

Implementation of the SAMOA Pathway and the Mauritius Strategy for the Further Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States survey for the Secretary-General report in 2019

UNICEF Inputs, 7 February 2019

This report is being prepared in accordance with paras 5 and 6 of A/RES/72/307. The report will (i) serve to support the intergovernmental consultations on the Outcome Document of the Mid Term Review of the SAMOA Pathway and (ii) be considered by the UNGA 74. The report will review progress on SAMOA Pathway implementation for the period January 2015 to present.

- 1. Financial Support: Please provide information on annual financial allocation(s)/investment(s) (i) in absolute values and (ii) as a percentage of the total annual budgets for SIDS programme areas, for the period January 2015 to December 2018 or the most relevant period following the onset of the SAMOA Pathway.**

See responses in the Table in Annex 1, no. 1.

- 2. Measuring the Progress/Implementation Status of SAMOA Pathway thematic areas:**

- a. With reference to the assigned areas contained within the UN Implementation Matrix, where relevant or possible, please indicate the percentage achievement of the thematic areas contained within the SAMOA Pathway. Please support your answers with quantitative evidence (progress indicators, delivery rate of programme/project funds, etc.) as appropriate.*

Throughout 2018, UNICEF Sao Tome e Principe strengthened its support to the Ministry of Health (MoH) through a mix of advocacy, technical support and knowledge generation. Following extensive consultation with national counterparts and partners, the Ministry adopted the National Health Development plan and the National Health Policy. UNICEF, WHO and GAVI Alliance jointly supported financially and technically the development and finalization of both documents. UNICEF technical support was critical to ensure that the equity dimension, gender and children's needs were taken into account in these policies. The main innovation included the strengthened decentralization of health services to reach the most vulnerable living in remote areas of the country as a strategy. The National Health Policy also foresees the strengthening of the health data collection and management systems. With the coming into force of said Policy, all health-related data will be available at central level across all different health areas starting 2019. The Policy also gives orientation, in line with the Abuja Commitments, with regard to public financing to the health sector. In 2018, an estimated 8% of GDP has been allocated to the health system. The new policy foresees an increase up to 15% of the GDP.

Another important result achieved by UNICEF **Sao Tome e Principe** in 2018 relates to Government adherence to the Vaccine Independence Initiative (VII). The country's adhesion to the Vaccine Independence Initiative (VII) was achieved in close collaboration with UNICEF Supply Division and UNICEF Regional Office for West and Central Africa (WCARO). The VII Plan was signed and an amount of US\$ 500,000 was approved by UNICEF Comptroller. The next step will be the signature of the MoU between the Government and UNICEF as well as the letter of guarantee expected for early next year.

UNICEF **Sao Tome e Principe** also organized national trainings to strengthen capacities at central and district level in the area of vaccines supply estimates and budgeting, building on its many years of collaboration with the authorities and key partners in this area. As a result of this training, the Ministry of Health is now autonomous in its planning and monitoring of vaccine supply. In 2018, UNICEF procured 22,000 doses of BCG vaccine, 8,879 doses of MR (Measles and Rubella) vaccine, 22,589 doses of Polio (VPO2), 10,240 doses of Td (Diphtheria and Tetanus) and 6,309 doses of HepB (Hepatitis B) corresponding to US\$ 15,580, contributing to prevent potential stock out. UNICEF supported the installment of 38 solar panels for health centers, representing a coverage in solar panels of 100%. The new technology allowed health centers to guarantee the functioning of the cold chain, including during long power cuts which affected the whole country towards the end of 2018.

UNICEF **Sao Tome e Principe** in collaboration with WHO and GAVI, consolidated the introduction of the Human Papilloma Virus (HPV) vaccine in the country to scale up preventive measures among adolescent girls. UNICEF and partners carried out additional two phases of HPV vaccine demonstration, reaching approximately 2,600 10-year-old girls (99% rate). Following the piloting in 2018, the HPV will now be part of the routine immunization starting 2019.

In the thematic area of “health and non-communicable diseases”, UNICEF **Cuba** worked closely with the Provincial Health Department in the Santiago province to implement a social communication strategy to promote safe water consumption and hygiene practices.

