

VANUATU



A SITUATION ANALYSIS OF CHILDREN, WOMEN & YOUTH

The Government of Vanuatu
with the assistance of UNICEF
2005



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Vanuatu. A Situation Analysis of Children, Women and Youth.
UNICEF Pacific Office, Fiji. 2005

Copies of this publication are available from
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ACKNOWLEDGEMENTS

Much of the research for this report was conducted in 2004 during the drafting of two documents for the National Committee for Children: the Second Report to the Committee of the Rights of the Child and the National Programme of Action for Children.

The time and information generously given by the following people is greatly appreciated.

- Mr Selwyn Garu, CEO Malvatumauri National Council of Chiefs
- Mr Paul Tahī, President Malvatumauri National Council of Chiefs
- Ms Myriam Abel, Director-General, Ministry of Health
- Ms Marina Laklotal, Manager, Family Health, Ministry of Health
- Mr Jean Jacques Rory, Health Promotion, Ministry of Health
- Mr Pierre Gambetta, Director Primary Education, Ministry of Education
- Ms Jenny James, National Preschool Coordinator, Ministry of Education
- Ms Carol Aru, Child Protection Officer, Ministry of Education
- Mr Johnson Toa, Director, Department of Youth Development and Training
- Ms Jenny Ligo, CEO Vanuatu National Women's Council
- Ms Merylyn Tahī, Coordinator, Vanuatu Women's Centre
- Ms Nancy Wells, Statistician, National Statistics Office
- Mr Elison Sese, Executive Director, Vanuatu Society for Disabled People
- Mr Simon Boe, County Program Manager, World Vision
- Ms Sembu George, President Pri Skul Asosiesen Blong Vanuatu
- Mr Hilson Toaliu, Country Program Manager, Save the Children Australia
- Ms Elizabeth Emil, Child Rights Officer, Save the Children Australia
- Ms Jilda Shem, Child Protection Officer, Save the Children Australia
- Ms Leonie Sam, A/g National Program Coordinator, Department of Economic and Social Development
- Ms Flora Kalsaria, Chair, National Children's Committee
- Ms Jane Bani Jereva, State Law Office
- Mr Michael Edwards, State Law Office
- Ms Elizabeth Wilson, Deputy High Commissioner, New Zealand High Commission
- Mr Peter Budd, Deputy High Commissioner, Australian High Commission
- Ms Judy Clelland, Consular Officer, Australian High Commission
- Ms Zoe Mander-Jones, Counsellor, AusAID
- Mr Leith Veremaito, Senior Program Officer, AusAID
- Ms Kristina Hedin, Project Officer, AusAID
- Ms Victoria Hillman, Project Officer, AusAID
- Mr Katimal Kaun, Operations Manager, UNICEF
- Dr Ketsamay Rajphangthong, Project Officer, UNICEF

EXECUTIVE SUMMARY

This report is an update to *A Situation Analysis of Children and Women in Vanuatu 1998*, published by the Government of Vanuatu with assistance from UNICEF.

The purpose of this report is provide an current and realistic analysis of the situation of children and women in Vanuatu to enable a better understanding of their needs and what services or assistance might be required to fulfil those needs. Information contained in this report will contribute to future planning decisions for UNICEF's Integrated Area-Based Programme in Vanuatu.

The analytical framework for this situation analysis is based upon the Convention on the Rights of the Child, with special attention to UNICEF's Medium Term Strategic Plan and the indicators for achievement towards the Millennium Development Goals.

Child and Maternal Health

Indicators for the health of Vanuatu's children are generally improving. Vanuatu has made good progress towards the Millennium Development Goal of reducing child mortality. However, too many children are still contracting preventable diseases. Immunisation coverage rates are low and children remain susceptible to vaccine preventable diseases, particularly measles.

United Nations statistics for maternal health are very serious. Fertility rates are very high and most women give birth without access to adequate obstetric care. Traditional gender roles that restrict women's input into decision-making limit their control over their own bodies and reproductive health.

Vanuatu spends less on its national health system per capita than most Pacific neighbours. Limited resources impact negatively on the reach and quality of primary health care services. The Ministry of Health is working towards improving planning, management and training systems with support from donors. Accurate data and stronger reporting mechanisms urgently need to be developed to inform national policy making.

Education and Learning

Vanuatu's literacy rates are reportedly very low. Literacy is very difficult to determine, however, in a country where there are over 100 local languages, French/English instruction in schools, and a third lingua franca, Bislama.

Only half of all young children benefit from preschool. Early childhood development is primarily driven by a non-governmental organisation (NGO) that provides support to community-owned preschools and trains teachers.

Overall, enrolment rates are fairly high at the primary school level. Debates continue over the quality of education received by children and its relevance to ni-Vanuatu life. Classrooms and teachers tend to be under-resourced.

Most children do not go onto secondary school. There are grave concerns over the limited number of places at secondary school level. It is estimated around 50 per cent of students are "pushed out" of the education

system once they finish primary school. Facilities and programmes to cope with those youths who must drop out are inadequate.

More central government funds are spent on education than the other social sectors. Still, resources are insufficient to cope with a rapidly growing population or commitments to provide universal free basic education.

Vulnerable Children and Women

Child rights are not a commonly accepted concept in Vanuatu and much work remains to be done to increase awareness. Regrettably, the incidence of abuse against children and women in Vanuatu seems to be high when judged against world standards. The causes of child abuse and domestic violence are complex and culturally woven in the status of women and men, *kastom* and substance abuse of alcohol and kava.

In the absence of national social services, four options are available to vulnerable women and children: the police and justice system; *kastom* law; mediation by religious leaders; and a limited number of women's crisis centres.

No national data exists on the number of women and children living with disabilities. Most support and advocacy is performed by NGOs with very limited resources. A desk has recently been established in the Prime Minister's office to develop policy on disabilities.

Vanuatu has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of all forms of Discrimination Against Women. However, significant efforts need to be made to bring legislation and development policy in line with both conventions. NGOs, community groups and donors have been the driving forces behind improvements in child-centred development.

Emergencies

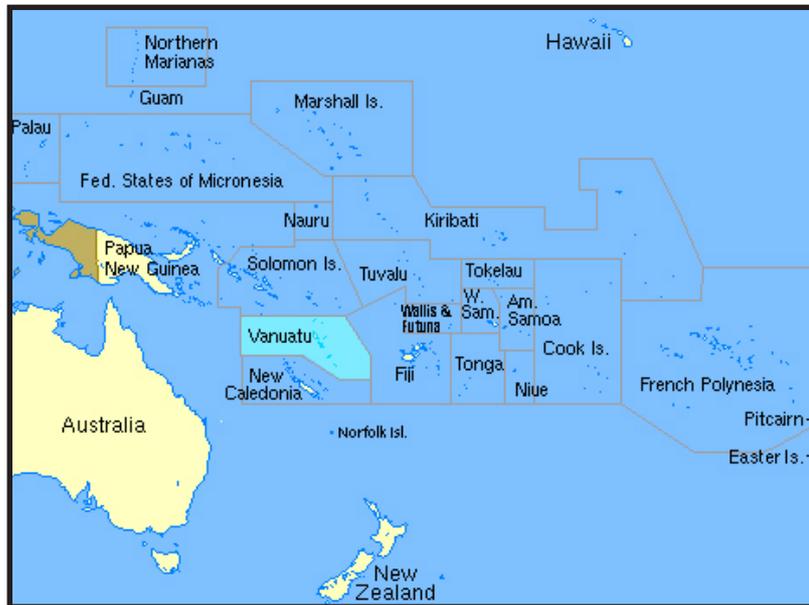
Vanuatu is rated as the highest disaster prone country in the South Pacific. The country's geographical location is vulnerable to cyclones, earthquakes, tsunamis and volcanic eruptions. Emergencies occur on an annual basis, causing significant distress to communities, particularly those in isolated areas. Even so, disaster mitigation does not appear to be priority for the government and occurs only on an ad hoc basis. Disaster preparedness issues need to be mainstreamed into regular development programming.

Broader Courses of Action

Responsibility for sustainable development and progress towards the fulfilment of children's and women's rights ultimately belongs to the people of Vanuatu. Elected leaders, public administrators and community groups mobilise and prioritise the use of resources. Development is influenced by the following key stakeholders: Parliamentary Executive and Members of Parliament; the Malvatumauri National Council of Chiefs; public administration; donors; NGOs and communities.

UNICEF's programme in Vanuatu is well-targeted and aligned with the major instruments guiding child-centred development. Use of partnerships and models of best practice are employed in Vanuatu to good effect.

MAP OF THE PACIFIC



MAP OF VANUATU



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PART **1**
OVERVIEW

1.1 Geography

The Republic of Vanuatu consists of a “Y” shaped archipelago of 83 islands located in the South Pacific Ocean. The chain stretches over 850 kilometres in a north-south direction, lying 13-22 degrees south of the equator. The total land area is 12,189km², although the economic ocean area is over 680,000km². Vanuatu’s closest neighbours are the Solomon Islands, New Caledonia and Fiji.

All of the islands are volcanic or raised coral platforms in origin. The topography of the islands commonly ranges from low coastal plains to rough, mountainous and heavily forested interiors, with the highest peaks in the archipelago rising to over 1,800 metres on Espiritu Santo.

Vanuatu has been rated as the highest disaster-prone country in the South Pacific. Vanuatu’s geographical location is vulnerable to earthquakes, cyclones, tsunamis and volcanic eruptions. Vanuatu has nine active volcanoes, seven on land and two under the sea. The isolation and terrain of many islands magnifies the devastating impact natural disasters can have on the livelihoods of remote communities.



1.2 Demographic Trends

The 1999 Census recorded the population of Vanuatu as 186,678, almost 99 per cent of whom were of ni-Vanuatu ethnicity. There were slightly more males than females, accounting for around 51 per cent and 49 per cent of the population, respectively.

Vanuatu has a young population. In 1999, 43 per cent of the population were children aged 0-14 years, with 54 per cent aged between 15-64. Life expectancy was 70 years for females and 67 years for males. The annual population growth rate is estimated to be 2.7 per cent, which is high by international standards and in comparison to most Pacific Island countries.

65 of Vanuatu’s 83 islands are inhabited. Almost 80 per cent of Vanuatu’s population live in rural areas. The majority of communities are concentrated along narrow coastal strips or on small offshore islands. Population distribution by province in 1999 was as follows:

Table 1. Population distribution by province

Province	Shefa	Sanma	Malampa	Tafea	Penama	Torba
%	29.2	19.3	17.5	15.6	14.3	4.2

Over the past 10 years urban population growth has been 2-3 times higher than that for rural areas, suggesting a pattern of rural-urban migration. The two main urban centres are Vanuatu's capital, Port Vila (population 27,929) on Efate and Luganville (population 10,650) on Espiritu Santo. Both towns have large communities and informal urban settlements just outside the town boundaries.

Around 70 per cent of the labour force work in agriculture or fisheries, including subsistence farming. Almost all (96%) of rural farmers own land, whereas almost one-fifth (19%) of households in urban areas do not.

1.3 Household Characteristics¹

The average household has 5.1 people and is usually led by a man (87%). Almost two-thirds of all houses are made from traditional materials such as palm fronds (*natangura*), although some have concrete floors or tin roofs. In rural areas, this increases to more than three-quarters. The vast majority of households use kerosene lamps for lighting: 85 per cent in rural areas compared to 36 percent in urban centres, which have greater access to electricity. Some rural families (6%) still burn wood or coconut shells for lighting.

Wood is the main source of cooking fuel for 84 per cent of households around the country. The most common type of kitchen facility is a "bush kitchen" which is a room or shelter usually separate from the main house and made of traditional materials. More households grow their own food in rural areas (99%) than in urban centres (71%).

Just over half of the population have access to a radio, whether privately owned or shared by the community. Very few households use vehicles such as cars, trucks or motorbikes: just 7 per cent and 3 per cent in urban and rural areas, respectively.

Box 1. Rural and Remote Communities

People living rural and remote communities have less access to quality social services, illustrated by generally poorer indicators in all areas of health and education. Given that 80 per cent of Vanuatu's population live in rural areas, significant disparities in the well-being of urban and rural communities is cause for serious concern.

There are many small, isolated communities on the hundreds of small islands throughout the archipelago. Other villages are in dense jungle or located on steep hillsides, only accessible by dirt tracks in dry weather. Walking or canoeing for several hours to get to medical facilities or to markets is not unusual.

¹ All data is taken from the 1999 Census.

Houses tend to be constructed from *natagura*, a type of palm, with dirt or sand floors covered with mats.

Improving access to rural and remote communities is difficult because:

- The national road network is in disrepair due to poor construction and inadequate maintenance
- The cost of air travel is prohibitive to the vast majority of ni-Vanuatu
- Heavy reliance on marine vessels, many of which require significant repairs



1.4 Development Indicators

The geographic isolation of many villages, the large proportion of Vanuatu's people practicing subsistence agriculture and low reliance on the cash economy is reflected in development indicators developed by the United Nations.

Studies undertaken to determine Vanuatu's progress in meeting the Millennium Development Goals indicate a large proportion of the population is very poor. It is estimated that 26 per cent of the population lived on US\$1 or less (purchasing power parity) per day in 1998. The studies also show that the poverty gap ratio² was 31 per cent; and that the share of the poorest 20 per cent in national consumption was just above 2 per cent in the same year³.

² The poverty gap ratio indicates the average income of those living below the poverty line multiplied by the population percentage living below the poverty line.

³ National Statistics Office (2004).

In 2004, Vanuatu's Human Development Index (HDI) ranking was 129 – lower than all other Pacific countries except Papua New Guinea. The HDI combines measures of life expectancy, school enrolment, literacy and income.

In 2002, Vanuatu received approximately US\$27.5 million in official development assistance (ODA), or US\$133 per capita. This is significantly more than ODA per capita received by the Solomon Islands (US\$56.8) and Papua New Guinea (US\$36.4). ODA as a percentage of Gross Domestic Product (GDP), has declined over the past decade, from an estimated 33 per cent in 1990 to almost 12 per cent in 2002⁴.

