: Comparison - expenditure and immunisation coverage<sup>42</sup>

**Graph 1: Total Percentage Budget Expenditure for Vanuatu, Samoa and Solomon Islands-2008-2012**

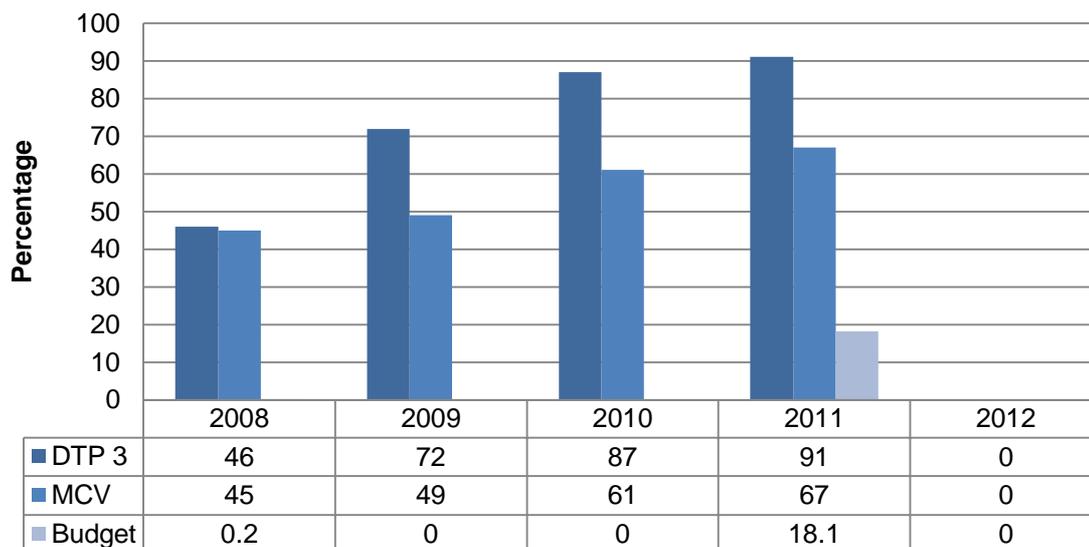


**Graph 2: Immunisation Coverage and Budget Expenditure for Vanuatu- 2008-2012**

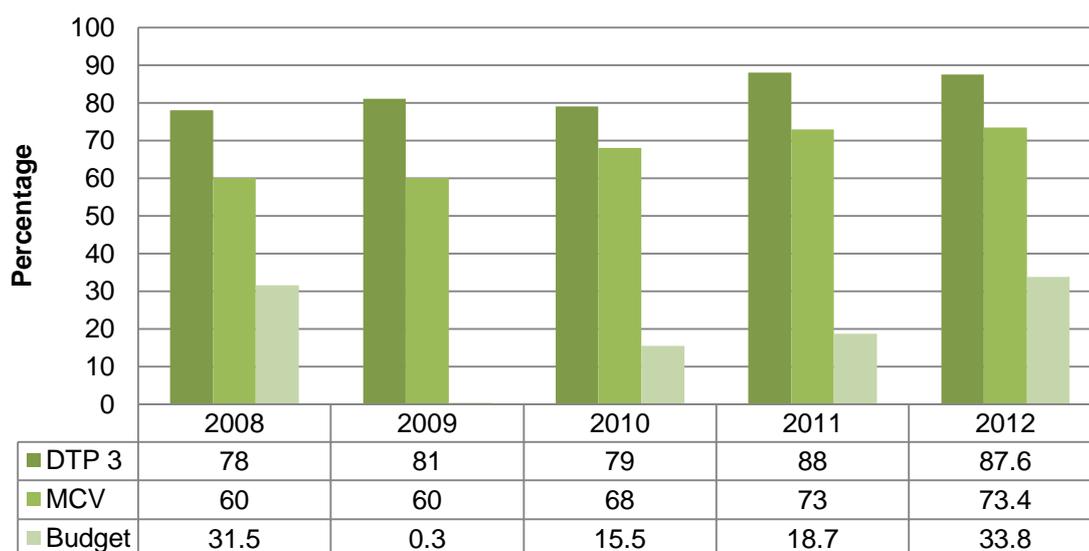


<sup>42</sup> Refers only to budget financed by AusAID

**Graph 3: Immunisation Coverage and Budget Expenditure for Samoa-2008-2012**



**Graph 4: Immunisation Coverage and Budget Expenditure for Solomon Island-2008-2012**



## Annex 6: Child Protection Program country performance

Kiribati		
Summary of Findings: UNICEF Child Protection Program 2008-2012		
<b>Component 1:</b>	<b>Improve child protection laws and regulations and the enforcement of these policies.</b>	
<b>Expected Result:</b>	<b>Children are increasingly protected by legislation and are better served by justice systems that protect them as victims, offenders and witnesses.</b>	
Key Achievements Against Objectives	Compliance with Aid Effectiveness Principles	Proposed Future Priorities and Directions
<ul style="list-style-type: none"> <li>Completed 2008 Child Protection Baseline research which provided essential background and key reference point re the status of child protection for the country. The research identified gaps and inconsistencies within the domestic legal framework in relation to the CRC and international best practice.</li> <li>New Child Young People Family Welfare (CYPFW) Policy has been approved.</li> <li>Principle of the CYPFW Bill endorsed by the Cabinet; awaiting first reading.</li> <li>Juvenile Justice (JJ) Bill drafting instructions completed.</li> <li>Decreased number of juvenile cases registered in S. Tarawa Court for 2010 (2 cases) compared to 2008(11) /2009 (4). Most juvenile cases were diverted by police for community and social welfare resolution.</li> <li>12 police officers from all stations have been trained on database management process. 