UNICEF **Cuba** and the provincial health department trained 1,050 health promoting out of which 48 per cent were women. Families, adolescents, girls and boys of the drought-affected Abel Santamaria community were empowered and became agents of change to promote hygiene and safe drinking water practices. This experience was replicated in two other communities in the Santiago and Havana provinces. The data collected showed increase knowledge on safe water consumption knowledge from 72 per cent of the population showing appropriate knowledge in 2017 to 81 per cent in 2018. Knowledge of handwashing in children and adolescents, with 63 per cent of the total child population having the correct knowledge in 2017 to 81 per cent in 2018. The programme reached a 100% implementation level.

In 2018, UNICEF **Haiti** and its partners achieved the following results in the area of health: 270,000 children were vaccinated against measles. UNICEF contributed to the management of the

cold chain in order to switch to a solar energy system for the conservation of vaccines; approximately 14,000 children received treatment for global acute malnutrition and 43,000 received micronutrient powder.

In the area of Water, Sanitation and Hygiene (WASH), UNICEF Haiti, in collaboration with partners, achieved the following key results in 2018:

- 21,600 people in rural areas have access to an improved source of drinking water;
- More than 19,000 students in 59 schools have access to an improved drinking water, sanitation facilities separated by gender, and equipped with hand washing devices with soap. In addition, five health centers are equipped with sanitation facilities.
- Through the promotion of the CLTS approach, 50 communities were mobilized to claim their status of Open Defecation Free (ODF), and 12 localities were certified ODF. In addition, 16,200 households in 156 localities in the department of Artibonite, Centre and South East committed themselves in the CLTS initiative. To date 9,400 latrines and 2,600 hand washing devices were built. In addition, sensitization on home treatment of water reached 14,000 people in 20 localities in the department of Centre.
- In the response to cholera and seism (october 2018), UNICEF Haiti supported water supply for the benefit of 355,188 people, access to sanitation facilities for 18,550 people, and sensitization of over 122,605 people on hygiene and risks related to lack of hand washing.

b. Please report on any other targets/indicators used by your organization to assess progress on implementation of the SAMOA Pathway? If the SDG goals and targets are used please explain how current progress measures against these indicators/targets?

In **Sao Tome e Principe**, the main indicator is vaccine coverage which thanks to UNICEF support reached more than 90% in 2018.

UNICEF **Cuba** designed and implemented actions to address an extreme drought situation in the province of Santiago through a Joint Programme to Strengthen Resilience of families and vulnerable groups affected by drought. As part of these joint actions, UNICEF Cuba worked with UNDP and WFP to develop a Water Management Chain with articulated results and strengthened local-level partnerships among different actors, capacity strengthening and community participation and empowerment.

8,444 children (4,302 female, 4,142 male), 1,008 young people aged 19-24 (461 female, 547 male) and 165 pregnant women were reached in Cuba, with priority given to children with disabilities, single mothers, families with two or more children and low-income households.

Among the interventions for children in Cuba were the provision of water storage tanks in education institutions and health centres, and the distribution of fresh food in nurseries, boarding and semi-boarding schools. An educational communications campaign, “Always Safe Water” (“Agua Siempre Segura”) promoted hand-washing and the responsible use of water among all community members and helped empower adolescents as agents of

change. Adolescents also received hygiene kits with water containers, water purification tablets, soap and buckets with lids.

UNICEF Pacific’s MCPD and Results Framework 2018-2019 is aligned to global and regional priorities. UNICEF Pacific is directly responsible for reporting under 11 Indicators of the UNPS (UNDAF) results framework and all its 5 main programming areas are aligned to 9 Thematic Areas of the Samoa Pathway.

UNICEF Pacific continued to partner with other UN Agencies in the Pacific and Regional organizations like the Pacific Islands Forum Secretariat to strengthen the monitoring of the SDG indicators, through the Samoa Pathway or UNPS. UNICEF reports on 4 Outcome areas and 11 indicators of the United Nations Pacific Strategy (UNPS), of which 9 are SDG Indicators. The UNICEF Pacific RRF 2018-2022 has 6 Outcome areas, 22 Outputs and 77 Output Indicators, most are Standard Indicators provided by UNICEF Global and some Additional Indicators selected to suit the contexts in the region.

c. If no specific indicators/targets are used by your organization please indicate how your organization measures progress in lieu of targets and indicators?

UNICEF Country Offices use Strategic Plan indicators, the country program indicators and the UNDAF indicators to measure progress, and report them through the Results Assessment Module (RAM), Country Office Annual Reports (COAR).