1.5 Economic Trends

Vanuatu experienced positive growth in 2003, the first time in several years. Although small, estimated at 1.4 per cent, growth is forecast to continue and gain momentum in the coming years. Relative political stability, increased exports and a focus on the productive sectors of the economy have been major factors in bringing about this situation. The economy has a narrow base, relying heavily on tourism, agriculture and financial services. The transition for the majority of the population from subsistence agriculture to cash cropping is at an early stage⁵.

Vanuatu's main goods exports are coconut oil, copra, kava, timber, beef and cocoa. In 2003 Vanuatu's exports grew by 16.3 per cent compared to the previous year, and is expected to continue in the medium term. The tourism sector is the other main foreign exchange earner for Vanuatu and is recognised by the government as a key sector in its economic development. Aside from the extra earnings generated, Vanuatu needs a bigger tourism sector to provide employment opportunities for its young and rapidly growing population.

Vanuatu has implemented a major reform program since 1997 which has led to improvements in the management of public sector finances, with expenditure now more carefully controlled through an accountable and transparent process. However, a limited revenue base continues to constrain government efforts to deliver services and implement reforms. Revenue collection has also fallen far short of projections in recent years, making budget management very difficult for individual departments and the government as a whole. It is expected that economic difficulties currently facing the government will continue for the remainder of the decade, resulting in reduced resources for social services⁶.

Vanuatu is the only country in the Pacific to be selected to submit proposals to the United States government Millennium Challenge Account. The government has already submitted a proposal for improving infrastructure and economic development.

One important activity to improve economic growth in the cash-poor rural areas where the majority of people live, has been the Rural Economic Development Initiative (REDI). REDI plans are developed

⁴ UNDP (2004a:200).

⁵ Reserve Bank of Vanuatu (2004); Australian Government (2004).

⁶ Ministry of Health (2004c); National Statistics Office (2003).

and administered at the provincial level and supported at the national level, handing responsibility for development back to the grass roots. Several of the six REDI plans have shown results in terms of agricultural production and an increase in the number of small-scale tourist operations starting up throughout the islands⁷.

1.6 Political Environment

Formerly the New Hebrides, Vanuatu gained independence from Britain and France in 1980. The 1990s were plagued by political instability with a number of different coalitions governing Vanuatu. Frequent changes in government and political alliances continue to characterise the political administration in the third decade of independence.

Vanuatu is a constitutional democracy, with a President as Head of State and a publicly elected Prime Minister who, with a Council of Ministers, holds executive power.

The National Council of Chiefs is a supplementary body to Parliament. It is composed of *kastom* chiefs who may be consulted by the Parliament on matters relating to *kastom* or tradition and who may make recommendations for the preservation and promotion of ni-Vanuatu culture and languages.

To date, national leaders have been unable to provide sufficient support to meet the commitments made by Vanuatu to children on the world stage. Public servants, social sector professionals, non-governmental organisations (NGOs) and community leaders have been the primary agents for change and are responsible for much of the progress towards the fulfilment of children's and women's rights.

1.7 Institutional and Legal Framework

Many studies, agreements, policies and plans have been articulated or agreed to by successive Vanuatu governments over the past decade. Those of direct relevance to the well-being of children and women include the following:

- The UN General Assembly Special Session on Children Declaration and Plan of Action (2002), as articulated in *A World Fit for Children*
- The Convention on the Rights of the Child
- The Convention for the Elimination of Discrimination Against Women
- The Millennium Development Goals
- The national Comprehensive Reform Programme
- The national Priorities and Action Agenda
- National Programme of Action on Children (1994)
- Ministry of Education's Corporate Plan (2004-2006)
- Vanuatu's Education For All National Plan of Action (2001-2005)
- The Master Health Services Plan (2004-2009)
- Ministry of Health's Corporate Strategic Plan (2004-2006)

⁷ *Australian Government (2004).*

Resources available to Vanuatu are finite and the national government must be assisted by donors to meet all the commitments made. Vanuatu has pursued a wide-ranging reform program since 1997, known as the Comprehensive Reform Program (CRP). The CRP provides a blueprint for good governance; improved service-delivery, particularly to rural areas; and improved equity between sections of the population, amongst others.

In a move to refocus activities under the CRP, a Prioritised Action Agenda (PAA) was developed by the government and donors in 2003. Overall development goals have been prioritised in the PAA to link policy and planning with the limited resources the government controls. Vanuatu's primary development objective has been articulated as follows:

"The people of Vanuatu have at their disposal significant resources that could be utilised a lot more effectively to improve the wellbeing of the general population. Basic indicators of development, including data of life expectancy, real per capita GDP, nutrition levels in children and infant mortality suggest that there is considerable room for improvement given the performance of similarly endowed countries in the region."⁸

Three of the five national priorities articulated in the PAA are directly related to improving opportunities for children through renewed focus on development and greater input by civil society. They are:

- Improving the lives of the people in the rural areas by improving service delivery, expanding market access to rural produce, lowering costs of credit and transportation and ensuring sustainable use of natural resources.
- Increasing equity in access to income and economic opportunity by all members of the community. Specific areas of focus include: enabling universal access to primary education by school-age children; universal access to basic health services; and inducing increased employment opportunity for those seeking work.
- Enabling greater stakeholder participation in policy formulation by institutionalising the role of chiefs, non-governmental organisations and civil society in decision-making at all levels of government.

Legislation Pertaining to Children and Women

There are several provisions within the Constitution directly relevant to the fundamental rights of children and women.

- Paragraph 5 (1) provides that all persons are entitled to the following fundamental rights and freedoms of the individual without discrimination on the grounds of race, place of origin, religious or traditional beliefs, political opinions, language or sex, but subject to respect for the rights and freedoms of others and to the legitimate public interest in defence, safety, public order, welfare and health:
 - (a) life
 - (b) liberty

⁸ Republic of Vanuatu (2003a:1).

- (c) security of the person
- (d) protection of the law
- (e) freedom from inhuman treatment and forced labour
- (f) freedom of conscience and worship
- (g) freedom of expression
- (h) freedom of assembly and association
- (i) freedom of movement
- (j) protection for the privacy of the home and other property and from unjust deprivation of property
- (k) equal treatment under the law or administrative action, except that no law shall be inconsistent with this subparagraph in so far as it makes provision for the special benefit, welfare, protection or advancement of females, children and young persons, members of under-privileged groups or inhabitants of less developed areas.

Paragraph 7 (h) states that every person has the fundamental duty “to support, assist and educate all his children, legitimate and illegitimate, and in particular to give them a true understanding of their fundamental rights and duties and of the national objectives and of the culture and customs of the people of Vanuatu.”

Paragraphs 9,10 and 11 relate to the entitlement of citizenship.

There are also other acts which have direct relevance to children and women⁹. They include:

- Citizenship Act (CAP 112)
- Maintenance of Family Act (CAP 42)
- Control of Marriage Act (CAP 45)
- Maintenance of Children Act (CAP 46)
- Civil Status (Registration) Act (CAP 61)
- Penal Code Act (CAP 135) and Penal Code (Amendment) Act No.17 of 2003
- Employment Act (CAP 160)
- Matrimonial Causes Act (CAP 192).

1.8 Society and Culture¹⁰

The ni-Vanuatu enjoy a rich cultural heritage of Melanesian origin. Important aspects include the belief that individuals are not singled out; that society is not competitive, but cooperative; and that respect for authority and good manners goes hand in hand with developing a sense of responsibility and social obligations¹¹.

The vast majority of ni-Vanuatu live in rural areas in small close-knit villages relying on subsistence agriculture. This may be supplemented by hunting, gathering and fishing, with some cash cropping.

⁹ Please refer to the Second Report to the Committee of the Rights of the Child 2004 (DRAFT) and the Initial Report to the Committee for CEDAW 2004

for detail on the provisions of various pieces of legislation and how they relate to children's and women's rights.

¹⁰ Taken from the National Programme of Action for Children 2004 (DRAFT).

¹¹ Baereleo, S. (2004).

The forests provide most of village needs, such as medicine, food, building materials and timber for boat building and artefacts.

Kastom is an important element of traditional ni-Vanuatu life, defining many of our beliefs, values and most social and cultural practices. *Kastom* directs, for example, how community leaders and chiefs are chosen, how land should be cultivated and passed on, what foods can be eaten and how marriages are arranged. *Kastom* varies from island to island and between villages. Most knowledge is passed on through generations orally, and elders are greatly respected for their experience, skills and cultural memory. Village authority rests with the chief, who maintains peace and order, provides counselling and mediates disputes. People of all ages must respect the ultimate authority of the chief.

Kastom has a big impact on the social and gender roles of the traditional ni-Vanuatu community. There is a strict division of responsibility and privilege between men and women, with men considered to be inherently superior. Traditionally, a woman's role centres on supporting her husband, maintaining the household, looking after children, tending the family's garden and animals. She is not involved in any decision-making related to the home or community. Arranged marriages are the norm.

Children are much loved. A ni-Vanuatu saying, "it takes a whole village to raise a child" illustrates the strength of the extended family and sense of kinship. Everyone in the community is responsible for looking after the children. The authority of parents is always paramount and children must respect and abide by the wishes of their elders. Corporal punishment is seen by many as part of the personal development process. Children remain under the authority of their parents until marriage, and thereafter to their husbands/wives.¹²

A 1998 study of 1,000 Port Vila (ie. urban) youths found that *kastom* remained important in young people's lives. More than 80% of respondents were interested in learning and participating in *kastom*. *Kastom* was seen as the basis of ordered, caring relationships which youths were expected to nourish and maintain as they got older.¹³

In addition to their traditional culture, the vast majority of Ni-Vanuatu are Christian, and religious beliefs are a significant influence on people's lives. The 1999 Census reported 99 per cent of the population followed a religion or faith. Prayer, living according to the Bible and church attendance are important. Religious beliefs coexist with *kastom*, usually without conflict. The leading religious denominations in Vanuatu are Presbyterian, Anglican, Catholics and Seventh Day Adventists. The churches in Vanuatu take great responsibility for the development of children, perhaps more than most private or government organisations. Church leaders are greatly respected in the community, and encourage children's spiritual development and welfare.¹⁴

It is problematic to generalise the characteristics of ni-Vanuatu culture. Villages often operate quite differently due to variations in leadership, *kastom* or religion.

¹² Garu, S. & Tahu, P. (2004).

¹³ Mitchell, J. (1998:19-21).

¹⁴ Hughes, D. (2002:23)

P A R T **2**

ANALYTICAL
FRAMEWORK

Vanuatu has agreed to strengthen its commitment to children, youth and women at several international summits, including the UN Convention on the Rights of the Child in 1989, the UN Millennium Summit in 2000 and the UN General Assembly Special Session on Children in 2002. Vanuatu is now obliged to act on its promises to children by integrating the adopted international strategies and actions into national resource allocations, policy and planning mechanisms and legislation.

This Situation Analysis examines key issues facing Vanuatu's children, youth and women with reference to these agreements, to see just how far Vanuatu has progressed. It is very easy to commit to challenging goals and strategies on the world stage, but much harder to actually act upon these commitments at the local level.

2.1 The Convention on the Rights of the Child

The CRC is the most widely ratified human rights treaty in history. The Convention advances international standards on children's rights in a number of ways. It elaborates and makes legally binding the right of children to be free from abuse, violence and exploitation. It contains provisions relating to children's rights to participation, and the principle that in all decisions concerning the child, the child's best interests must come first. Vanuatu ratified the CRC in 1992.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is complementary to the CRC. The right of women to participate in decisions that affect them is central to the realisation of the rights of children. The rights, equality and empowerment of women are especially important to health child development and to building healthy families, communities and nations.¹⁵ Vanuatu ratified CEDAW in 1995.

2.2 The Millennium Development Goals

The Millennium Development Goals (MDGs) were adopted by 189 countries, including Vanuatu, at the UN Millennium Summit in 2000. World leaders promised to work together to meet concrete targets for advancing development and reducing poverty by 2015 or earlier. The MDGs are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Six of the eight goals can best be met as the right of children to health, education, protection and equality.

¹⁵ UNICEF (2002:9). *UNICEF's Priorities for Children 2002-2005*

2.3 UNICEF's Medium Term Strategic Plan (2002-2005)

UNICEF has committed its resources to achieving results for children in the following five priority areas:

1. Ensure that every girl and every boy completes a quality primary school education
2. Promote integrated early childhood development, ensuring every child the best possible start in life
3. Safeguard every child against disease and disability, emphasising immunisation 'plus'
4. Stop the spread of HIV/AIDS and ensure that children and young people already affected by the disease are cared for
5. Protect every child so that all children can grow up free from violence, exploitation, abuse and discrimination

Gains for children in these five areas are likely to contribute significantly to the full realisation of children's rights. The five priority areas align closely with the goals and strategies articulated in the outcome document of the UN General Assembly Special Session on Children in 2002, *A World Fit For Children*, to which Vanuatu has given its endorsement. The goals and strategies identified in *A World Fit For Children* were developed with reference to the MDGs, and many are the same.



PART **3**

THE ISSUES

3.1 Child and Maternal Health

Children must get the best possible start in life. Their survival, protection, growth and development is dependent upon good health and proper nutrition. Concerted efforts must be made to fight infectious disease, tackle the major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.