7 magistrates from S. Tarawa and 8 police officers, 24 community wardens in Abemama were trained on court and police diversion and how to articulate and apply diversion in collaboration and support of community and social welfare service. Recently sixty plus justice officials and magistrates trained on court proceedings and good practice for handling justice for children.</li> </ul>	<ul style="list-style-type: none"> <li>A technical legal advisor from the AG's Office was assigned to support the child protection law reform process in collaboration with an international consultant. The national CP Law Reform consultant salary is paid by the government and the approach used has been critical in enhancing the capacity of national consultant. This collaboration is approved of government commitment toward strengthening the CP legal framework.</li> <li>Recommendations to amend existing laws and formulate new laws have been endorsed by the Government and the legal drafting process has commenced , guided by a national legal reform plan</li> <li>Child Welfare and Protection Laws are aligned with the CRC and its Optional Protocols and give authority to mandated agencies to enforce and apply them.</li> <li>Consultations to define new directions and framework for social welfare system were completed in 18 Islands.</li> <li>The juvenile justice (JJ) manual for Judges and judiciary related officers revised and translated from English into I-Kiribati.</li> </ul>	<ul style="list-style-type: none"> <li>Continue harmonisation process of the national law in line with the CRC and other related international instruments</li> <li>Preparation and submission of second periodic CRC report and other human rights instruments</li> <li>Continue implementation of Police, Court diversion and its consolidation in South Tarawa and extended to Outer Islands</li> <li>Judiciary aims to improve public understanding of JJ, court procedures and child protection - continue visits to island maneabas; provide community legal education to young people</li> </ul>