Progress/Implementation Status in the Pacific

Project/Programme	Thematic Goal addressed		Results
	SAMOA Pathway	SDG/UN PS	
1. Social Policy/Child Policy (Social Protection)	Sustainable, inclusive and equitable economic growth; Social Protection; Gender Equality	SDG: 1,2,3,5,10, 17 UNPS: 5,6, 2	<i>i. More commitments from PICs Governments to strengthen Data and Evidence Generation; Increased prioritization of both monetary and multidimensional poverty measurement:</i> The Multiple Indicator Cluster Surveys(MICS) was adopted by the Pacific Methods Board, which better incorporate children issues, was adopted as a result of strengthened commitment by PICTs to improve evidence generation and better monitor the Sustainable Development Goals. Partners have agreed to support the PICTs in a more coordinated manner on evidence generation for national development priorities and the SDGs. Working in collaboration with the UN Population Fund and Pacific Community, the first survey is underway in Kiribati. Samoa, Tonga, Nauru, Tuvalu and Fiji are expected to conduct MICSs in 2019 and 2020. By the end of 2018, 3 PICs (Tonga, Tuvalu and Solomon Is) have both monetary and multidimensional poverty measures

		<p>in their national surveys, enabling detailed analysis to inform poverty eradication efforts. UNICEF supported the delivery of the training on the collection of multidimensional poverty measurement data as part of their HIESs. This training was followed by an introductory workshop in 2017, supported by UNICEF in partnership with Bristol University that provided hands-on skills training on consensual poverty modules. Efforts are under way to ensure disaggregated data is regularly available since disaggregation of data by age has not been consistent enough to identify prevalence of poverty among children. As a member of the Pacific Statistics Methods Board and Pacific Statistics Standing Committee, UNICEF contributes to the production of guidance notes to help countries identify appropriate national multidimensional poverty measures. The evidence will support efforts towards sustainable, inclusive and equitable economic growth.</p> <p>➤ <i>Indicator – Level of use of child poverty measures data to plan, monitor, evaluate social protection policies, programmes and budgeting for children 0- No measurement or use 1- Measurement 2- Measurement and use</i></p> <ul style="list-style-type: none"> - Target :4 (Cook Is, Solomon Is, Tonga and Tuvalu) - Baseline: 2017(0) - Progress: 2018 (3) - Tonga, Solomon Islands and Tuvalu have produced recent estimates on both multidimensional and monetary poverty. Fiji and Kiribati will implement consensual poverty modules in their respective 2019 Household Income and Expenditure Survey (HIES) (additional 2). - <i>UNICEF Pacific Plan for all 14 PICS to have measures and adopt them by 2022.</i> <p><i>ii) PICs Governments have strengthened capacity for child rights-based policy formulation, planning and budgeting, particularly in target countries.</i></p> <p>Budget briefings in Fiji and Solomon Islands were provided to advocate to improve investments in children and tracking public expenditure for early childhood development (ECD) in Solomon Islands supported the first ever national ECD forum attended by the Prime Minister, senior Government officials, civil society leaders and key donors. The analysis provided suggestions for the Government of Solomon</p>
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			<p>Islands to routinely track expenditure in support of the multisectoral coordination of Government efforts to improve ECD. A Public Expenditure Tracking and Quantitative Service Delivery Survey on Vanuatu’s health sector was initiated in 2018 that included a focus on three reproductive, maternal, new born, child and adolescent health tracer interventions including antenatal care, routine deliveries and immunization. Survey results will help the Ministry of Health better align and reallocate resources in the provision of quality health services that achieve health outcomes outlined in national development and health sector plans.