- **Article 24 of the CRC** establishes the right of every child to the highest attainable standards of health, as well as to facilities for the treatment of illness and rehabilitation. To ensure the full implementation of this right, the government must take appropriate measures to: diminish infant and child mortality; provide sufficient health services with an emphasis on primary health care; combat disease and malnutrition through the application of readily available technology, the adequate provision of nutritious foods and clean drinking water; provide appropriate pre- and postnatal care for mothers; ensure families have access to knowledge on health and nutrition; and develop preventative health care measures and services.
- **Four MDGs** are directly related to the health. They are:
 - Goal 1: Eradicate extreme poverty and hunger**
 - Reduce by half the proportion of people living on less than a dollar a day
 - Reduce by half the proportion of people who suffer from hunger
 - Goal 4: Reduce child mortality**
 - Reduce by two thirds the mortality rate among children under five
 - Goal 5: Improve maternal health**
 - Reduce by three quarters the maternal mortality ratio
 - Goal 6: Combat HIV/AIDS, malaria and other diseases**
 - Halt and begin to reverse the spread of HIV/AIDS
 - Halt and begin to reverse the incidence of malaria and other major diseases
- **Two of UNICEF's priority areas** direct resources to the promotion of good health:
 - Safeguard every child against disease and disability, emphasising immunisation 'plus'
 - Stop the spread of HIV/AIDS and ensure that children and young people already affected by the disease are cared for

3.1.1 Child Mortality and Morbidity

Vanuatu has higher infant and child mortality rates than most of the other Pacific nations. The Infant Mortality Rate (IMR) records the probability of dying between birth and one year, expressed per 1,000 live births; the Under-five Mortality Rate (U5MR) records the probability of dying between birth and

five years of age, expressed per 1,000 live births. Estimates of Vanuatu's IMR range from 27 to 31. Estimates for Vanuatu's U5MR range from 33 to 38.¹⁶

The IMR and U5MR are significantly different in urban and rural locations. The IMR for rural areas is twice that for urban centres, at 30 and 15 respectively. The rate worsens for children under 5 years of age: U5MR is 37 for rural areas, compared to 17 for urban centres.

Ministry of Health (MOH) data indicates that rates of hospitalisation in 2001-2002 were highest in children less than one year old. Neonatal complications, acute respiratory infections (ARI), diarrhoeal diseases and malaria figure prominently as causes of ill-health in children.

Neonatal Complications

Approximately 6,000 babies are born in Vanuatu annually. Many are born in clinics or homes lacking appropriate neonatal care. None of Vanuatu's hospitals have achieved Baby-Friendly status, primarily because the MOH person responsible for the program is on extended absence of leave.

Acute Respiratory Infections

Infections such as pneumonia, bronchitis and asthma are the second highest cause of infant mortality, next to neonatal conditions. The MOH estimates that most children experience up to six episodes of ARI each year, and these make up a large proportion of patients seen at health posts.¹⁷

Diarrhoeal Diseases

Hospitalisation rates for complications arising from diarrhoeal diseases, such as gastroenteritis, are high for children of all ages, particularly those aged 1-4 years. Deaths from diarrhoeal diseases stem from dehydration, dysentery and persistent diarrhoea. Dehydration can be treated with simple oral rehydration therapy. Many parents do not know how to prevent or treat dehydration in babies, as data indicates one third of mothers do not continue to breastfeed when their child has diarrhoea.¹⁸

Malaria

MOH reports that malaria (both falciparum and vivax) may be the primary cause of hospitalisation for children aged 5-15. The prevalence and incidence rates for malaria increase during the rainy season, and in some islands, malaria remains high all year round. In 2003, the number of confirmed malaria cases nationally was 15,240. Suspected cases are estimated to be significantly higher, around 24,500. Sanma and Malampa provinces have highest confirmed rates of malaria in the country.

The anti-malaria program is well established in Vanuatu, and there has been a marked reduction in the number of cases since the introduction of impregnated bed nets in 1988. The 1999 census found that 77 per cent of households had bed nets, although only 45 per cent of the population were actually sleeping under them. Free bed nets are available to children and pregnant mothers.

¹⁶ National Statistics Office (2004); UNICEF (2004:109).

¹⁷ Ministry of Health (1997:22)

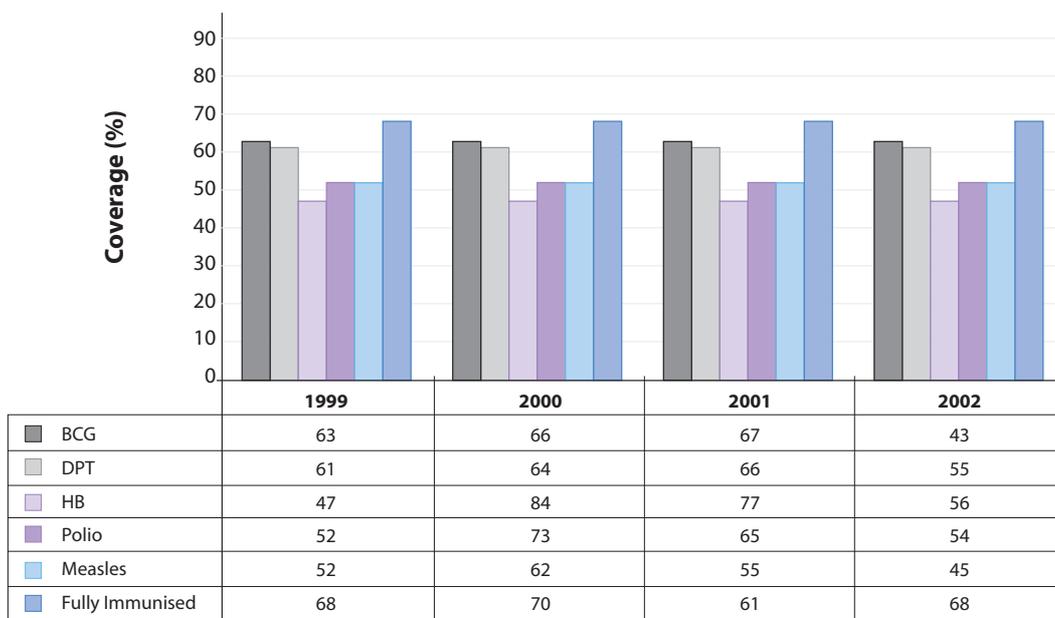
¹⁸ Laklotal, M. (2001:3)

Vaccine Preventable Diseases

A significant number of children, around 68 per cent in 2002, were not fully immunised against the vaccine-preventable diseases: diphtheria, measles, pertussis, polio, tetanus, tuberculosis and hepatitis B. MOH reports that less than 70 per cent of children are fully immunised at one year, which is lower than in most Pacific nations. Referring to the graph below, it can be seen that coverage for many vaccine preventable diseases is around 50-60 per cent, which is dangerously low.

The MOH operates an Expanded Programme for Immunisation (EPI), however, problems associated with maintaining an operable cold chain; transportation of vaccines throughout Vanuatu, particularly to the outer islands; and the training of staff, including cold chain management, equipment maintenance and record keeping makes reaching all Vanuatu’s children a challenging task.¹⁹

Figure 1. National Immunisation Coverage Rates: 1999-2002



Source: Ministry of Health 2004

Skin Diseases

Skin irritations and abscesses are reported to be amongst the most common childhood ailments in Vanuatu. Skin irritations such as eczema, scabies and impetigo are exacerbated by infrequent bathing and dirty water. Small scratches and wounds quickly become abscesses in the humid tropical climate. Abscesses can lead to blood poisoning which need to be treated with antibiotics often not available at aid posts. Courses of antibiotics are frequently not taken properly.

¹⁹ MOH (2003:3-4)

Nutrition

The UN estimates that 20 per cent of children under five years of age are moderately or severely underweight, and that 19 per cent of children under five suffer from moderate or severe stunting.²⁰ Even when it does not threaten life itself, malnutrition in early childhood can cause stunting or disability, hinder brain development and children's capacity to learn skills that are crucial to their life chances.

The 1996 National Nutrition Survey found that only 10 per cent of infants were exclusively breastfed for the first 6 months of their lives. This is of concern as studies show breastfed babies have at least six times greater chance of survival in the first months of life, since breastmilk contains all the nutrients and micronutrients an infant needs for normal growth.²¹

At the national level, there is enough food to feed all Vanuatu's people. However, two main issues arise regarding nutrition. Firstly, rural ni-Vanuatu diets are highly dependent on the type of food growing in abundance in subsistence gardens or caught from the sea. The main food grown are tubers, bananas, coconuts, peanuts and seasonal fruits such as watermelon, tomatoes, paw paw and pineapples. Chicken, fish and pork are also available, although many families do not have regular access to sources of protein. Families eat whatever is in season in their gardens or what they have caught while out fishing. They do not attempt to have a balanced diet with sufficient quantities of vitamins, proteins and other nutrients. Consequently, children suffer effects from malnutrition, not from an absence of food, but rather, an absence of variety.

Secondly, food security issues arise at the household and community level, especially in the urban areas where families and squatter settlements rely on market-bought foods, cash incomes and distribution infrastructure. The main food staples in urban areas are imported rice and bread made from imported wheat – both of which are expensive. Around 30 per cent of urban households do not have subsistence gardens to supplement market-bought foods – children from these families are particularly vulnerable to insufficient food intake and malnutrition.

3.1.2 Maternal Health

Maternal Mortality

Maternal mortality is usually the consequence of inadequate or inappropriate support to women during pregnancy and delivery. The Maternal Mortality Ratio (MMR) estimates the number of women who die as a result of pregnancy and child birth, for every 100,000 children born alive. The MMR is not simply an indication of health status, but is also related to reproductive patterns, and the quality and availability of health care facilities. It is an important index of maternal and child health, since beyond the immediate loss of life, maternal mortality exerts a devastating effect on the family.

²⁰ UNICEF (2004:113)

²¹ www.unicef.org/nutrition/index_role.html

Often a maternal death is accompanied by the death of an infant, and in many cases prevention of a maternal death could also save the lives of one or more older children left without a mother.

The national statistics database reported the MMR for Vanuatu to be 96 in 1998, and the 1999 National Census estimated MMR to be 33. The UN, however estimates MMR to be significantly higher at 130, which is similar to that of Samoa and Solomon Islands, but almost double that for Fiji.²²

Fertility

Vanuatu's population is thought to be increasing by 2.6 per cent per year. At the current rate of growth, the population will double every 26 years.²³

Ni-Vanuatu mothers, particularly those in rural areas, tend to have more babies than those in neighbouring Pacific countries. Vanuatu's total fertility rate²⁴ in 1999 was 4.8. Fertility rates are much higher in rural areas than urban centres at 5.1 and 3.8 respectively. The fertility rate is declining, and the UN estimated the rate to be 4.1 in 2003.²⁵

In poor families, children provide extra labour and income for the household as well as a measure of status. However, high fertility rates place a strain on both the mother's and infant's health. It is harder for mothers to look after large numbers of children spaced closely together, her body is not given enough time to recover from pregnancy and birth and she may not have access to enough nutrients to provide sufficient energy for her to fulfil her household and community responsibilities. In areas where adequate obstetric services are not available, risks to the life of mothers and babies before, during and after birth are very real, and multiply with every child.

3.1.3 Reproductive Health

Family Planning

There are indications of considerable unmet needs for family planning in Vanuatu. The contraceptive prevalence rate (CPR) measures the percentage of women in relationships aged 15-49 years currently using contraception. MOH data estimated the CPR to be around 28 per cent in 1999. Recent UN data also reports a very low CPR of just 15. Both rates are well below the International Conference on Population and Development (ICPD) thresholds and lower than most other neighbouring Pacific countries.

Demand for family planning services are increasing. Data from community centres indicate around 70 per cent of women aged 15-19 years, and 37 per cent of women aged 15-24 became new clients in 2002. The birth control pill is the most commonly used method of contraception with a CPR of 19 per

²² Periodically UNICEF, WHO and UNFPA evaluate data and make adjustments to account for under-reporting and misclassification of maternal deaths. NSO (2005); UNICEF (2004).

²³ Republic of Vanuatu (2003a:36)

²⁴ The total fertility rate measures the average number of children that would be born alive to a woman during her lifetime, if she were to bear children at each age in accord with prevailing age-specific fertility rates.

²⁵ Ministry of Health (2004c:47); UNICEF (2003), (2004) SOTWC 05.

cent in 1999. Condom usage appears to be very low, but increasing from 2-3 per cent during the period 1997-99.²⁶

Reproductive and sexual health services are provided by the MOH through hospitals, health centres and dispensaries; and NGOs such as Vanuatu Family Health Association through its clinics in Port Vila and Luganville, and Wan Smol Bag through its young peoples clinic, Kam Pusim Hed in Port Vila. Vanuatu Family Health and Wan Smol Bag also have extensive teams of volunteers performing outreach such as education and the distribution of condoms in addition to their clinical services.

Adolescent Sexual Health

Generally, pre-marital sex is considered wrong by the church in Vanuatu. Civil law specifies the minimum legal age for girls to marry is 16; it is also illegal to have sex knowingly with a child under the age of 15. However, *kastom* usually dictates that a girl is available for marriage and sex soon after the start of menstruation.

However, due to limited knowledge and guidance, adolescents are less likely to practice safe sex or use contraception. A 1998 study of youths in Port Vila reported 40 per cent of young women interviewed were not using any kind of contraception. Many youths are reported to believe family planning is only meant for married people with families, and that there is an element of shame attached to asking for contraceptives from the hospitals, the main source of contraception. The study also noted that early pregnancy was linked to early 'drop-outs' from school – in the absence of job prospects, having a child created meaning in their lives.²⁷

The rate for teenage pregnancies in Vanuatu is high, estimated at 81 per 1,000 women aged 15-19 years. In 2001-02, 12-15 per cent of all bookings at the Vila Central Hospital antenatal clinic were for teenage girls, some as young as 12.²⁸

HIV and Sexually Transmitted Infections

HIV and sexually transmitted infections (STIs) share a common means of transmission and prevention, and exposure to STIs increases the risk of transmission of HIV. Identification of the extent of STIs and HIV/AIDS in Vanuatu is difficult because of the lack of accurate data. Nevertheless, available information indicates STI prevalence is high and of a similar magnitude to those found in countries in Africa and Asia that have been experiencing HIV epidemics since the 1990s.²⁹

The first case of HIV infection was officially announced on 25th September 2002. Prior to this date HIV testing had been limited, and it is possible that there are other people as yet unknown living with HIV infection in the population. Despite only one confirmed case, the STI picture is alarming and suggests a community at risk from the introduction and rapid spread of HIV infection.

²⁶ Ministry of Health (2004c:29); Marte, B. (2001:70).

²⁷ Mitchell, J. (1998:vi-v)

²⁸ UNFPA (2002:2); Daily Post 20/4/04.