Kiribati		
Summary of Findings: UNICEF Child Protection Program 2008-2012		
<p><b>Component 2: Improve service delivery</b></p> <p><b>Expected Result: Children are better served by well informed and coordinated child protection social services which ensure greater protection against and responds to violence, abuse and exploitation.</b></p>		
Key Achievements Against Objectives	Compliance with Aid Effectiveness Principles	Proposed Future Priorities and Directions
<ul style="list-style-type: none"> <li>The judiciary, police and SWOs apply principles of juvenile justice and support programs for young offenders, child victims and witnesses to protect their rights throughout proceedings.</li> <li>SWO, judiciary, police and health professionals at national and Island level effectively prevent, manage and coordinate/refer cases of child abuse, violence, exploitation and children in conflict with the law.</li> <li>Teachers on three outer islands and in Tarawa have knowledge of and increasingly practice non-violent forms of discipline.</li> <li>Over 150 young people and couples affected by alcohol were given assistance by AAFR in dealing with violence and abuse. Life skills courses were provided to children in conflict with the law.</li> <li>Social welfare unit within MISA has played critical role in addressing child protection issues at different level. MISA social welfare unit and Kiribati Counseling Association (KCA) have been working in partnership providing support to child, women victims of abuse, exploitations and contributed to generate significant understanding of child protection issues at all 12 communities of S. Tarawa and all 16 primary by conducting awareness campaigns. This awareness campaign have been extended as well to other Islands</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of social welfare, community police and judiciary in responding to all juvenile cases has been strengthened. Police and court continue to apply diversion to young people facing justice. Community leaders were trained and have become part of the diversion program. Coordination between social welfare, police, community, based faith organisations have been strengthened in responding to child and women and expanded to other Islands</li> <li>Community police, MISA-Social Welfare Unit established partnership with Alcohol Awareness Family Recovery-AARF coordinated by Catholic Church to support and empower young peoples who have been facing justice and or affected by consumption of alcohol in the different communities of S. Tarawa.</li> <li>Progress is noted in standardising child care proceeding. A draft case management manual for social welfare workers has been developed.</li> <li>Commercial exploitation of children (CSEC) as emerging issue is being addressed generating extensive debate Taskforce established to address CSEC community level,</li> <li>Implementation of the new CYPFW system/ capacity building and monitoring system.</li> </ul>	<ul style="list-style-type: none"> <li>Consolidate CP data collection mechanisms at central and sub-national level</li> <li>Consolidate and evaluate routine birth registration services.</li> <li>Continue strengthening social welfare systems through better procedures and processes, inter-agency collaboration and support</li> <li>Continue to collect MSC stories to capture the changes and impact of CPP interventions and expand use to organisations and networks to capture changes in collaboration etc.</li> <li>Establish emergency and climate change preparedness response activities</li> <li>Strengthen social services and ensure equity delivery of essential services and establish case management and referral systems.</li> </ul>



<b>Component 3: Address community practices and behaviours.</b> <b>Expected Result: Families and communities establish home and community environments for children that are increasingly free from violence, abuse and exploitation.</b>		
<b>Key Achievements Against Objectives</b>	<b>Compliance with Aid Effectiveness Principles</b>	<b>Proposed Future Priorities and Directions</b>
<ul style="list-style-type: none"> <li>Parents, care-givers and community members in three outer islands and on Tarawa understand and are able to practice positive behaviour that protects children from violence, abuse and exploitation.</li> <li>Island Councils/Village Communities in three outer islands and in Tarawa incorporate child protection into their development plans, involving religious leaders, civil society organisations and other community members, including young people.</li> <li>Children from three outer islands and in Tarawa are aware of their protection rights, form and express their views at home, in school and amongst peers and are less likely to get involved in criminal activities (Island level)</li> <li>As a result of intensive awareness campaigns community members including children feel more comfortable in accessing social welfare services and number of cases assisted by social welfare unit has increasing y for the last 3 years (277 cases for 2010 against 161 and 216 in 2008 and 2009 respectively. By mid-2011 the social welfare had handled over 370 cases when for the same period of 2010 the number of cases was significant less.</li> <li>Civil registration e-database has installed in 8 Islands and will speed up the submission of information on civil registration process from Outer Islands. The national coverage for 0-18 years old is around 90%</li> </ul>	<p><b>Community mobilisation:</b></p> <ul style="list-style-type: none"> <li>The task force on CSEC has been established to plan and monitor implementation of related activities.</li> <li>Key messages on the prevention of CSEC have been developed and been used in the PBA national fortnight radio program and community awareness.</li> <li>Government has been supporting the community awareness campaigns via radio, in schools and communities. Traditional leaders, so called “unimanes” are directly targeted in social mobilisation initiatives to ensure they have greater awareness of CSEC. Parents, teachers and other community leaders are also involved.</li> <li>MSC stories have been collected from beneficiaries including children. Key messages to address different child protection concerns have been developed, refined and used to raise awareness on the positive behaviour</li> <li>Implementation of police diversion for young people in conflict with the law has been strengthened and data collection mechanism consolidated. The decreased number of juvenile cases at court level shows the correlated link between the sustainable implementation of police diversion.</li> </ul>	<ul style="list-style-type: none"> <li>Continue strengthening partnership with local communities and support their initiatives</li> <li>Proceed with evidence base evaluation.</li> <li>Continue to work through MoUs with relevant state and non-state agencies</li> <li>Continue to collect quantitative numbers of number and types of referrals</li> <li>Implement system to monitor outcomes of referred cases through case management system.</li> <li>Continue implementation of 2008 MoU between Ministry of Health and MISA to promote birth registration at grass root and extend to other sectors.</li> </ul>