</p> <ul style="list-style-type: none"> ➤ Indicator: <i>Policies and programmes are influenced by analysis and advocacy to reduce child poverty</i> <ul style="list-style-type: none"> - Target: 3 (Solomon Is, Tonga, Tuvalu) - Baseline: 2017(0) – Level 1: Not initiated - Progress: 2018(3) – Level 2: Initiated work in Tonga, Tuvalu and RMI - While no progress was realised in Solomon Islands, work progress ahead of what was planned in RMI. - Mechanisms of participation by the public and/or specifically adolescents or child rights advocates in national budget process. By the end of 2020, 9 countries should have programmes and policies in place to reduce child poverty. <p><i>iii.) Social protection programmes are being put in place to support the most vulnerable:</i></p> <p>Government investment in social protection programmes is increasing in the PICTs and existing programmes are being strengthened in both depth and breadth of coverage with 34 non-contributory social protection programmes under way in all PICTs, except in Tokelau, Federated States of Micronesia and the Marshall Islands, of which over half (18) were launched in the past decade. Cook Islands, Fiji, Nauru, Niue and Tonga are implementing child-focused programmes. UNICEF supported Kiribati to develop a Cabinet paper to establish Child Grant. The Government of Marshall Islands and the World Bank have committed to using part of the USD12 million International Development Association (IDA) funding to establish a child grant, categorically targeted on age. UNICEF Pacific provided technical support to the Government to channel part of the World Bank funding for the development of this programme for children</p>
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			<p>under 5 years of age. UNICEF developed a concept note which was the basis for initial discussions, and was followed up by several in-country missions to deliberate on the issue. This new grant will contribute to strengthening the resilience of children and their families to economic, social and environmental shocks. (Please refer to <i>Social Protection in Asia Pacific: Inventory on Non-Contributory Programmes: Here</i>)</p> <p><i>iv. Strengthened National Child Protection Systems:</i></p> <p>By the end of 2018, four (4) PICTs passed comprehensive child protection laws (Kiribati, Nauru, Republic of Marshall Islands (RMI), Solomon Islands) and legislation was drafted in four PICTs (Fiji, Samoa, Tuvalu, Vanuatu). Four PICTs passed child protection policies (Fiji, Kiribati, Solomon Islands, Vanuatu). Three PICTs drafted terms of reference (TOR) for national child protection working groups and commenced elaborating costed multisectoral multi-year national child protection plans (Kiribati, Nauru, Solomon Islands). Three PICTs started work on designing child protection systems (Nauru, Samoa, Tuvalu). One country submitted an Adoption Bill to Parliament (Fiji). Work on revising adoption legislation began in two PICTs (Tonga, Vanuatu). Four countries worked on their juvenile justice legislation (Fiji, Kiribati, Solomon Islands, Vanuatu). Introductory workshops conducted in Palau and RMI resulted in the elaboration of a road map for child protection system strengthening that will guide Government work with UNICEF support in the future. UNICEF target 12 PICs to pass a child protection law with at least defining child protection and mandates of various sectors by 2020(Kiribati; Nauru; RMI; Solomon; Fiji; Samoa; Tuvalu; Cook Is; Palau; FSM; Tonga; Vanuatu).</p>
<p>2. Cross-Sectoral: Emergency Preparedness and response; ECD (Early Childhood Development)</p>	<p>Climate Change, Disaster Risk Reduction; Social Development</p>	<p>SDG: 1,2,3, 4, 5, 6, 13, 5,10,13</p> <p>UNPS: 1, 4</p>	<p><i>i. Strengthened Emergency Preparedness and Response:</i></p> <p>UNICEF Pacific responded to emergency needs following tropical cyclones in Vanuatu (2015 and 2017) and Fiji (2016), earthquake in Solomon Islands (December 2016), tropical depression in Fiji (December 2016), and volcano in Vanuatu (2017). UNICEF provided humanitarian assistance in 2017 to address needs for water, sanitation and hygiene (WASH), education, health and nutrition and child protection, reaching over 9,300 (4,750 female) people. Access to safe water was provided for about 5,800 people</p>