²⁹ Ministry of Health (2004d:8)

Particular risk factors exist within Vanuatu as follows:

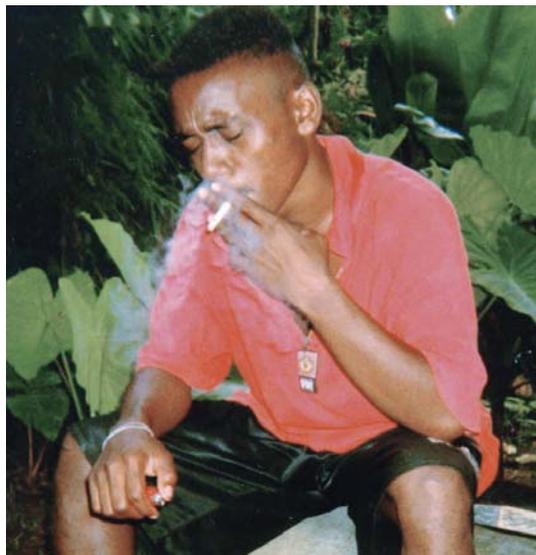
- The low condom use in Port Vila (indicated by the high level of STIs), which are a risk factor for further STIs and HIV.
- The high proportion of young people in the population, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission.
- Vanuatu's proximity to other Pacific countries with higher prevalence of HIV.
- Social change and transition which manifests in: the flow of people from rural areas to town; increasing travel abroad; a tourist industry; increasing teenage pregnancy rates; multiple sexual partners; and transactional sex (to gain money or favours).
- The low status of women which generally makes it hard for them to assert themselves with men on issues relating to reproductive health.
- Cultural and religious attitudes that discourage the use of condoms.³⁰

A national policy and strategic plan for HIV/AIDS and STIs has been developed by the MOH. The coordination of STI and HIV/AIDS activities will be driven by the National AIDS Committee, to be reconvened.

3.1.4 Adolescent Development

Drug Use

Data on drug abuse in Vanuatu has not been systematically collected. However, recent research on adolescent behaviour patterns suggests the consumption of alcohol, cigarettes and kava does occur and may be on the increase. One study of urban youths living in squatter settlements outside Port Vila found that 37 per cent of young people reported drinking kava – the *nakamal* (local kava bar) was a major centre for young men to meet and talk. The same study also found that 43 per cent of young people smoked and 46 per cent said they drank alcohol sometimes.³¹



³⁰ Ministry of Health (2004d:3)

³¹ Mitchell, J. (1998), *Young People Speak*, pp.42-3.

A Health Behaviour and Lifestyle of Pacific Youth (HBLPY) study was a collaborative initiative between the national government, UNICEF, NGOs and WHO. Over 4,500 secondary school-aged youth were surveyed to gain an understanding of health and lifestyle issues of ni-Vanuatu adolescents. The survey found that use of tobacco, alcohol and other drugs regularly were relatively low, compared to western nations. However, drug usage, especially alcohol and kava are reportedly much higher amongst out-of-school and unemployed youth living in poorer urban settlements.

Anecdotal evidence suggests a growing number of ni-Vanuatu youths are taking drugs such as marijuana and cocaine. Drugs are sold in nightclubs, *nakamals* and bars. While mostly restricted to the urban centres, drug usage is apparently spreading quickly to regional centres such as Malekula, Tanna and in Torba Province.³²

Nutrition

The HBLPY study also found that dietary habits of adolescents were cause for concern. More than half of school students and over two thirds of out-of-school youth did not report eating fruit and vegetables more than once per day. All students reported eating sweets at least once per day.

Mental Health

Studies have found that ni-Vanuatu adolescents suffer relatively high levels of depression and suicide. Recent WHO research suggests Vanuatu has one of the highest suicide rates in the world. Ni-Vanuatu youths cope with high unemployment rates³³, insufficient secondary school places, conflict between traditional ideas and 'modern' trends, as well as high pregnancy rates for teenage girls. They receive limited support or counselling through drop in centres in urban areas and counselling services funded by NGOs such as Wan Smol Bag theatre group and the Foundation for the people of the South Pacific (FSP).

Vanuatu is participating in a regional project designed to strengthen national advocacy, technical support and training activities targeting youth. The project has a focus on nutrition and tobacco-related activities. UNICEF and a number of NGOs also conduct activities aimed at increasing awareness amongst adolescents on issues such as the Pacific Stars Lifeskills Training and in sexual health, particularly in urban areas. The NGOs include the FSP, Wan Smol Bag and the Commonwealth Youth Programme.

Box 2. Urban Squatter Settlements

Vanuatu's urban population increased by 4 per cent per year between 1989-99, almost twice as fast as the rural population. By world standards, this is very fast. At the current rate, the population of Port Vila will double by 2016. In the process, the proportion of urban residents living in sub-standard, informal housing has also grown.

³² Toa, J. (2005), *Personal Communication*.

³³ The PAA notes that the economy needs to generate in excess of 4,000 jobs annually to cater for school leaver and school dropouts.

An in depth study of informal urban settlements³⁴ show that urban poverty is a pressing concern in Vanuatu. Residents living in informal settlements around Port Vila and Luganville must cope with:

- A lack of services, particularly inadequate water supply, electricity for lighting, rubbish collection or public transport
- Poor living conditions: poor housing and unacceptably unhealthy surroundings, particularly from poor drainage and sanitary facilities
- Difficulty in meeting their basic needs for food, clothing and other bills because of insufficient income or jobs

Urban informal settlements are in fact diverse communities. While some households are evidently materially poor and have difficulty meeting their basic needs, others live fairly comfortably, and are mostly longer-term residents with more secure tenure and cash employment. Residents of informal urban settlements tend to have similar educational attainment to the overall urban population and most have at least one person in paid employment.

There is a considerable gap between existing institutional arrangements and those necessary to properly provide basic services to the urban settlements. In particular, there is little capacity to provide low cost, affordable housing or influence the development of informal settlements.

3.1.5 Underlying Causes

Children's health is influenced by a complex range of inter-related factors, including nutrition, adequate health services, safe water and sanitation, household resources and maternal education or hygiene. The degree to which these factors exist is measured by the IMR and U5MR. The fact that Vanuatu has moderately high IMR and U5MR rates indicates that many children are born into an environment where health services are insufficient and where mothers' knowledge of nutrition and hygiene is inadequate.

Influences on Health at the Local Level

Responsibility for the care of children almost always belongs to women. Mothers and other female carers living in small, isolated communities, with limited educational opportunities or control over household resources are unable to make informed choices regarding the health of their children.

Poverty and Household Resources

Many children belong to the 26 per cent of Vanuatu's households estimated to live on US\$1 or less per day.³⁵ Poverty inhibits the capacity of families and communities to care for children, depriving them of essential goods and services they require to survive, grow and develop. Poor children are more

³⁴ Chung, M. & Hill, D. (2002)

³⁵ NSO (2005).

likely to be exposed to diseases that are easily prevented or cured through inexpensive medicines and vaccines.

The level of resources available to women has direct impact on decisions made regarding the health of a child: whether the household has the money to pay for healthcare; or can afford for a member of the family to take time off from working the land or from their job; or even the cost of transportation to take the child to a health centre. Studies show that a mother's ownership of assets makes a significantly greater contribution to the well-being of children than the ownership of these assets by the father, for the simple reason that mothers are more likely to spend most of the household resources they control on essential goods and services that address the household's needs, especially children. In contrast, men tend to spend much of their earnings on alcohol and drugs such as kava or tobacco.³⁶

Mother's Knowledge and Education

One of the most important strategies for reducing child deaths is the education of women. Mothers need to have greater access to information on basic health care – such as the importance of continuing to breastfeed when infants are dehydrated, the reasons families should actually sleep under bed nets provided to prevent malaria, or how to optimise good nutrition using subsistence gardens.

Recent improvements to infant and child health indicators may in part be related to continued good access to educational services for girls for the past decade and health promotion efforts by the MOH – educated mothers are more likely to know the signs of ill-health and courses of action to take.

There is a widely held view that health promotion efforts need to be given renewed focus. In Vanuatu, where men make most of the household decisions, it would also be sensible to include fathers and male community leaders such as chiefs in target groups.

Water and Sanitation

The availability of clean water, environmental sanitation and hygienic practices are of the utmost importance for good health. Malarial mosquitoes breed in water pools and in uncleared ground; and diarrhoeal diseases are associated with contaminated water and food, unhygienic practices and insanitary conditions. Global studies have shown the clear impact improved water and sanitation can have on reducing morbidity and mortality in children.

Vanuatu's people apparently have good access to safe water and adequate sanitation facilities, which bodes well for the achievement of the MDG target of halving the proportion of people without sustainable access to safe drinking water by 2015. The 1999 Census estimated that 87 per cent of the urban households had sustainable access to an improved water supply, with 69 per cent coverage in rural areas. The Census defined an improved water supply as being piped water, village stand pipe, home tank or shared tanks. An unimproved water supply was defined as being from a river, spring or well.

³⁶ UNICEF (2004:24)

The Census reported almost 91 per cent of urban and 90 per cent of rural households had access to improved sanitation facilities. Improved sanitation was defined as being a flushing toilet, sealed toilets, VIP toilets and pits belonging to the household only. Unimproved sanitation was defined as being shared pits or any other type of excreta disposal.

The incidence of diarrhoeal diseases in children is very high, more so than would be expected with such good rates of safe water and sanitation. The Census did not question the quality of the water supply and sanitation facilities. The Energy Unit within the Ministry of Lands estimates that more than half of the rural water supplies need repairs.

Impact of Kastom and Tradition

Kastom tends to promote large families as an indicator of status, and men traditionally make most of the decisions regarding family planning. Where women are not fully enabled to control their own fertility and prevent unwanted pregnancies, they may be forced into illegal abortions or suffer life-threatening conditions, resulting in high maternal mortality rates. Anecdotal evidence suggests traditional methods of family planning are available and are commonly taken without the knowledge of men.³⁷

Traditional medicine is believed to be favoured by many households, the practice of which is considered part of community life. Families use traditional medicine to treat common ailments such as diarrhoea, stomach cramps or for dressing wounds. Knowledge and practices vary throughout the islands.

Community members who are regularly consulted for traditional medicine are known as *klevas*. *Klevas* fulfil a great need in health care provision, particularly for those isolated villages where access to an aid post or dispensary is problematic. *Klevas* are an important source of advice in many communities and anecdotal evidence suggests most ni-Vanuatu prefer to consult a *kleva* rather than a formally-trained doctor or other health staff.³⁸

Linkages could be developed or strengthened with the practitioners of traditional medicine through training and/or supplies for basic health care problems such as for the treatment of diarrhoeal and skin diseases.

Cost of Health Services

MOH data reports that outpatient clinical attendance is fairly low compared to international standards, although this may reflect incomplete reporting rather than actual use. It may also, however, be a reflection of the cost of health services to communities, especially those not reliant on a cash economy. Many health facilities must generate revenue through the collection of user fees to be used for capital improvements or maintenance of facilities. While exemptions from user fees are provided for

³⁷ Republic of Vanuatu & UNICEF (1998:61).

³⁸ Ministry of Health (1997:68-9); Ministry of Health (2004c:30).

chronically ill patients, those with very low incomes and those with special medical conditions, the cost of health care remains prohibitive for most rural families.

National Provision of Health Services

Overwhelmingly, indicators of child health are much worse in rural areas. The isolation of many villages, particularly those in the outer provinces, hampers the reach of health services, including maternal education, post-natal health care and immunisation as well as access to safe water and sanitation.

Quality and Reach of Health Services

For many communities in Vanuatu, the reach of the national health care system is limited to the services provided by dispensaries and aid posts which are manned by nurses and village health volunteers. The primary health care system currently has four levels:

1. **Hospitals:** there are five hospitals in Vanuatu, one for each province except Torba. Two of these hospitals, Vila Central Hospital and Northern District Hospital, are major referral centres. Each hospital provides obstetric, medical, paediatric and surgical services.
2. **Health Centres:** there are 27 active health centres in Vanuatu, 1-6 per province. Health centres provide outpatient and inpatient services, including birth delivery care, health promotion and preventative health services such as immunisation. Health centres are usually staffed by a nurse practitioner.
3. **Dispensaries:** there are 74 active dispensaries, 6-18 per province, with a least one dispensary on most inhabited islands. Dispensaries provide outpatient services with a focus on health promotion and preventative services. Dispensaries are usually staffed by a general nurse.
4. **Aid posts:** there are around 180 aid posts, 15-41 per province or one in many villages. Aid posts are established and funded by communities, with the MOH providing basic medicines and some training. Aid posts are staffed by village health volunteers, who may have had 1-3 months training. Aid posts provide first aid and community education.³⁹

The MOH has developed a *Master Health Services Plan 2004-2009* which envisages a major overhaul of primary health care facilities, including the location of district hospitals and centres of specialist care.

The overarching priority of the MOH is to strengthen the delivery of health services based on a PHC approach, the essence of which is to engage staff and the community in improving the health status of the population cooperatively. The consultation process to develop the *Master Health Services Plan 2004-2009* indicated that strong relationships exist between the Ministry and the community, and that community leaders wished to be engaged in the process of change.

The MOH has acknowledged it must find the resources to improve the overall quality of the health care system, including the skill level of health workers and the standard of equipment, facilities,

³⁹ Ministry of Health (2004c:22-3)

transport and communication systems. The Corporate Plan 2004 identifies key health service and corporate objectives to this end.

Vanuatu receives significant assistance from donors, particularly Australia, to support the strengthening of health planning and management, in the provision of medical specialists and training for village health workers.

Immunisation saves infants and children from preventable deaths and disabilities. Vaccines are affordable and cost-effective, and therefore an ideal way to ensure the health of large numbers of children. Immunisation rates are too low in Vanuatu. EPI must be strengthened urgently, and systems put in place to improve reporting.

Interventions targeting the diagnosis of infant and child illness need to be strengthened to improve infant and child mortality rates.