## Child Protection Program: Summary of Findings – Vanuatu

### Key Achievements

- 2010 Baseline Study
- Development and implementation of the “Communication for Social Change” plan
- Mapping Report: Informal and Formal Systems to Protect Children in Vanuatu (2011)
- Policy Directives and Action Plan for the Protection of Ni-Vanuatu Children (Ministry of Justice and Community Services)
- Vanuatu Christian Council (VCC) Child Protection Policy and upcoming Implementation Strategy - denomination specific policies and strategies also being developed
- Birth registration Action Plan leading to increased birth registration figures and improved processes
- Child Protection Desk Officer at Ministry of Justice
- Establishment of Child Protection Working Groups in Vila and Santo
- Production of Awareness Materials (One Small Bag cartoons, “Spare the Rod” comic/video and community dramas)
- Standard Operating Procedures for the Police; Police Training College providing training for Police Officers; UNICEF also supported development of a Training Package for the VPF which has been well received and resulted in action plans in some jurisdictions
- Vanuatu costing analysis re need for greater investment in CP prevention and early intervention
- Increased public awareness of child protection issues
- Increased interest by government and civil society in addressing child protection issues

### Issues and Recommendations

- 1. Need to ensure broader dissemination of research reports and production of user-friendly formats** at regional and national level - i.e., Baseline, Mapping report, Fiji training manual “Children are a precious Gift from God” were not sighted by significant CP stakeholders outside of Vila. Research reports not easily readable so not being used for action planning.
- 2. Need for Common Messaging re Child Protection.** Community level awareness campaigns now provided by numerous state agencies and CSOs but lack consistent language and approach leading to confusion on the part of beneficiaries and service providers. This problem is exasperated by past and present “child rights” awareness work emanating from the CRC; “rights” terminology is not well understood leading to resistance at all levels. Concern regarding the lack of mention of these and other on-the-ground child

protection issues in the recently compiled CRC report leads to misleading report and fails to take advantage of opportunity for critical analysis and collective planning by stakeholders

3. **Need for Improved Coordination of CP awareness work re geographic coverage (provinces/districts) and target group coverage** – i.e., Churches, Traditional Leaders, Educators, Health Workers, Police, Courts, Probation, Women and Youth Groups etc.
4. **Need for Concurrence on Progression of Legislative Work.** There is uncertainty amongst stakeholders regarding reform of the Family Protection Act versus development of a new Child Protection Act. As such, UNICEF needs to work closely with the Ministry of Justice and the Law Reform Commission to identify short and long term advantages and disadvantages of separate Women/Violence and Child Protection Laws or development of composite Family Protection legislation. UNICEF has an important role to play in providing high level technical input from a global and regional perspective in this debate.
5. **Need to strengthen district level CP work groups facilitate development of localised referral protocols.** While the CPP has established a CP Working group in Santo (for example), no follow-up support has been provided to this group. Key stakeholder agencies consulted indicated that while referrals of children being physically and sexually abused have increased (including to police, hospitals and treatment agencies), staff are not sure how to handle these situations and lack confidence that referring serious cases will result in appropriate follow-up.
6. **Need for proactive focus on responding to demand for services** which will invariably increase following any kind of awareness campaign. Stakeholders already note significant issues re i) the lack of support services for children/families; ii) access to existing services re distance and cost constraints, and iii) the quality of existing support services. The need for trained counsellors in pivotal locations within the formal and informal sector (i.e., schools, health care centres, police, probation, churches and communities) is critical for responding effectively to increased demand. UNICEF can play a critical role in labour market forecasting and advocating for training of child protections practitioners at all levels
7. **Address transaction costs** related to funding support and approval of TAs. This is an urgent area of attention due to considerable negative feedback about UNICEF's lack of efficiency in this area leading to significant reputational issues for the program. In this regard it is highly recommended that the CPP develop and formalise partnership with Save the Children and other CSOs/FBOs at country level.
8. **Increase linkages with bilateral programs** such as the AusAID/MoJ Institutional Strengthening Program, the TVET Strengthening Program and AusAID Church Partnership Program to optimise CP efforts.