		<p>and 4,650 (2,370 girls) were enabled to continue schooling. Emergency recovery activities in Fiji and Vanuatu ensured children and women have protected and reliable access to sufficient and safe WASH facilities, reaching 89,700 people. In 2018, UNICEF Pacific successfully responded to 4 cyclones (TC Keni & Josie came one after the other so counted as one), 1 drought, 2 dengue and meningococcal disease outbreaks, 1 ferry disaster in Kiribati. The response efforts reached 176,520 people in Fiji (19% of overall population); 37,654 in Vanuatu (14% of overall population), 78,000 people in Tonga (75% of overall population), and 81 people from the ferry disaster in Kiribati which killed 22 children.</p> <p>Considering the exposure of PICTs to climate extremes, guidelines were developed by UNICEF Pacific to strategically mainstream climate and disaster risk in planning related to water, sanitation and hygiene (WASH). Governments were supported through capital and technical assistance programmes to enable communities, schools and health care facilities to assess and manage risks to water and sanitation systems, improve overall preparedness and facilitate the construction of resilient communities at scale. In Fiji, UNICEF supported the integration of climate change adaptation (CCA) and disaster risk resilience (DRR) measures into a national water and sanitation policy. Existing WASH policies in Solomon Islands and Vanuatu were reviewed to determine how to incorporate CCA and DRR. Disaster risk resilience and climate change adaptation are integrated across all programme components of the UNICEF Pacific MCPD and Resources and Results Framework 2018-2022.</p> <p><i>vi. ECD – Early Childhood Development:</i></p> <p>UNICEF Pacific is working with governments and partners to strengthen ECD systems across Pacific Island countries and territories (PICTs). The September 2017 Pacific Conference on ECD, organized by UNICEF and the World Bank, was a historic occasion to increase awareness, broker partnerships, and catalyse action on ECD across many sectors. In 2018, UNICEF has been working to translate the momentum gained from the conference to concrete and significant actions through a whole-of-government approach in PICTs, with financial support from the New Zealand government. Specifically, UNICEF supported governments</p>
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			<p>as they implement the Pasifika Call to Action on ECD, a regional document that lays out critical actions to improve ECD outcomes for PICTs.</p> <p>UNICEF is helping improve the enabling environment for ECD through strengthened strategic governance, coordination, management and service delivery. In 2018, the initial phase of this work kicked off in four PICs – Kiribati, Solomon Islands (SI), Republic of Marshall Islands (RMI), and Vanuatu. These countries were selected because of the critical gaps in ECD services coupled with significant commitment from their governments to improve their ECD systems.</p>
3. Health & Nutrition ; Innovation	Health and NCDs; Food Security and Nutrition	SDG : 2, 3 UNP S: 1, 4	<p><i>i. Immunisation:</i></p> <p>Across 14 Pacific Island Countries (PICTs), coverage gains in children <1 year receiving DPT3 vaccine was sustained. Eight PICTs exceeded global coverage target of 90% for DPT3 vaccine. Based on WHO-UNICEF estimates of national immunization coverage(WUENIC), country achievements are as follows: Solomon Islands (SI) 94%, Kiribati 90%, Vanuatu 85%, Nauru 87%, Republic of Marshall Islands (RMI) 80%, Fiji 99%, Samoa 74%, Tuvalu 99%, Cook Is 99%, Palau 97%, Federated States of Micronesia (FSM) 73%, Tonga 81%, Niue 99%, and Tokelau 99%. Vaccine security through the Vaccine Independence Initiative (VII), implementation of the Reaching Every District approach in countries with weaker immunisation systems (Kiribati, SI and Vanuatu), and strengthening vaccine and cold chain management contributed to sustained coverage rates. Under the facilitation of WHO and UNICEF, the Tenth Pacific Immunization Programme Managers Meeting was convened with representation from nineteen countries, UN, development partners, and academic institutions. This biennial meeting assembled EPI programme managers in the Pacific to discuss progress towards immunization targets and identify key issues and actions needed to achieve those targets.</p> <p><i>ii. Innovation:</i></p> <p>Two important innovations in immunisation included Unmanned Aerial Vehicle (UAV) or drone delivery of vaccines in Vanuatu and scaling use of Hepatitis B outside the cold chain (OCC) in SI. The MoH and Civil Aviation</p>