National Resources for Health

Achieving improvements in the health sector is a challenge with limited governmental resources. National budget allocations for the health sector increased over period 1996-2001, from 7 per cent in 1996 to 12.3 per cent in 2001. However, the 2004 budgetary ceiling for the MOH was cut by 5 per cent from 2003 levels. It is expected there may be further reductions in the recurrent budget available to the health sector in future.⁴⁰

More government resources are required to strengthen the public health system. Vanuatu spends much less on the health sector than its Pacific neighbours. Public health expenditure as a percentage of GDP was 2.3 per cent in 2001, compared to 4.7 per cent in Samoa, and 2.7 per cent in both the Solomon Islands and Fiji.⁴¹

Health Surveillance and Reporting

A key characteristic of the health sector is the lack of robust information to use for planning purposes. Health centre personnel must be made aware of the reasons why the accurate reporting of data is important and its valuable input into health planning. Research into EPI activities noted that community-level health staff did even not know their immunisation targets nor how their stations were performing against expected results. Accurate data will facilitate the most efficient use of scarce resources.

3.1.6 Progress Towards the Targets

- The U5MR has declined steadily since 1989 and appears to be on track to meet the MDG target of reducing **child mortality** by two-thirds by 2015. This is a big achievement not shared by the

⁴⁰ National Office of Statistics (2003:59); Ministry of Health (2004c:24)

⁴¹ UNDP (2004:157)

majority of countries in the world. However, dangerously low immunisation coverage rates and continued high incidence of ARI and diarrhoeal diseases means that Vanuatu's children remain vulnerable to preventable mortality and morbidity.

- Accurate progress towards the MDG target of reducing **maternal mortality** by three-quarters cannot be measured until reporting mechanisms are strengthened and data is robust. High fertility rates, low contraceptive use, insufficient obstetric services and the general lack of control over resources and decision-making by women suggest maternal mortality will continue to be high for the foreseeable future.
- While the number of children and women affected by **hunger** is low, malnutrition does exist and nutritional status is often inadequate. Significant efforts need to be made to promote good nutrition and breastfeeding in communities.
- Vanuatu is in a good position to halt the spread of **HIV/AIDS, malaria and other diseases**. Work is being performed to prepare the health system to cope with future incidences of HIV/AIDS. The anti-malarial program is well established and rates have declined over the past decade. However, the incidence of STIs continues to rise, and young people are ill-informed on reproductive health issues. Vanuatu's youth are vulnerable to increasing rates of sexually transmitted diseases, including HIV/AIDS.

3.1.7 Possible Responses by UNICEF

UNICEF's medium term strategic plan aims for 80 per cent immunisation coverage in every district in 80 per cent of countries. Currently, Vanuatu falls far short of this target. The vaccination of children through EPI needs to be strengthened, "crash campaigns" could be considered to boost immunisation coverage rates quickly.

Integrated Management of Childhood Illnesses (IMCI) initiative has a powerful role to play in the management of childhood illnesses, as it provides an opportunity to educate the community on the prevention of illness through immunisation, breastfeeding and improved nutrition. This information is urgently needed by mothers and communities throughout Vanuatu. UNICEF could establish IMCI as a model of best practice to be replicated throughout the health system with support from larger donors assisting Vanuatu.

Sustainable progress towards the realisation of children's right depends on the government's ability to monitor the situation of women and children, so it can adjust or develop policy responses in a timely manner. UNICEF has worldwide in-depth experience in the collection of data. Vanuatu would benefit from the information collected during a *Multiple Indicator Cluster Survey*, or similar. Robust data needs to be collected to determine vaccination coverage, nutritional status and the level of health care knowledge held by households, amongst others. Such information would be very useful for MOH planning and budgeting purposes.

The *Baby-Friendly Hospital Initiative (BFHI)* should be revived in Vanuatu to support breastfeeding efforts and improve infant mortality, particularly activities aimed at community education.

3.2 Education and Learning

Education is a human right and a key factor to reducing poverty and promoting democracy, peace, tolerance and development.

- **Article 28 of the CRC** explicitly recognises the child's right to education. It states that governments shall make primary education compulsory and available free to all; encourage the development of secondary education, including technical and vocational education; and take measures to encourage regular attendance at schools, amongst others.
- **Two MDGs** are directly related to the attainment of education:
 - Goal 2: Achieve universal primary education
 - Ensure that all boys and girls complete a full course of primary schooling
 - Goal 3: Promote gender equality and empower women
 - Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015
- **Two of UNICEF's priority areas** direct resources to quality education for all children:
 - Ensure that every girl and every boy completes a quality primary school education
 - Promote integrated early childhood development, ensuring every child has the best possible start in life

3.2.1 Literacy

Literacy is very difficult to ascertain in a country with a strong oral tradition and over 100 local languages, most of which do not have a written form. The concept of literacy in Vanuatu is also complicated by the fact that:

- the usage and spelling of Bislama varies throughout Vanuatu;
- English and French, the languages of instruction in the formal education system, are usually not applied in everyday conversations or outside the school environment, particularly in rural areas;
- the majority of communities use their local vernacular, and not one of the three official languages, on a daily basis. The 1999 Census reported around 73 per cent of the national population spoke a local language within their home.

The 1999 Census reported Vanuatu's literacy rate to be 74 per cent. However, the Census defined a literate person as one who had completed four years of schooling, which is clearly not a robust indicator. Research for the MDGs estimate literacy rates for Vanuatu's youths aged 15-24 years old to be 34 percent⁴², which is very low.

⁴² National Statistics Office (2004)

3.2.2 Early Childhood Development

It is estimated that only 50 per cent of children aged 3-5 years attend preschool.⁴³ Preschools are established and managed by parents and communities, sometimes attached to primary school premises. While the exact number of preschools in Vanuatu is not known, 524 preschools are monitored by the national preschool association, Pri Skul Asosiesen Blong Vanuatu (PSABV). There is a National ECE Co-ordinator in the Ministry of Education.

In many cases, preschools are housed in rundown shacks with poor lighting and ventilation, with very little in the way of toys or supplies such as crayons and paper.

High fees are charged, which can be prohibitive to parents. Fees range from 500 to 5,000 vatu per term (or in-kind payments) in the rural areas, and from 5,000 to 20,000 per term in urban centres.

The majority of preschool teachers left school after Year 6 and are not trained in early childhood development practices. Many villages cannot afford to pay their preschool teachers, leading to a very high turnover rate, estimated at 50 percent.⁴⁴

Early childhood and preschool education policy and training is primarily developed and monitored by PSABV, an NGO run by volunteers. In the 1990s, preschool education became part of the formal framework supported by the Ministry of Education (MOE). The MOE has approved guidelines on preschool standards and also funds preschool coordinators who work closely with PSABV to train community preschool teachers throughout Vanuatu in early childhood development principles and skills, and raise community awareness of the benefits of early developmental learning for children.

Mary lives on Lamén Island, just off the coast of Epi. Mary is 25, and has three children aged 5, 4 and 7 months. The eldest boy, Roy, goes to preschool. The preschool is paid for by the village and consists of a small hut made with *natangura* leaves, a dirt floor and a mat for the children to sit on. There are no windows and rain soaks through during thunderstorms.

There are no manufactured toys in the preschool. Instead, the children play with shells, leaves and coconuts, or sing and play in the dirt outside.

Roy's teacher was trained by PSABV. Her salary is 8,000 vatu per month which is paid for from school fees of 2,000 vatu per child per term.

Mary's family are subsistence farmers. Cash is only required for kerosene, soap and school fees. To acquire enough money to send Roy to preschool, Mary grew watermelons and peanuts. She sent three big bags of peanuts and a box of watermelons to her mother in Port Vila to sell. Freight for the produce cost 5,000 vatu. Her mother sold the produce for 36,000 vatu.

The money has finished, now. It takes three months to grow peanuts, and about four months to grow watermelons. Mary's husband was sick last year, and she was pregnant, so there were no opportunities for them to plant more crops. Hopefully, Roy will return to school next year.

⁴³ Ministry of Education (2002).

⁴⁴ Ministry of Education (2002:8); Ministry of Education (2004:27)

In recent years, PSABV and MOE have focused on improving preschool facilities in rural areas, such as renovating buildings so they let in the light and are nice places for children to play in, constructing and repairing toys and play equipment from locally available materials, and training preschool teachers. Now there is a urgent need for greater support in urban centres, for which PSABV also has concerns over the quality of infrastructure, learning and teaching facilities.⁴⁵

The preschool sector is highly dependent upon donor funding. The MOE pays for the National and Regional coordinators' salaries, but the PSABV only has enough money to send each coordinator to each province once a year – this is insufficient to provide adequate backup or support. Preschool supplies are also lacking. PSABV gives new preschools start-up kits donated by Rotary and has developed a range of toys and supplies that can be fashioned from locally made materials, but crayons, paper and books are very hard to access.

UNICEF supports PSABV and MOE to strengthen the preschool sector, by running workshops on early childhood education in selected communities, supporting the construction of new toys, training of teachers and supplying water tanks to preschools attached to child-friendly schools in Tanna.

3.2.3 Basic Education

Nationally, access to basic education is good, with about 90 per cent of primary school-aged children enrolled in school. However, of those enrolled in school, it is estimated that 16 per cent of children aged 5-12 years are not attending primary school regularly. Access to primary school is difficult for some children, who may walk for an hour or two to reach school, or who are required to look after younger children at home.

Learning is not much fun in many of Vanuatu's classrooms. The teacher is usually positioned at the front of the class talking to bored students who learn facts by rote or copying from the blackboard. Children are not given opportunities to discuss, discover or explore their own ideas, and consequently, most information is forgotten.⁴⁶

The quality and relevance of the education received by Vanuatu's children is strongly debated. In 2002, only 78 per cent of primary school teachers were qualified. Schools in remote areas have fewer qualified teachers, due to the reluctance of such teachers to move to such locations or the inability of communities to afford them.

School mapping reports 95 per cent of classroom buildings are in poor condition, particularly rural schools. Urban schools, on the other hand, tend to be overcrowded, some with student:teacher ratios of 40:1. The national average class size is 24 students.⁴⁷

⁴⁵ Ministry of Education (2004: 26); James, J. (2002:138)

⁴⁶ Samiel, N. (2004:201) *rethinking book*.

⁴⁷ Ministry of Education (2004:34)

Universal, compulsory and free basic education to Year 8 is a stated government priority. In practice, however, basic education is neither free nor compulsory. Parents continue to pay high school contribution fees, ranging from 5,000 to 30,000 vatu per year. Frequently, children are denied access to school if the fees are not paid. Parents and communities are also required to contribute to the maintenance and construction of schools.

UNICEF is piloting the Child Friendly Schools initiative in Tafea province, where 12 model schools are benefiting from improved teacher-child relationships, classroom management, monitoring and learning processes to promote positive educational outcomes for students. Communities are also assisted to develop plans to become Child Friendly Schools.



3.2.4 Secondary Education

Most boys and girls do not receive a secondary education. A large proportion of children are “pushed out” of the formal education system once they have completed primary school, and then again after junior-secondary school. The push-out rate after primary school ranged from 48-50 per cent for the years 1999-2001. The push-out rate after junior-secondary ranged from 43 per cent in 1999 to 63 per cent in 2001.⁴⁸

Secondary schooling is expensive, costing up to 75,000 vatu per year – this puts the cost of secondary education beyond the reach of most families.

⁴⁸ *National Statistics Office (2003:67); Strachan, J. (2002:31).*

An achievement boosting education for a small portion of children failing to graduate to junior-secondary school are the "Top Up" classes offered in many schools at the end of Year 6 (pre-2004). Students can be taught essential life skills and undertake a limited version of the junior-secondary curricula. Those who pass an exam after two years are eligible to enter secondary school.

The Australian government is supporting the renovation and extension of secondary school facilities on the islands of Efate, Pentecost, Tanna, Epi, Malekula and Aore. It is also building the capacity of the Vanuatu Teachers College to train Anglophone secondary school teachers and college lecturers.

3.2.5 Technical and Life-Skills Education and Training

Technical and vocational education and training (TVET) is an umbrella term for all technical, vocational and life-skills education and learning in Vanuatu. It provides a second chance for early school leavers with a special focus on skills development for employment. TVET is currently divided into formal and non-formal systems, provided by a variety of operators, with varying levels of structure, networks and curricula.

The Vanuatu Institute of Technology, Vanuatu Institute of Teacher Education, Vanuatu Maritime college, Vanuatu College of Nursing and the Vanuatu Police College represent the formal TVET sector, managed by the MOE.

There are many non-formal education providers in Vanuatu, including NGOs, government departments, churches, private industries and the University of the South Pacific (USP). Rural Training Centres are important non-formal education providers. Much of the training conducted outside the formal education system is targeted at disadvantaged groups such as women and rural communities. At present there is no unifying forum or government policy to coordinate the activities of non-formal education providers. Most receive no financial assistance from the government, but submit project proposals to donors for funding.⁴⁹

3.2.6 Gender Parity in Education

There is almost parity in primary school enrolments between boys and girls. In 2001, girls accounted for 47.8 per cent of total enrolments. This figure is slightly below female representation in the general population, of 49 per cent.

Gender parity is maintained in junior-secondary school enrolments. However, girls are under-represented in senior secondary school, which impacts on their access to tertiary education. Female enrolment rates in 2001 show girls accounted for only 44.2 per cent of enrolments in Year 11, 45.3 per cent in Year 12 and 42.1 per cent in Year 13. Female enrolment as a percentage of total secondary school enrolment (Years 7-13) increased by 5.6 per cent over the years 1992-2002.⁵⁰

⁴⁹ *Aru, C. (2002:184-6).*

⁵⁰ *Strachan, J. (2002:29)*

3.2.7 Underlying Causes

Influences Education at the Local Level

The Cost of Education

School fees and levies are a severe burden for poorer parents and are considered to be the main obstacle to higher student enrolment and progress to higher levels of education. The majority of parents say they want their children to go to school. The costs of doing so, however, can be prohibitive for many complex reasons:

- Rural families living away from the major urban centres commonly operate on a subsistence or non-cash basis. The acquisition of sufficient cash to pay school fees and levies can be very difficult, and often requires the sale of household food supplies at markets.
- In other families, education may not be a priority for the (usually male) head of the household. Many cases have been identified where the father spends most of the household budget at the kava bar, leaving little for food and school fees.
- A lot of families must negotiate the trade off between the costs of school and additional household income brought in, or work performed in community gardens, by a child. Frequently, the need for an extra pair of hands will outweigh the perceived benefits of education, particularly at the secondary school level.