- 9. Determine and implement strategy for increased Investment in Children (IIC).** The Vanuatu Costing Study presented a well-documented economic argument for increased expenditure on prevention and early intervention however UNICEF will need to work in collaboration with agencies who are well positioned to take the funding case forward (i.e., AusAID, Asian Development Bank, World Bank etc.) in their dealings with Ministries of Finance etc.
- 10. Think and plan strategically in transitioning from 1st to 2nd generation CP work.** This shift will involve assessing national and district level needs in the implementation and monitoring of new laws, policies and procedures and identifying UNICEF's "new niche" in sector support and sustainability. This will also mean getting more involved in activities outside of those specifically supported by UNICEF in order to keep a "watching eye" on sector development. More time spent in provinces would enable the program to monitor the development of both urban and rural area CP systems, the latter of which will be primarily informed and implemented by the informal sector. It is expected that jurisdictions within countries may evolve differently depending on distance factors, the outreach capacity of government and civil society and the orientation of traditional and religious leaders.

## Child Protection Program: Summary of Findings – Fiji Islands

### Methods

From 15-19 October 2012, the review team met with 12 senior government representatives of the National Coordinating Committee on Children (NCCC); the Permanent Secretary of the Ministry of Social Welfare, Women and Poverty Alleviation; civil society organisations; government outreach workers involved in child protection work, and community members of Nagado Village in Ba Province. The review team also met with five members of the UNICEF Pacific Child Protection Team and with AusAID regional and bi-lateral staff. The Review Team considered the effectiveness, efficiency, sustainability and overall impact of the UNICEF Child Protection Program in Fiji alongside regional interventions coordinated in Fiji.

### Observations and Recommendations

#### 1. Evaluate the effectiveness, efficiency, relevance and outcomes of CPP work to date

At program outset child protection was a green-field activity but many more actors and now involved. This changes the landscape and offers high potential for greater inter-agency collaboration. It may also require UNICEF to determine a new niche for itself in the transition from first to second generation work in Fiji - and other tier one countries. In defining CP work of the future, it is critical to take full stock of achievements and constraints to date, with specific attention to lessons learned and localised applicability. As such, the following tasks are required:

- **End-line results against base-line data.** There is a critical need to assess actual results as well as the overall value/effectiveness of this research.
- **Communications for Social Change Framework.** Conduct thorough M&E exercise; future strategies need to build on outcomes of evaluation and incorporate more focused approach based on lessons learned.
- **Fiji Work Plan.** Although the CP Work Plan is signed off by relevant Permanent Secretaries there are very few references to civil society and no endorsed buy-in or specified functions for CSOs. There is a need to conduct a comprehensive review of the CP work plan, in close collaboration with stakeholders (including civil society) during the transition period. In undertaking this review, full consideration of the work of other organisations is required to ensure alignment, prevent duplication and enhance effectiveness and efficiency.
- **Legislative Reform and Implementation.** It is critical that UNICEF works with other organisations involved in legislative reform in broader area of protection, including violence against women. This will require discussion on the short and long-term advantages and disadvantages of reconceptualising child focused legislation as family focused legislation. The partnership with the ILO to address child labour and commercial sexual exploitation of children is important as is the CPP's work with the MOE to draft a new Child Protection Policy for education, to reduce violence and abuse in the school

environment. New procedures and training delivered to police in 2011, leading to improvement in police handling of crimes involving children.

## **2. Review service delivery status arising from stimulating a “culture of disclosure”**

- Given the increased number of agencies now involved in CP work, it is recommended that UNICEF support a mapping exercise to determine the type and level of formal and informal sector support currently being provided by state and non-state agencies (including FBOs and CBOs) in urban and rural areas throughout Fiji. The results of this review will enable more focused and locally relevant service delivery planning.
- Whether intended or unintended, one of the impacts of CPP work to date is the increased demand for services. For instance, Empower Pacific experienced a 20 per cent increase in clients from 2010-2011 and social welfare caseloads have also risen significantly. Stakeholders interviewed raised serious concern about the insufficient number of qualified counsellors available to support children & families in crisis situations and to provide specialised treatment. Cost, distance and cultural factors were identified as impeding access even when services are available. As such, UNICEF should take a lead role in addressing service provision deficiencies from both a strategic and practical perspective which may involve labour market analysis; advocacy; collaboration with donors and training institutions and research initiatives, including cost benefit analyses. Tracking the number and nature of CP related referrals to support agencies, as well as the effectiveness of new case management systems should become an inherent part of 2<sup>nd</sup> generation CP M&E systems.
- Enter into a MoU with Save the Children that specifies the nature of collaboration in target PICTs and enables both agencies to work to their strategic advantage with reduced transaction costs.
- Further work with regional and national Disability Associations is required to identify strategic and programmatic opportunities to better safeguard children who are at high risk for abuse and neglect.