			<p>Authority in Vanuatu, with technical assistance from UNICEF, launched vaccine delivery trials using drones which marked the first time globally that a government contracted a commercial drone company to transport vaccines. Following a rigorous bidding process, Swoop Aero, an Australian company successfully landed the vaccine payload within 2 meters of the target after a 50-km flight over numerous islands and way points. A nurse, trained to offload the vaccines, immunised a one-month-old baby on Erromango Island, making her the first child in the world to receive vaccines delivered by drone.</p> <p>The pilot phase of using Hepatitis B OCC in three provinces of SI demonstrated an increase in timely birth dose of 38% for facility births and 20% for home births. In health facilities without a functional cold chain, the SI MHMS scaled up Hepatitis B OCC in 13 facilities across 2 provinces reaching an estimated 500 more children with timely Hepatitis B vaccine.</p> <p><i>iii. Stunting</i></p> <p>The 49th Pacific Island Forum Communique released in September 2018 representing 18 countries in the Pacific highlighted the alarm expressed by leaders at the increase rates of stunting and its impact on future generations. Leaders committed to addressing the challenge of stunting through an Early Childhood Development (ECD) approach. Kiribati, SI and Vanuatu developed frameworks for High Impact Nutrition Interventions (HINI) drawing upon global evidence and customised to reflect country specific data. Eight HINI covering both nutrition specific and nutrition sensitive interventions were identified in the effort to reduce high rates of stunting. In response to the high rates of acute malnutrition in some parts of SI, the management of acute malnutrition was included as a ninth intervention for SI.</p>
4. Water, Sanitation and Hygiene (WASH)	Water and Sanitation	SDG: 6,13 UNPS: 4	<p><i>i. WASH Enabling Environment:</i></p> <p>UNICEF supported National WASH Steering Committees in Fiji, Kiribati, Solomon Islands and Vanuatu with involvement of multiple line ministries, NGOs and development partners to strengthen sector coordination and assess SDG commitments and progress through centralized WASH monitoring dashboards. National WASH baseline surveys and capacity assessments were organized with technical assistance of specialized partners Akvo, IWC and UNC including: urban communities in the Solomon Islands;</p>

			<p>healthcare facilities in Fiji and Kiribati; and for WASH in Schools in Kiribati, Federated States of Micronesia, Solomon Islands and Vanuatu. The strengthened evidence-base generated for WASH, including incorporation of water quality at point-of-use in the Kiribati MICS Survey, was further used to: inform WASH in Schools programming in all countries; establish provincial targets for CLTS implementation in the Solomon Islands; and adopt drinking water safety and security planning in priority communities in Vanuatu.</p> <p><i>ii. WASH Supply:</i> WASH in Schools (WinS) programmes approaches started in the last programme cycle in Fiji, Kiribati, Solomon Islands and Vanuatu are being scaled up with the institutionalization of the 3 Star approach and incorporation of SDG indicators in Education Management Information Systems. These contributions have resulted in improvement in WASH indicators in schools in Kiribati from roughly 4 per cent to more than 30 percent. In Fiji, behaviour change campaigns, incorporation of gender indicators in EMIS, a formative research on menstrual hygiene management and capacity building of Three Star with teachers have resulted in 20 per cent of primary schools with menstrual hygiene rooms.</p> <p>WASH in Schools with menstrual hygiene management is now institutionalized in all priority countries with a replication in two states in Micronesia. The success of WinS in these countries generated commitments from governments to advance WASH in healthcare facilities with new policies and SDG monitoring for WASH in institutions in Fiji, Kiribati and in Solomon Islands. The adoption of drinking water safety and security planning has been successfully integrated by the Government of Vanuatu’s national water service delivery framework through a capital assistance programme to increase the number of communities with access to safe drinking water.</p> <p><i>iii. WASH Demand:</i> To facilitate demand creation, UNICEF provided support to the Solomon Islands Government to scale-up community led total sanitation (CLTS) in rural communities leading to a rapid increase in open defecation free villages and with Provincial leadership. CLTS triggering resulted in 115 open defecation free communities in a country with one of the</p>
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			<p>highest rates of open defecation. Furthermore, digital platforms and social media were increasingly used to motivate children drive behaviour change with National handwashing campaigns organized in Fiji, Kiribati, Federated States of Micronesia, Solomon Islands and Vanuatu linked to WASH in Schools programmes whereas communities have been learning about WASH and its impact on child health and learning outcomes.</p> <p>For building resilience of communities to adapt to climate change, UNICEF introduced the community-based Drinking Water Safety and Security Planning in Vanuatu and Fiji as a systematic, scalable and build-back-better approach to cyclone recovery programmes, both governments advanced the design of a capital and technical assistance programme to enable communities, schools and health care facilities to assess and manage risks to their own water and sanitation systems, improve overall preparedness and facilitate the access to building resilient communities at scale.</p>
5. Education	Social Development	SDG: 4 UNPS: 1,4	<p><i>i. Increased capacity and systems to support the provision of quality early childhood care and education (ECCE), linked to an aim to build comprehensive support to early childhood development (ECD) for children in the Pacific.</i></p> <p>Four countries strengthened the enabling environment for ECCE. In Vanuatu and Fiji, government paid ECCE teacher salaries, as well as the per-capita grants for ECCE students for the first time, and the Solomon Islands made political and financial commitments for a “pre-primary year” for all children in 2019. Kiribati developed an ECCE Act, passed by Parliament and guided by new ECCE quality standards. In Vanuatu, ECCE quality standards and improvement planning is being piloted by 114 trained teachers (target: 200); teachers affected by the Ambae volcanic eruption will be trained in 2019. DFAT/Australia has committed support to scale-up the standards nationwide.</p> <p><i>ii. Strengthened capacity and tools to expand access to inclusive, quality basic education, including for the most vulnerable, as well as data and analysis to support evidence-based planning.</i></p> <p>Three countries launched efforts to strengthen quality, inclusive education. A new module in the Solomon Islands designed help teachers identify students at risk of dropping out and with disabilities, and to provide practical tips on</p>