The Relevance of Education

Life skills tend not to be taught in school – “what’s the point if my son or daughter cannot tend the garden for food?” The methodologies used in the classroom and content of the curricula are frequently seen by parents, especially those without high levels of education themselves, as being irrelevant to daily life.

Academic debate continues over the relevance of basic education. Many education sector professionals have questioned the relevancy of learning subjects with a western bias and call for more life-skills components to be taught, with a focus on ni-Vanuatu traditions, particularly when so many students will not continue onto secondary education.

The curricula taught in schools and classroom management techniques really should be revised, especially at the primary level, to make school more enjoyable and improve students’ retention of information.

Lack of Involvement by Parents

Parents frequently feel disengaged from the educational process, many believing that responsibility for their children’s learning belongs solely to the teachers. The educational system itself does not encourage the family to play an active part within the system.⁵¹

⁵¹ Kalsuak, I. (2004:109)

Formal education is often seen as eroding traditional ni-Vanuatu values such as obedience and showing respect. Respondents in a community governance study noted that children were developing “high minded attitudes”, commonly presented as a consequence of modern education. The same study noted that formal education can be associated with “international values and urban lifestyles” and therefore contribute to recreational drug abuse.⁵²

Parents also need to be made aware of the benefits of sending their toddlers to preschool, such as improved thinking and language skills, emotional and social skills from regular interaction with their peers, school readiness and improved self esteem.

Limited knowledge of the kind of skills development acquired through formal education lead to questions being asked of its value, and whether it would be more beneficial for the youth to contribute to household income through working. Greater opportunities need to be created for parents in schools, through parental education, skills development and possibly more formal training for parents are needed if they are to play a more meaningful role.

National Provision of Education

Francophone/Anglophone Instruction

The MOE cites virtually unanimous support among ni-Vanuatu for continuing to use both English and French as international languages and media of instruction. Implementing the two foreign-based systems, however, has been problematic: it perpetuates a division in society between Anglophones and Francophones; and has resulted in two management structures supervising differing curricula and philosophies of schooling. In 2002, the split between English and French primary schools was 62 per cent and 38 per cent respectively.⁵³

Students are learning in a language other than their mother tongue, and from curricula and text books developed primarily outside Vanuatu. Children learn best when they are taught in their mother tongue, particularly in the earliest years. Bilingual education, that includes the mother tongue, leads to much less repetition, lower drop-out rates and higher educational attainment.⁵⁴

‘Pushing Out’ Students

Students undertake a national exam in Year 8 to graduate to junior secondary and again in Year 10 to access senior secondary education. In addition to determining standards of achievement, the exams serve to filter the number of students eligible to enrol in higher levels of education. No more than 40 per cent of Year 8 students can continue to the junior secondary level as there is an insufficient number of schools to accommodate them. There is a similar problem at the senior secondary level. This has negative repercussions on the large number of students who are “pushed out” of the formal education system at 12-13 years of age, and who must otherwise find employment or undertake non-formal vocational training.

⁵² FSP (2003:25,55)

⁵³ Republic of Vanuatu (1999); Ministry of Education (2004).

⁵⁴ UNDP (2004:61) HDR 2005.

Support is urgently required to expand the number of secondary school places, including the construction or renovation of buildings and school facilities, as well as the number of qualified secondary school teachers.

Policy Development

The MOE is developing a Master Plan for Education, incorporating the *EFA National Plan of Action*, the *Ministry of Education Corporate Plan 2004-2006*, the *1999 Master Plan* and the views expressed by members of the education sector and communities during seminars convened during 2002-2004.⁵⁵ Priorities include expanding early child care and education, universal free basic education and improving adult literacy through continuing education and life skills programs.

Resources for Education

Total public education expenditure (excluding aid funds) is about 7 per cent of GDP, which compares favourably with other countries in the Asia-Pacific region. As a proportion of the total national recurrent budget, the proportion of funds spent on education is increasing. This trend continued in 2002, when the budget for the Ministry of Education, Youth and Sport (MOEYS) had an approved parliamentary ceiling of 2,041,412,000 vatu, around 25 per cent of Vanuatu's national recurrent budget.⁵⁶

Expenditure is also increasing on a per capita basis, from around 5,600 vatu in 1996 to 9,700 vatu per head in 2001. However, given that around 50 per cent of the population is in the school age cohort, however, this amount is unlikely to be sufficient to fund the existing education structure or reform the education system.

Extending basic education has huge resource implications. In addition to funding the planned improvements to the education system, the government will need to prepare for a large increase in the number of primary school students (an extra 17,600 students by 2010), an increase in trained primary school teachers (996 teachers by 2010), extra recurrent teacher salaries (639.7 million vatu), as well as new buildings and maintenance.⁵⁷ This is in addition to any attempt to provide free universal basic education.

The education sector is fairly dependent upon ODA. Total projected aid figures for 2004 account for just over a third of the recurrent education budget.

3.2.8 Progress Towards the Targets

- **Access to primary education** remains fairly high in Vanuatu. However, around 10 per cent of children are not enrolled in primary school, and there are concerns surrounding the actual number of children who attend classes regularly until the end of primary school. The biggest obstacle for families is finding the cash to pay for school fees. Serious concerns are held regarding the quality

⁵⁵ Gambetta, J. (2004)

⁵⁶ Republic of Vanuatu (1999:20-1); Whippy, J. (2004:115-6).

⁵⁷ UNDP (1998:44).

of education received by children and the high push-out rates after primary school resulting from woefully insufficient secondary school places.

- **Gender disparity** does not appear to be a big problem, especially at the primary level. Still, female representation in schools is less than in the national population. Girls' participation at the senior levels is below that for boys and should be addressed.
- **Early childhood development** is not widespread throughout Vanuatu, with only 50 per cent of preschool-aged children actually attending preschool. Vanuatu has a weak early childhood development sector, characterised by limited support and resources from the MOE and a reliance on an insufficiently funded NGO and other donors. Considerably more effort is required to further develop preschool education.

3.2.9 Possible Responses by UNICEF

Expansion of the *Child Friendly Schools* model should continue to be encouraged, possibly in another province to increase the number of regions exposed to the ideas of the program. Perhaps UNICEF national committees could be asked to submit project proposals to donors to fund expansion. An examination on the changes in knowledge, attitudes and practices of families whose children attend one of the pilot schools in Tafea would be instructive for IEC efforts and schools in other provinces.

Results from a *MICS* would supplement MOE data on enrolment and literacy rates, and contribute to resource distribution planning.

Increase the level of support offered to PSABV for the training of preschool teachers, renovation of urban preschool buildings and supplies. Community awareness activities on the benefits of early childhood development, such as on National Children's Days or radio spots could be helpful in encouraging more families to send their children to preschool.

3.3 Vulnerable Children and Women

Protection is a universal imperative and the right of every child. Children are particularly vulnerable to violence, abuse, neglect and exploitation. Their survival is a risk and their full development compromised.

- **Article 19 of the CRC** states that governments must take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical and mental violence, injury or abuse, neglect, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other carer.
- **UNICEF recognises child protection as priority area:**
 - Protect every child so that all children can grow up free from violence, exploitation, abuse and discrimination.

3.3.1 Incidence of Abuse

There is a very real need for international agencies to focus on child protection and help prevent abuse against children and women. Judged against universal standards for human and child rights, it appears there is widespread abuse of children and women in Vanuatu.

Recent studies suggest that physical violence against children and women is commonplace in Vanuatu households. Hitting children aged 2-14 years is considered to be a commonplace method to discipline children and promote obedient and respectful behaviour. Fathers are thought to be more likely to physically abuse children. Parents also allow children to be punished by extended family members and others in positions of authority such as teachers, police and village leaders, so that children are afraid to misbehave again - if children are afraid, then they are more likely to behave appropriately in the presence of adults, and therefore show respect.⁵⁸

Many women suffer from domestic violence within their households. There is apparently a high incidence of women being slapped or punched by their husbands, or hit with sticks or iron bars. Violence, and the fear of violence, is profoundly disabling to women. Many do not seek assistance at police stations or women's crisis centres for fear of retribution.⁵⁹

Research by NGOs suggests sexual abuse and incest are common. Public discussion of sexual abuse tends to be *tabu* and information is not readily available. However, a child protection survey conducted in 2003 found 84 per cent of respondents felt that "sexual abuse is a big problem in Vanuatu". Two-thirds of respondents also agreed that "children are most often abused by someone they know and trust", as in most parts of the world. Female children from a previous relationship or adopted children are likely to be most at risk of incest. Traditional adoption of children is common and is linked to the abuse of children, in particular girls by their stepfather or grandfather.⁶⁰

Neglect of children, such as not feeding or caring children properly, or not sending them to school (often due to prohibitive school fees) is apparently common. The risk of neglect is thought to be higher for adopted and stepchildren, who are more likely to be ignored, not fed properly, or made to work unfairly.

3.3.2 Means of Protection

The extended family often acts as a measure of protection to women and children. Extreme forms of violence and sexual abuse are not tolerated and social castigation will often be enough to prevent an incident from taking place, or ensure it does not occur again. This is the situation in many communities in Vanuatu. However, victims may also feel shame after being abused, and unwilling to talk about their problem or take action.

⁵⁸ *Pacific Children's Program* (2003:54); *Hughes, D.* (2002:47)

⁵⁹ *Tahi, M.* (2004), interview; *Vanuatu Women's Centre brochure.*

⁶⁰ *Pacific Children's Program* (2003:35,56); *Hughes, D.* (2002:34,68); *Wan Smol Bag Theatre* (2004:23).

There are very few services for victims of abuse, particularly beyond provincial centres. Vanuatu does not have a Ministry responsible for social welfare or child protection.

Options available to victims of abuse are:

- Making a complaint to the police and following the matter through the law courts
- Approaching the village chief for resolution under custom law
- Approaching religious leaders for advice and mediation
- Women may seek assistance from women's crisis centres

The Police and State Judicial System

A study of child sexual abuse found that 43 per cent of known cases were solved by the police and judicial system.⁶¹

The involvement of police and the state law courts in settling disputes or investigating reported crimes is limited by the sparse geographic distribution of police stations, posts and courts. In rural areas, police presence is frequently nonexistent. Offences committed in urban centres, especially Port Vila and Luganville, are more likely to be dealt with by the police and law court system.

The principle pieces of legislation relating child justice are the Constitution, the Penal Code and the Penal Code (Amendment) Act No.17 of 2003. A number of changes in the Penal Code Amendment actually bring the legislation in line with the articles of the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography.

In 2002, a civil procedure rule was inserted into the Courts Act that stated "a person may file a claim for a domestic violence protection order against another member of the person's family". Domestic violence is defined as actual or threatened physical violence or abuse by a man, woman or child of a family to another man, woman or child of the family. The domestic violence order may be of three types:

1. Exclusive occupation order: requiring the defendant to leave the shared residence and not to return except under the conditions stated in the order;
2. Non-molestation order: prohibits the defendant from contacting the claimant or disturbing the claimant in any way; and
3. Non-violence order: prohibits the defendant from using, or threatening to use, force against the claimant or a child of the family on whose behalf the claim was made.

The domestic violence protection order are valid for 14 days, but can be extended for up to 6 months. If violated, the defendant risks arrest and jail.

The Bill for the Family Protection Act has been submitted to, and rejected by, Parliament three times since 1999. The Bill aims to preserve and promote harmonious domestic relationships. Men and

⁶¹ *Wan Smol Bag Theatre (2004:23)*

women are given equal treatment under the Bill. Domestic violence orders may be obtained by the victims of domestic violence and provision is made to punish those who commit domestic violence. Parliament cites “insufficient consultation with the community” as grounds for rejection.

Kastom Law

Kastom courts adjudicate on customary law, or *kastom*, primarily at village level. They are presided over by chiefs, and deal with a wide range of serious and minor offences. Research indicates that *kastom* law is felt by many to restore peace and promote reconciliation, the process is faster than the state courts and penalties less severe. The majority of cases end in fines, with money or a combination of money and *kastom* valuables (mats, kava, fowl, etc.) being the most common payments. Some offenders are made to carry out some form of community service. Other family members, the church and wider community are sometimes involved in settling disputes under *kastom* law. Once a fine is paid and reconciliation takes place, the matter is closed. Treatment of women and girls in *kastom* courts has been questioned. Many *kastom* hearings take place in the village *nakamal*, access to which is usually denied to females.

A person suspected of a crime is usually assumed to be guilty unless he or she can prove his or her innocence under *kastom* law.⁶²

Mediation by Religious Leaders

With Christian churches such a dominant force in ni-Vanuatu life, pastors are respected community leaders. Women and children may feel more at ease discussing issues of abuse and seeking assistance within the confines of the Church rather than through possibly more intimidating channels such as the police station or approaching the village chief. Pastors are often in a good position to negotiate with men perpetrating domestic violence and other forms of abuse, and to mediate between members of a family.⁶³

Women’s Crisis Centres

The Vanuatu Women’s Centre (VWC) is located in Port Vila and offers counselling and assistance to women and children who are victims of abuse. The VWC actively participates in raising community awareness on the issues of domestic violence and women’s and child rights through training workshops, radio spots and through the distribution of IEC materials. The VWC also has a branch in Luganville, Santo.

3.3.3 Juvenile Justice

Juvenile laws mostly non-existent and juveniles are often inappropriately dealt with. If a juvenile is apprehended, he or she is detained, cautioned, subjected to questioning, arrested and then taken into custody if it is a serious offence. If an accused is taken into custody, he or she is to appear before a judge within 24 hours. Parents should be contacted before questioning begins. There are concerns over

⁶² *Malvatumauri National Council of Chiefs, personal communication, August 2004.*

⁶³ *personal communication, January 2005.*

practical aspects of contacting parents or legal guardians who do not have a telephone or who are on another island.

The Criminal Procedure Code [CAP 136] details procedures for the arrest and trial of criminal suspects, including the presumption of innocence. No reference is made of special measures applicable to children. There is a need for a monitoring and complaints system to be put in place to handle the improper use of promises, threat, force or intimidation by police, particularly in a culture where physical punishment is generally accepted by society, and where there is a reluctance by young people to speak out against authority.