## **3. Review effectiveness of community awareness and prevention programs**

- As CP work progresses, it becomes increasingly important that awareness interventions are coordinated and that messages are consistent and clear. Over the past five years, use of “child rights” terminology has generated confusion and backlash at community and institutional level that needs to be redressed. The introduction of workshop materials using the “Children are a Precious Gift from God” framework should assist in this regard. However, it is important that all agencies undertaking CP awareness work are using a congruent approach and there is shared agreement on terminology.
- Attention to needed to monitor the impact of the planned increase in the number of social welfare volunteers who will be working with communities on CP issues. Issues regarding qualifications and competency should be considered proactively to identify if additional training is required and to

ensure referral procedures are follow-up systems are well established on a location by location basis throughout Fiji.

#### **4. Plan for Sustainability**

- 2<sup>nd</sup> generation CP work requires a more forward-looking perspective and a concerted focus on building and sustaining capability of service delivery systems at country and component level. This could involve designing and implementing institutional strengthening/capacity building/mentoring strategies with key agencies and networks and identifying funding alternatives to UNICEF support. For instance, new AusAID funds are available to CSOs under the *Fiji Community Development Program* which could be directed at expanding child protection work. Significant funding will also become available through the AusAID funded *Pacific Women Shaping Pacific Development* Initiative with potential for CP programming under Key Result Area 6: Reduced violence against women and expanded support services.

## **Annex 7: Documents reviewed**

### **AusAID**

#### ***Strategy documents***

Development for All: Towards a disability-inclusive Australian aid

Program, Government of Australia - AusAID. 2009-2014

Promoting opportunities for all: Gender equality and women's empowerment.  
Government of Australia AusAID.

Report of the AusAID Independent Child Protection Policy Review, 2012, GPCS  
Consulting Group

Child Protection Policy 2009: [http://www.ausaid.gov.au/Publications/Documents/child\\_protection.pdf](http://www.ausaid.gov.au/Publications/Documents/child_protection.pdf)

An Effective Aid Program for Australia; Australia

Australian Government response to Independent Review of Aid Effectiveness;  
<http://www.aidreview.gov.au/report/index.html>

Partnership Framework between the Australian Agency for International  
Development (AusAID) and the United Nations Children's Fund (UNICEF). 2008 –  
2015

2005- AusAID UNICEF Multi country programme funding agreement

AusAID/ UNICEF Pacific Multi-Country Programme 2005-2010: Independent  
Progress Report.

Quality at Entry Report for UNICEF Pacific Immunisation Multi-Country Programme  
2011-12 (2010), plus UNICEF response.

Quality at Implementation Report for UNICEF Pacific Immunisation Multi-Country  
Programme 2011-12 (2011),

Regional Health Portfolio Transition Design (draft), Janine Constantine, September  
2012

Pacific Health Development Agenda: AusAID priorities and strategies for health  
development across the pacific, 2012

AusAID Study of Independent Completion reports and other evaluation documents,  
Commissioned in support of the Independent Review of Aid Effectiveness, study  
undertaken by Peter Bazeley

Australian Multilateral Assessment March 2012, United Nations Children's Fund  
(UNICEF)

AusAID & UNICEF Pacific Multi-Country Programme Contribution Agreement- March  
2005

Manage the Independent Evaluation of an Aid Activity

## **UNICEF**

### ***Immunisation***

UNICEF Pacific Immunization Programme, 2011-2012; 2010 and 2011 Progress Report

Users Reference to Country Reports of WHO and UNICEF Estimates of National Infant Immunization Coverage, 17 July 2012, Prepared by WHO and UNICEF working group for monitoring immunization coverage

WHO and UNICEF estimates of immunisation coverage by country (2011)  
Fiji/Kiribati/Samoa/Sols/Vanuatu/Tuvalu/Cook  
Islands/Niue/Tokelau/Tonga/FSM/RMI/Palau

Consultancy report: Supplementary Immunisation Activity Samoa  
Report on vaccine procurement and supply 201