			<p>classroom management and individualized instruction for children with diverse needs, was pre-tested by 19 School Heads and 78 primary teachers in 21 schools. The module was finalized based on their feedback with a plan to pilot and conduct formative research in 2019. Vanuatu integrated identification and support for children with special needs in existing ECCE teacher training as a pilot with 114 teachers; a review in early 2019 will inform next steps. Kiribati developed multi-grade teaching (MGT) modules targeted at small island communities, and is piloting MGT via 15 pre-service teachers in teacher practicum sessions on one outer island, and 170 practicing primary teachers in 6 of 8 targeted islands.</p>
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3. Successful Examples – This section examines best practices and successful interventions that have made significant impact on the ground.

UNICEF **Haiti** remains a key partner in the implementation of strategy against cholera. Through a strengthened response in the framework of the long-term national plan for the elimination of cholera (2019-2020), the disease has reached its lowest incidence rate in 2018 since the beginning of the epidemic. In line with the mid-term objective of the national plan, Haiti is on track to reach an incidence rate below de 0.1% threshold. While such progress show that elimination of cholera remains achievable, weak health, water and sanitation systems nevertheless promote cholera transmission. The elimination of cholera can only be achieved through sustained support of preventive measures, combined with sustained efforts to strengthen national capacities.

UNICEF **Sao Tome e Principe** supported the instalment of 38 solar panels for health centers, representing a coverage in solar panels of 100%. The new technology allowed health centers to guarantee the functioning of the cold chain, including during long power cuts which affected the whole country towards the end of 2018. It is to be considered a success with regards to its relevance within the country context affected by frequent power cuts and where the opportunity for expansion of renewable energies is important. The main result is the continuity and maintenance of the cold chain ensuring prevention of stoking losses. Critical factors include good planning and strong ownership by the government counterparts. Challenges for the future include regoular maintenance of the solar panels as well as timely substitution in case of technical issues with the existing ones.

“Jamaica Moves” is a comprehensive, whole-government strategy to prevent NCD and promote healthy diet and sports in **Jamaica**. This is in line with SAMOA Pathway paragraph 75 (a), under health and non-communicable diseases. The initiative started off as a nation-wide campaign to promote physical activities and healthy eating. It has become highly visible and well-positioned thanks to successful public-private collaboration. UN and other International organizations also participated to actively promote it. For example, UN also launched “UN Moves” programme aligned with the objectives.

The Ministry of Health successfully drew focus on obesity and overweight among children and adolescents through this initiative, and UNICEF took the opportunity to reinforce the exclusive breastfeeding and improved young child feeding practices as the most important initial intervention for all the Jamaican children. Merely 24% of Jamaican children are exclusively breastfed during the first 6 months, and this presented a great opportunity to address the situation. MoH immediately re-prioritised the Baby Friendly Hospital Initiative, and started the re-certification exercise, which had been side-lined from the mainstream health sector programmes for nearly a decade.

- **Results:** As it is still the early stage, most of the evidence available is qualitative. The initiative gained buy-in from the Education sector, and “Jamaica Moves in Schools” will begin its implementation in January, led by the Ministry of Education, to engage all school children in physical activities.

Private sector started to show their commitment – for example two local beverage companies, which provide wholesale services to Jamaican public and private schools, have reduced the sugar content in their beverage in line with the MoH standards.

In 2018, one maternal hospital was newly certified as Baby Friendly Hospital, and additional two applied for certification for early 2019. Additionally, the MoH has started to develop the implementation plan for the Infant and Young Child Feeding Policy, which was approved a few years ago without concrete operationalization plan.