Pre-trial diversion processes are informal, and tend to rely on the decision made by the police whether or not the case should be handled by the chief or courts. There are no established guidelines to assist in determining whether a case is suitable for diversion.

3.3.4 Birth Registration

As a State Party to the CRC, Vanuatu must ensure that every child is registered immediately after birth, as per Article 6.

All children need to be registered at birth to ensure they have the right to a name, to citizenship and to an identity. However, birth registration is not compulsory in Vanuatu. The National Children's Committee with UNICEF support is campaigning to encourage birth registration and promote awareness of every child's right to a legally recognised name and identity.

3.3.5 Disabled Children and Women

Article 23 of the CRC states that governments must recognise that a disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Governments must also recognise the right of the disabled child to special care and access to education, health care, rehabilitation services and recreation, amongst others.

Disability covers a broad range of physical, mental, sensory and emotional or learning difficulties, the degrees of which vary enormously.

The number of women and children living with a disability in Vanuatu is not known. The Vanuatu Society for Disabled People (VSDP) receives 700-800 new client referrals a year, but estimates this may be only 20-30 per cent of the total number of people with disabilities.

While disabled people may be subject to teasing and their families sometimes experience shame and embarrassment, research indicates children with disabilities are generally accepted in communities. Many people presume a child with a physical disability automatically has learning difficulties.⁶⁴

⁶⁴ Sese, E. *personal communication, August 2004.*

VSDP has collected baseline information on the incidence and type of disabilities in Tanna. Reports indicate that awareness of the rights of children with disabilities is increasing, especially in Tanna, where a VSDP has a permanent disability field worker based. VSDP has also been conducting disability awareness workshops in the outer islands. Chiefs have generally been very supportive.

Some organisations working on child protection issues report children with disabilities are more at risk of abuse, whether physical, emotional or sexual abuse, and neglect. Disabled women are particularly vulnerable to sexual violence.

It is estimated that only 13 per cent of disabled school-aged children attend school. The MOE has also installed a Special Education Officer to develop policy on children with special needs in the education system. The Ministry plans to target education places and funds for children with learning disabilities by mid-2005, with a school in the two main urban centres of Port Vila and Luganville to be adapted for disabled children. The Ministry also hopes to commence special education teacher training by 2006.

At present, there are no specialist services available to assist disabled people or their carers. Vanuatu's National Council of Ministers agreed to establish a Disability Desk within the Prime Minister's office to develop a Disability Policy in 2004.

The national government assists VSDP by providing technical assistance with training programmes. Nurses and education officers participate in training workshops, and the National Statistics Office is assisting with data collection. The general level of awareness within the government of the needs and rights of disabled children is growing as a result.

3.3.6 Underlying Causes

The causes of child abuse and domestic violence are complex and culturally woven in the status of women and men, *kastom* and substance abuse of alcohol and kava, amongst others.

Influences on Protection at the Local Level

Kastom has a big impact on the social and gender roles of the traditional ni-Vanuatu household. The power relations in a family, particularly those between husband and wife are inequitable. There is a strict division of responsibility and privilege between men and women, with men considered to be inherently superior. Traditionally, a woman's role centres on supporting her husband, maintaining the household, looking after children, tending the family's garden and animals. She is not involved in any decision-making related to the home or community. Arranged marriages are common. If the husband has paid a "bride price" for his wife, the power balance is tipped further in favour of the man as he feels he owns his wife.

The authority of parents is always paramount and children must respect and abide by the wishes of their elders. Children remain under the authority of their parents until marriage, and thereafter to their husbands/wives.⁶⁵

⁶⁵ *Malvatumauroi National Council of Chiefs, personal communication, August 2004.*

Domestic violence and child abuse are embedded in the gender and power relations that underpin the low status of ni-Vanuatu women and children. The most dangerous place for women and children, particularly girls, can be in the home. What should be a safe refuge from violence is also the place hidden from the public eye, and the sphere where the law usually does not intervene in men's rights to use and abuse what they consider to be their property. Some cases of domestic violence and sexual abuse are reported, but most are not due to fear, shame and ignorance of rights.

Progress in reducing the level of violence in households is hampered by a general lack of understanding in the community of women's and children's rights. Traditional norms are threatened by "Western" ideas of such as equality for women and the right of children to be heard. Under *kastom* law, everyone is **not** equal. There are no direct translations for "rights" or "freedoms" in most local vernaculars in Vanuatu. "Rights and freedoms are a stumbling block to peace [in Vanuatu communities]". *Kastom* holds that people are never free, but are always answerable to husbands and chiefs, if female, or to the chief, if male.⁶⁶

Much work is being performed by NGOs to counter common perceptions of the irrelevance of children's and women's rights as articulated by the CRC and CEDAW.

Save the Children Australia (SCF-A) has been implementing two projects: a Child Rights Project and a Child Protection Project. The Child Rights Project reports a low level of awareness of child rights activities across the country. It has also produced IEC materials to disseminate and joined up with another NGO, Wan Smol Bag theatre group, to develop plays and radio spots on child rights. The Child Rights Project has convened a Children's Reference Group to formally introduce the concept of child participation, discuss child rights amongst youths from Port Vila and to provide input into a longer term Child Rights project (yet to be funded).

The Child Protection Project is part of the regional Pacific Children's Program (PCP). The program has conducted a baseline study on knowledge, attitudes, behaviours and practices on child protection in Vanuatu, from which most available data on the subject originates. The Child Protection Project also runs an awareness program on child protection with the MOE, which has employed a Child Protection Officer. The Project conducts workshops within communities to discuss the following five key messages:

1. Child protection is everyone's responsibility
2. Causes of child abuse
3. Fathers and mothers are key players in child safety and protection
4. Child abuse and neglect are not restricted to the family
5. Children are best protected from child abuse and neglect by stopping it before it begins

The Project follows a "strength-based" approach that highlights positive cultural practices, whilst facilitating awareness of those that deny children their rights. This is felt to be a lot less threatening to established norms and values. Consequently, parents, community elders and chiefs have shown strong support for the workshops.

⁶⁶ *Ibid.*

Although a fairly new concept, child protection is on the way to becoming well-accepted in Vanuatu. Studies suggest there is overwhelming agreement on the responsibility of the community in the protection of children. Many safe and effective methods of discipline are used, and there are positive stories about non-violent parenting and reformed behaviour. Experience has shown successful awareness programmes are framed appropriately for both *kastom* and Christian contexts.⁶⁷

National Provision of Protection

Article 26 of the CRC states that governments shall recognise the right for every child to benefit from social security. However, there is very little in the way of government-funded safety nets for abused children or women. Vanuatu does not have a Ministry responsible for social welfare or child protection, although the Department of Women's Affairs is notionally charged with ensuring women benefit from development processes.

Vanuatu ratified the CRC and CEDAW in 1992 and 1995, respectively. Vanuatu's Second Report to the Committee on the Rights of the Child and Initial Report to the Committee on the Elimination of Discrimination Against Women were drafted in 2004. Ratification of international conventions means more than simply writing up reports of development progress. It also obliges Vanuatu to enact specific legislation to bring in the rights of children and women and make concrete steps to improve their status and well-being. To date no legislation dealing specifically with children's rights has been enacted.

In its response to Vanuatu's Initial Report to the Committee on the Rights of the Child, the Committee noted a large number of serious concerns regarding Vanuatu's progress in implementing the CRC, including:

- that domestic legislation and customary law do not fully reflect the provisions of the CRC;
- the lack of a national Children's Office, or support for a National Children's Committee (this has since been actioned);
- the lack of budgetary support for the *National Programme of Action for Children (1993-2000)*;
- the lack of a comprehensive system of data collection to monitor and evaluate progress;
- insufficient attention paid to allocating budgetary resources in favour of children;
- the low level of community awareness about the CRC;
- disparities in the legal definition of the child in legislation;
- concern that traditional practices and attitudes still limit the full implementation of the CRC;
- insufficient efforts made to protect vulnerable children from domestic violence and ill-treatment;
- insufficient efforts made to protect the rights of children with disabilities;
- the limited availability of adolescent health programmes and services;

⁶⁷ *Pacific Children's Program (2003:82-5); Hughes, D. (2002:29).*

- that primary education is not free and compulsory, and the disparities in access to and quality of education;
- the need to reform juvenile justice processes in accordance with international standards.

National Children's Committee

A National Children's Committee (NCC) was established in 2001 to oversee policy development and implementation of the CRC. The membership of the NCC is comprised of representatives from NGOs, government departments and the Malvatumauri National Council of Chiefs. At present, members are volunteers and employed in other capacities on a full-time basis. The NCC does not have established offices or a budgetary allocation. Currently, the Chair of the NCC is attached to the Department of Economic and Sector Planning (DESP). The primary responsibility of the NCC is to organise National Children's Day each year on 24 July. The NCC took primary carriage for the drafting of the Second Report to the Committee on the Rights of the Child and updating Vanuatu's National Programme of Action for Children in 2004.

Vanuatu National Council of Women

The Vanuatu National Council of Women (VNCW) is an umbrella organisation for all women's groups and clubs in Vanuatu. It is a lobby group for women, and has a strong network, operating through villages clubs, area councils and island councils.

The goal of the VNCW is to ensure that women are recognised as partners and beneficiaries in the development process. It aims to ensure that differences, such as in education and job opportunities, between rural and urban women are reduced.

3.3.7 Priority Needs

- The NCC must be strengthened. The national government should be persuaded to allocate resources for a full-time Children's Secretariat. Greater discussion between the NCC and the Malvatumauri National Council of Chiefs could be facilitated in order to increase understanding of the fundamental rights of children and women throughout communities in Vanuatu.
- More data needs to be collected on the status of children. The NCC should liaise with the MDG Taskforce and National Statistics Office to collect and compile data on child-related indicators
- Legal instruments need to be strengthened to protect children. Parliament should be advocated to adopt the Family Protection Bill and to ratify the optional protocols to the CRC. All relevant legislation should be reviewed and amended to standardise all provisions and ensure they conform with the CRC.
- Birth registration needs to become compulsory to ensure all children have the right to citizenship and an identity.
- Gender balance in development requires more than just the Department of Women's Affairs and VNCW lobbying for the recognition of women's rights. Long term advocacy activities in the community are required to sensitively challenge traditional perceptions of women's and men's roles in society.

- NGOs supporting people living with disabilities, such as VSDP, need support to collect baseline data on the number of disabled children and women. Rehabilitation and support services ideally should be owned by the government, or at least allocated resources.
- Awareness of child protection issues needs to be increased, possibly through NGOs providing child counselling and support services to increase coverage throughout the provinces; and through advocating the Malvatumauri National Council of Chiefs to support child protection issues using a “strength-based” approach.

3.3.8 Possible Responses by UNICEF

Continue supporting the NCC to promote birth registration and fulfil Vanuatu’s reporting obligations under the CRC. The NCC could be encouraged to become a stronger advocate for children in parliament and other government policy setting forums. UNICEF should take advantage of Vanuatu’s planned submission of the Second Report to the Committee of the Rights of the Child to press for further resources for the NCC and the establishment of a Children’s Secretariat in the Prime Minister’s office.

UNICEF is well placed to support NGOs working with communities to raise awareness of women’s and children’s rights and to provide counselling or other services for abused women and children.

Assist disabled children through continued support for training of VSDP field workers, for example. VSDP also requires assistance to collect baseline data on the incidence of people living with a disability throughout Vanuatu.

3.4 Emergencies

Vanuatu is rated as the highest disaster prone country in the South Pacific. The country’s geographical location is vulnerable to cyclones, earthquakes, tsunamis and volcanic eruptions.

Every year Vanuatu is hit by at least one cyclone that causes damage to communities, the landscape, the economy and social services. Any given location in Vanuatu is believed to be devastated by a cyclone every 30 years or so, and receives some damage every year from wind and rain.

Vanuatu is on the edge of the Pacific tectonic plate, which is being forced up and over the Indo-Australian plate. This action causes frequent earthquakes and volcanic eruptions. Earthquakes in 1994 and 2002 rated over seven on the Richter scale and caused extensive damage. Another in 1999 created a tsunami that destroyed low lying coastal villages.

Vanuatu has nine active volcanoes, seven on land and two under the sea. Active volcanoes are found in all but one province. Many communities are at risk of volcanic ash fall, acid rain, lava flow, sulphuric gas and mud flows stemming from volcanic eruptions. At the time of writing (February 2005), the national government had declared West Ambrym a disaster area following volcanic eruptions and acid rain which caused damage to food crops and housing. Local communities were in the process of being evacuated and were expected to need food aid for at least four months.

Since 1998, the following natural disasters have occurred:

1999	Cyclones Dani, Ella and Frank; Penama earthquake; Paama landslides
2000	Cyclones Iris and Jojo
2001	Cyclones Paula and Sose; Lopevi volcanic eruption
2002	Cyclone Zoe; Efate earthquake
2003	Cyclone Beni; Lopevi volcanic eruption
2004	Cyclone Ivy
2005	Cyclone Kerry; Santo earthquake; Ambrym volcanic eruption

In February 2004 Cyclone Ivy passed directly over every island from Penama Province in the north to Tafea Province in the south, bringing winds gusting over 180km/hour and pelting rain that destroyed around 11,000 homes and made one quarter of the national population homeless. Cyclone Ivy almost completely destroyed cash crops, particularly cocoa, kava and coconut. Trees were stripped bare of leaves and many communities only had food stocks for three weeks.

Assessment of the damage:

- over 95 per cent of affected islands reported damage to water storage facilities, water sources and systems
- more than 70 per cent of affected islands reported road blockages caused by mud slides and fallen trees or debris
- health centres and medical supplies were damaged in half of affected localities
- over 120 schools (affecting more than 2,500 students) and 17 rural training centres reported damage to classrooms and outdoor areas. Some primary schools were completely destroyed on Ambrym, Paama and Malekula

3.4.1 The Costs of Natural Disasters

Natural emergencies can wipe out gains made by development. Cyclones and earthquakes destroy private homes and social services infrastructure, interrupt production and trade, and deplete public and private savings. At the local level, disasters can seriously impact on household livelihoods and push already vulnerable groups into poverty.