Vaccine Independence Assessment 2006

2010 Financial utilization report for CP and immunization activities

Vaccine Management Assessment s– Vanuatu, Solomon Islands, Fiji

UNICEF Mission reports Fiji, Kiribati, Solomon Islands, Vanuatu (Tanna),

Integrated Measles SIA Report – Kiribati 2009 SIA

WHO-UNICEF Effective Vaccine Store Management Initiative, EVSM Fiji Report –  
Final – March 2009

UNICEF Cold Chain Mission Report – Kiribati (19 April – 12 May 2011)

UNICEF Cold Chain Mission Report – Fiji (1-10 June 2011)

UNICEF Cold Chain Mission Report – Solomon Islands (15-31 May 2011)

UNICEF Cold Chain Mission Report – Tanna and Espiritu Santo, Vanuatu (3-7 April  
2011)

Training on Vaccine Management Assessment and Assessment of Cold Chain &  
Vaccine Management in Solomon Islands, July 2009

Training on Vaccine Management Status in Vanuatu Using WHO/UNICEF Vaccine  
Management Assessment Tool (VMAT), May 2009

UNICEF Child Protection and Strengthening Immunisation, Final Donor Report, Oct  
2010

Pacific Islands Country programme document 2008-2012

UNICEF Pacific Immunisation Proposal – 2011-2012 (In the context of multi-donor,  
multi-year and Multi-Country Programming)

UNICEF Annual Report for Pacific Island Multi-Country Programme 2010

Looking Back Moving Forward UNICEF Work for Pacific Island Children, A Review of  
2008 and Update on 2009

Assessment Report on Vaccine Procurement and Supply in the Pacific Island  
Countries (PIC) , March 2010

### **Others**

Pacific Islands Forum Secretariat, The Pacific Plan for Strengthening Regional Cooperation and Integration, November 2007

The Paris Declaration on Aid Effectiveness (2006) and the Accra Agenda for Action (2008)

The Fiji Islands Health System Review, Health Systems in Transition Vol, 1 No.1 2011

The Ministry of Health Strategic Plan 2011-2015 (Fiji)

The Ministry of Health Annual Report 2010 (Fiji)

The Ministry of Health Corporate Plan 2011 (Fiji)

Ministry of Health Annual Report 2011, Moving Health Forward (Vanuatu)

Multi-Year Plan for Immunisation, Vanuatu 2011-2016

UN Pacific Framework for Action (UNDAF) 2008-2012

The Project for System Improvement of Expanded Programme on Immunisation in the Pacific Region (J-PIPS Project Phase 2) summary program document

The Fiji Health Sector Support Program (FHSSP) program document

First Hepatitis B Expert Resource Panel (ERP) in Feb 2011

### **Child Protection**

Protecting Children from Violence, Abuse and Exploitation in the Pacific: A Regional Program Strategy for Building a Protective Environment for Children in the Pacific. UNICEF Pacific, 2008.

Child Protection Programme 2008 -2012, Results and Resources Framework, UNICEF Pacific, 2008.

UNICEF Child Protection Program, Annual Work Plans - Fiji, Kiribati, Solomon Islands and Vanuatu, 2008- 2012.

Child Protection Communication for Social Change Plan 2009-2012, UNICEF Pacific.

Protect me with love and care: Baseline Report[s] for creating a future free from violence, abuse and exploitation of girls and boys (in Fiji, Solomon Islands, Kiribati and Vanuatu), UNICEF Pacific, 2008-2009.

(DRAFTS) Protect me with love and care: Baseline Report[s] for creating a future free from violence, abuse and exploitation of girls and boys (in the Republic of the Marshall Islands, Palau, Federated States of Micronesia and, Samoa). UNICEF Pacific, 20011-2012.

Key Findings – Regional and Country Reports - Protect me with love and care: Baseline Report[s] for creating a future free from violence, abuse and exploitation of girls and boys (in Fiji, Solomon Islands, Kiribati and Vanuatu), UNICEF Pacific, 2008-2009.

UNICEF and AusAID, Questions and Answers on Baseline Reports (Protect me with love and care for creating a future free from violence, abuse and exploitation of girls and boys (in Fiji, Solomon Islands, Kiribati and Vanuatu).

Birth registration in the Pacific. UNICEF Pacific, 2005.

The Physical and Emotional Punishment of Children in Fiji: A research report. Save the Children, Fiji 2006.