The impact of natural disasters are conventionally categorised as follows:

Direct costs: physical damage, including that to productive capital and stocks (eg. crops and factories); to economic infrastructure (eg. roads and electricity supplies); to social infrastructure (eg. homes, health centres and schools); and death or injury eroding social capital and household income-earning potential.

Indirect costs: disruption to the flow of goods and services, such as lower output from damaged or destroyed assets and the loss of earning as income-generating opportunities are disrupted. The disruption of the provision of basic services, such as telecommunications and water supply can have far-reaching implications. Indirect costs also include the costs of medical expenses and lost productivity arising from the increased incidence of disease, injury or death. However, indirect costs are partially offset by rehabilitation and reconstruction efforts.

Secondary effects: short- and long-term impacts of a disaster on the over economy and socio-economic conditions, such as fiscal and monetary performance, levels of household and national debt, the incidence and scale of poverty and the effects of restructuring elements of the economy or workforce.⁶⁸

3.4.2 Main Issues

Local Level Impacts

Meeting the MDG targets is challenged by losses caused by natural emergencies. The isolation and terrain of many islands magnifies the devastating impact natural disasters can have on the livelihoods of remote communities. Isolation limits choices for coping strategies and may increase vulnerability to disease, malnutrition and food insecurity after a natural emergency.



⁶⁸ UNDP (2004:12). "Reducing Disaster Risk: a challenge for development".

Malaria, dengue and diarrhoeal diseases commonly break out after natural emergencies. Rural houses made from palm fronds are particularly vulnerable to high winds, flooding and landslides, leaving the occupants without shelter. Local health centres may be destroyed and people must look further afield for assistance. Crop failure or devastation contributes to hunger that reduces children's resistance to infection.

Local communities in Vanuatu are remarkably resilient to natural disasters, and are able to survive without external assistance. Despite the devastation to physical assets during Cyclone Ivy, reports indicate only two people died and eight were injured, one seriously. Most people took refuge in caves or community buildings made from concrete. Families quickly rebuilt their houses with *natangura* (palm fronds).

Even so, recovery can take years and is impeded by the many, mostly unrecorded, localised natural emergencies that take place on a frequent basis. Cumulatively, these minor disasters are probably a greater impediment to sustainable development than the dramatic major calamities that affect large parts of the country periodically.⁶⁹

Communities are not necessarily aware of disaster preparedness or mitigation techniques. Many villages only establish ad hoc "disaster committees" in the wake of an emergency. World Vision is currently running a training program to teach community leaders how to prepare for natural emergencies: for example, encouraging the identification of vulnerable households who may require early assistance and developing evacuation plans.

National Level Response

Disasters in Vanuatu may be dealt with under the provision of the National Disaster Act, the National Disaster Management Plan or the Cyclone Support Plan. The National Disaster Management Office (NDMO), reporting to the Minister of Internal Affairs, is mandated to develop strategies for prepare and respond to emergencies. However, it is only a coordinating agency with limited resources and needs the help of other government departments, provinces and community leaders to work together to ensure that disaster response is coordinated properly.

In official government documents, emergencies tend to be viewed as extra-ordinary events, an adjunct to general development planning. The NMDO is involved only during the short-term response to emergencies. Longer term recovery and reconstruction is the responsibility of DESP in the Ministry of Finance. In a country subject to the frequent occurrence of natural disasters, it would seem useful for the NMDO to have input into the ongoing development process and mainstream disaster risk management.

⁶⁹ *United Nations (2002a:48).*



Disaster risk policy is sometimes hampered by disjointed and uncoordinated policy making. A key problem caused by inadequate governance is the opportunity it allows for corruption in the state and non-governmental sectors through a lack of transparency. Media reports suggest transparency was lacking the distribution of emergency supplies after Cyclone Ivy.

Vanuatu has a high reliance on donors in times of natural emergencies. Immediately after Cyclone Ivy, the national and provincial governments had allocated around 7,000,000 vatu (US\$ 66,200) to the emergency response.⁷⁰ This was completely inadequate when compared to an estimated 12,000,000 vatu needed for emergency repairs to health centres alone.⁷¹

The FRANZ partnership (made up of France, Australia and New Zealand), French Polynesia, UN organisations (WHO, UNICEF, UNDAC), the Pacific Forum Secretariat, the Red Cross and the ADRA made up the bulk of resources committed to the Cyclone Ivy emergency.

Following Cyclone Ivy, UNDAC identified five issues to improve national capability to cope with disaster and improve resilience within the outer island communities:

1. A disaster plan to cover preparedness response relief and recovery
2. Preparedness and self reliance at all levels through the community
3. Support of public awareness and education
4. Optimise resource use to cope with disasters
5. Well established disaster assessment and evaluation processes

⁷⁰ The final figure allocated by the governments was expected to be higher, but not available at the time of writing.

⁷¹ Republic of Vanuatu (2004).

3.4.3 Priority Needs

- The capacity of the NDMO needs to be strengthened in the areas of disaster mitigation and preparedness. The “Developing a National Capability for Emergencies” project identified by UNDAC and the NDMO may be appropriate.
- Disaster risk management needs to be mainstreamed with development policy. The PAA specifies several objectives to integrate disaster risk management into development planning processes, although the degree to which this has occurred is not known.
- Communities need to be supported to plan for natural disasters and mitigate their devastating effects. Roles and responsibilities should be determined and understood beforehand to minimise risk.

3.4.4 Possible Responses by UNICEF

The immediate response to Cyclone Ivy was hampered by insufficient quantities on hand of emergency relief supplies. Given the high probability of natural disasters affecting Vanuatu on a regular basis, consideration could be given to maintaining a supply of stocks in Port Vila and Luganville. In July 2005, UNICEF provided Health Kits (13), School in the Box (5), Recreational Kits (3) tarpaulins, and water purification tablets.

UNICEF should advocate to the Minister for Internal Affairs to increase the resources available to the NDMO. UNICEF could also consider contributing to the financing of capacity building efforts by the NDMO such as the “Developing a National Capability for Emergencies” project or similar.

UNICEF might investigate how the World Vision model for disaster mitigation at the community level could be transferred to other provinces.

P A R T **4**

**BROADER COURSES OF ACTION
TO ADDRESS THE ISSUES**

4.1 Who is Responsible to Act?

Responsibility for sustainable development and progress towards the fulfilment of children's and women's rights ultimately belongs to the people of Vanuatu. Elected leaders, public administrators and community groups mobilise and prioritise the use of resources. Child-centred development is influenced by the following key stakeholders:

- Parliamentary Executive and Members of Parliament
- Council of Chiefs
- Public Administration
- Donors
- NGOs
- Communities

4.2 What Are Their Capabilities?

Parliamentary Executive and Members of Parliament

In most cases, the Parliamentary Executive have a strong senior bureaucracy who provide the capacity to make considered decisions regarding the development of Vanuatu. However, the decline of major political parties since the early 1990s has seen governments increasingly dependent on the support of independents and smaller parties to retain a ruling majority. Fragile coalitions have become the norm which has contributed to short-lived governments and political instability. Consequently, decision-making is often influenced by the short-term desire to remain in office. During 2004, Vanuatu had three Presidents, three governments, two motions of confidence and one snap election. Resources are frequently used by MPs to retain or win sufficient numbers for government, and political expediency takes precedence over long-term development goals.

Corruption and kick-backs exist within the system, leading to waste and misuse of already limited resources. Vanuatu's dependence on donors is beneficial in that donors increasingly link ongoing support with financial transparency and identified outputs, often to the frustration of some parliamentarians, resulting in allegations of "interference in domestic affairs" and "boomerang aid".

Together, the CRP and PAA offer a positive and strategic framework on which to base development efforts in Vanuatu and progress in some areas is taking place. However, the plans and priorities of Ministries are ambitious and, in many cases, will remain out of reach of the government's capabilities unless determined efforts are made. For example, rhetoric espoused on child protection and rights has not been followed through at all in recent years. However, progress is slowly being made in the area of women's rights, and after years of inactivity, the (female) Minister for the Comprehensive Reform Program is presenting Vanuatu's Initial Report to the United Nations this year.

Council of Chiefs

The Malvatumauri National Council of Chiefs is the representative body of traditional and *kastom* governance structures in Vanuatu. Chiefs are very important decision-makers at the community level. However, this power is diluted at the national level since the National Council of Chiefs has no legislative power or control over national monetary resources. It is primarily an advisory body that “is frequently marginalised and sidelined by the government”.⁷²

Nevertheless, the Council of Chiefs can be a strong ally for development. It has an extensive network throughout Vanuatu that reaches into the smallest of communities. The Council is enthusiastic and keen to see ni-Vanuatu benefit from improved health, education and general standards of living. “Everyone must answer to their chief”⁷³, and while this may not always be the case, particularly in urban areas where traditional lines of responsibility are blurred, the Council can use its significant connections and leverage to influence decision-makers.

Public Administration

In general, public servants are dedicated and work for minimal wages. Many have additional responsibilities they perform on a voluntary basis outside normal duties, such as the National Children’s Committee. Progress on issues of child-focused development and the fulfilment of rights which tend to be extraneous to the immediate priorities of political leaders is often dependent on public servants.

However, Vanuatu’s bureaucracy is also characterised by inefficient staff structures, insufficient training (particularly in the health and education sectors), slow response times, duplication, inadequate reporting mechanisms and limited resources. Public service reform is a key component of the CRP and PAA and is being supported by donors, particularly Australia. In recent years, Director-General positions have been established and filled, providing continuity and leadership in times of political instability.

The focus of the public administration is primarily at the national level. Consequently, projects tend to be of a large scale structural nature that follow a “top-down” approach where the benefits do not always “trickle down” to the community level. Provincial governments are delegated regional responsibility. Decentralisation of public resources and planning is a concept introduced by the CRP and is yet to become effective.

Donors

Donor assistance is crucial to Vanuatu’s development. Donors have funded the public reform program and large structural projects in the health, education, finance and legal sectors.

Australia, France and New Zealand have significant bilateral programs; the European Union is also a major donor. Of the international organisations, only UNICEF and WHO will have expatriate-based offices in Vanuatu after 2005. The ADB and ESCAP are relocating to Fiji. Other UN organisations such as UNDP, ILO, UNIFEM, UNFPA and FAO administer programs from Fiji or further away.

⁷² Garu, S. & Tahii, P. (2004), *personal communication*.

⁷³ *Ibid.*

There is a clear lack of national ownership by government counterparts of many donor-funded programs. Program planning, while usually conducted with government input, has been accused by some political and community leaders as reflecting the priorities of the donor rather than Vanuatu. This is not fair criticism, however, since most donors refer to the country priorities articulated in the CRP and PAA. Nevertheless, more consideration needs to be given to ownership issues and their impact on the success of development programs.

In interviews for this report, donors were criticised for poor coordination and duplication of efforts. Public servants are stretched by the demands of donors: progress reports, strategic plan development, committees and training all take time away from their primary responsibilities. The PAA meeting in 2003 is the most recent attempt to coordinate programs and areas of focus. More effective mechanisms need to be developed to harmonise activities.

Some donor projects were also criticised for inappropriate targeting and design. Apparently, not enough community consultation takes place, and community roles and expectations are not clearly defined. Sometimes project personnel do not fully understand the concepts, for example, with regards to child rights. Ownership, motivation and participation are therefore low and activities frequently peter out before results become obvious.

NGOs

NGOs are the main agents for change and are responsible for much of the activity that has taken place in recent years in the areas of child-centred development. NGOs focus on the issues that are not government priorities, such as the protection of women and children, disabled people, preschools, community development, small-scale income generation, reproductive health issues and youth.

Vanuatu's NGO community is skilful and dedicated. NGOs have been instrumental in supporting the National Children's Committee, raising awareness in communities on the issues of child rights and protection, establishing women's crisis centres, advocating for a disability desk in the Prime Minister's office, supporting the development of the Initial CEDAW report, training school drop outs in life-skills and establishing drop-in centres for urban youths, amongst others.

Vanuatu's NGOs tend to be desperately short of funds. Donor funding is usually limited to those NGOs who can write strong project proposals or who are effective lobbyists. Limited skills in proposal submission techniques is frequently cited as a key obstacle to obtaining funds.

Communities

Kastom is important to most communities, particularly in rural areas, and traditional gender roles are well entrenched. Attitudes are slowly changing, and awareness of child rights issues, for example, is being accepted throughout villages in Vanuatu, often through schools and the work performed by NGOs.

At the local level, the most successful projects tend to be those which have been thought of and developed by the community groups themselves. Immediate issues facing communities include: difficulties in transportation and access to markets; income generation to pay for kerosene and soap; access to health and education facilities and the means by which to pay for them. Projects designed to help communities solve these issues must be developed using participatory techniques and be simple in scope. Projects run the risk of failing if the villagers cannot understand the logic, have excessively high expectations or do not have complete ownership of the activity.⁷⁴ Chiefs and village leaders such as pastors are also instrumental to the success of interventions.

4.3 What can UNICEF Do?

In Vanuatu, UNICEF implements a small set of well-targeted interventions designed to promote child-centred development. UNICEF activities in Vanuatu are aligned with the organisation's medium term priorities and the MDGs, focusing on child health and preventative care to reduce child mortality, universal access to basic education, early childhood development, preventing HIV/AIDS and the promotion of child rights and protection.

UNICEF is making good use of its alliances in Vanuatu: working with bilateral donors such as AusAID to ensure vaccine supplies for EPI; NGOs such as SCF-A in child protection; and WHO in the IMCI program. This represents a strategic use of limited resources and offers the potential for greater impact than that which would have been achieved by isolated projects.

Pilot projects such as Child Friendly Schools and Life Skills training are suitable for scaling-up and being selected by larger donors for further implementation.

UNICEF has significant expertise in relief work worldwide, and could provide further assistance in disaster mitigation to the government and communities.

Vanuatu needs robust baseline data for planning and decision-making. This report, as well as many other reviews and studies, suffers from inconsistent data and significant data gaps on the health and well-being of children and women. Research and planning would be significantly strengthened with results from a MICS.

⁷⁴ Boe, S. (2005), *personal communication*.

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