Commercial Sexual Exploitation of Children and Child Sexual Abuse in the Pacific - A Regional Report. UNICEF Pacific, 2008.

Children Living Away from the Family. UNICEF Pacific, 2010.

Climate Change and Children in the Pacific Islands. UNICEF Pacific, 2010.

Pacific Children with Disabilities. UNICEF Pacific, 2010.

Lifting the financial burden of child abuse, A Vanuatu Case Study. UNICEF Pacific, 2011.

Runyan, Desmond Dr., World Health Organization Report on Violence and Health World Health Organization, October 2012.

Centers of Disease Control and Prevention,  
([http://www.cdc.gov/media/releases/2012/p0201\\_child-abuse.html](http://www.cdc.gov/media/releases/2012/p0201_child-abuse.html)).

(Draft) Kiribati National Development Plan 2012-2015. Government of Kiribati, 2012.

Kiribati Decent Work Country Program 2009-2012. Government of Kiribati and ILO, 2008

Monograph: Their voice: Involving children and young people in decision-making and Services, Centre of Excellence in Child and Family Welfare, Melbourne Australia, 2011.

A Guide to creating a Child Safe Organisation, Child Safety Commissioner Melbourne, Australia, May 2008.

Investigations involving Children and Youth – Training Package developed by the Vanuatu Police 2011.

Vanuatu Police Force Standard Operating Procedures – Investigations Involving Children and Youth August 2011 (Revised June 2012).

Spare the Rod, Video Episode 1 to 5, A Community Resource for Wan Smolbag Theatre Publication, 2011.

Birth registration in Vanuatu 2011-2012, UNICEF Pacific.

Police Diversion Guidelines 2008, Kiribati Police and UNICEF

National Children's Policy and Plan of Action 2007-2012, Ministry of Women, Youth, Children and Family Affairs, Solomon Islands.

Fiji Situational Analysis of Children, Youth and Women. Government of Fiji and UNICEF, 2007.

Kiribati Situation Analysis of Children, Women and Youth. Government of Kiribati and UNICEF Pacific, 2005.

Solomon Islands Situation Analysis of Children, Women and Youth. Government of Kiribati and UNICEF Pacific, 2005.

Children in Fiji: An Atlas of Social Indicators. UNICEF Pacific, 2011.

Children in Vanuatu: An atlas of Social Indicators. UNICEF Pacific 2011.

Family and Welfare Safety Bill 2012. Fiji Law Reform Commission.

Ministry of Women, Youth, Children and Family Affairs Corporate Plan 2011-2014, Government of Solomon Islands.

Child Protection Services Directory 2011 – Department of Social Welfare, Government of Fiji and UNICEF.

Care and Protection Legislation to Protect Children. Issues Paper 2009. Law Reform Commission, Vanuatu.

2012 Annual Work Plan - Ministry of Women, Youth, Children and Family Affairs, Government of the Solomon Islands.

Standard Operating Procedures: Investigation involving Children and Youth. Vanuatu Police Force and UNICEF, 2011 (revised 2012).

Kiribati Family Health and Support Study: A Study on Violence Against Women and Children. Government of Kiribati and the Secretariat of the Pacific Community, 2010.

Sector Strategy and Child Protection Policy 2012. Government of Vanuatu and UNICEF Pacific.

DRAFT Child Justice Decree, Government of Fiji, 2012.

DRAFT Strategic Development of the Ministry of Justice and Community Services, Government of Vanuatu and UNICEF Pacific. 2012.

DRAFT Policy Directives & Action Plan for Protection of Ni Vanuatu Children. Government of Vanuatu and UNICEF Pacific 2012.

Child Protection Guidelines for Health Workers in Fiji 2012 – Ministry of Health and UNICEF Pacific.

Risky Business Kiribati. HIV prevention amongst women who board foreign fishing vessels to sell sex. International HIV Research Group,. School of Public Health and Community Medicine. University of NSW, Australia 2011.

Kiribati Youth Policy, Government of Kiribati, 2011.

2008 baseline research studies for Fiji, Kiribati, Solomon Islands and Vanuatu [http://www.unicef.org/pacificislands/1850\\_10989.html](http://www.unicef.org/pacificislands/1850_10989.html)

Negin J, Morgan C, & Condon R. Regional Health Meetings in the Pacific and their Impact on Health Governance. Global Health Governance.

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