- **Critical success factors:** MoH successfully mobilized the public-private partnership which played a critical role in promoting the Jamaica Moves nationally. In terms of revitalization of the Baby Friendly Hospitals, UNICEF’s advocacy to re-emphasize the exclusive breastfeeding in line with Jamaica Moves initiative played an important role.
- **Other key results/outputs:** Jamaica presented the Jamaica Moves initiative at the side event of the General Assembly in September as a part of #BeatNCDs.

In **Jamaica**, the “School Wide Positive Behavioural Intervention and Support Framework (SWPBIS)” helped prevent violence in and around school and encourage positive behaviour at school in everyday activities. This is in line with the SAMOA Pathway paragraph 88, under social development/education.

- **Results:** In three years of implementation, SWPBIS reached close to 30,000 school children and some 6,000 teachers (almost 25% of entire teachers on the island) with positive behaviours. In the 56 pilot schools, teams established positively stated behavior expectations and reinforced them with verbal praise and rewards.

In a leveraged move towards scaling up SWPBIS, USAID joined with the to expand, adding another 217 schools – and reaching close to 30% of all schools.

The strategy is featured as a focal intervention in Jamaica’s Pathfinder Country Roadmap.

The framework boasts a range of randomised controlled trials to date, demonstrating outcomes such as a decline in anti-social behaviour, improvement in self-management among pupils and decreases in bullying as reported by schoolchildren. While data for Jamaica's work with SWPBIS remains preliminary, current evaluations suggest violence is declining across the majority of intervention schools.

An evaluation of the pilot phase is underway. The final report is due by mid-2019 and will inform the development of the strategic national roll-out plan.

- **Critical success factors:** Political will and buy-in from the highest level of authority- in this case the Prime Minister- was critical element. The strong messages calling for the creation of safe learning environment from the political leaders generated full support of the student-centred, proactive SWPBIS framework for school behaviour management.

In **Cuba**, the availability of SIDS funds allowed for the implementation of a Disaster Risk Reduction education programme for schools with community participation. Disaster reduction in Cuba is a national priority and uses a rights-based approach. The education system, as part of the integral civil defence system, has developed the school curriculum with a view to integrating disaster prevention and preparation phases.

Nevertheless, the Ministry of Education identified needs to address disaster risk reduction within schools with the main objective of increasing risk perception among students, families and communities. As a result, the province of Santiago de Cuba (municipalities of Santiago de Cuba and Tercer Frente) and the province of Ciego de Ávila (municipalities of Morón, Majagua and Chambas) -with different characteristics of vulnerability and threats- were incorporated into this intervention.

In recent years, both provinces have been affected by the impact of hurricanes. Hurricane Sandy struck Santiago de Cuba in 2012 and Hurricane Irma struck Ciego de Avila in 2017. In both cases the material losses were of great magnitude. Both provinces had registered situations of meteorological drought in previous years. Santiago de Cuba, in addition, is also vulnerable to seismic activity.

The educational programme delivered with UNICEF support and under the leadership of the Ministry of Education was intersectoral in nature with the participation of several institutions such as the Ministry of Science, Technology and Environment (CITMA), Ministry of Public Health (MINSAP), Cuban Red Cross and Civil Defence.

- **Results:** 78 schools located in 41 communities in 5 municipalities in these two provinces were involved in this programme: 15,552 children and 1,316 teachers strengthened their capacities to face disaster situations. Each school developed school and community risk maps where each one of the risks to which they are exposed and the vulnerabilities are identified, associated with proximity to risk zones, constructive states and elements related to the risk perception.

The schools' disaster reduction plans were updated as part of the national disaster reduction

cycle. The programme enhanced the articulation of several stakeholders, such as the Red Cross, fire brigades, territorial Delegations of Technology and Environment with the studies of Dangers, Vulnerability and Risks, Civil Defence, Ministry of Education and local governments.

Local initiatives were developed within the school curriculum and as extracurricular activities. Gender perspective was integrated in all processes developed in institutions and outside them, recognizing roles and stereotypes.

The importance of the participation of children and adolescents, who were the protagonists of these actions, becoming agents of change in their communities, was emphasized. Educational materials linked to the context of these two provinces were produced for children, teachers and families.

- **Critical success factors:** Cuba has significant experience on the disaster reduction national plans. Cuban Civil Defence System, which was established over 50 years ago, is based on a disaster reduction cycle that covers 4 phases (prevention, preparedness, response, and recovery). The latter comprises two stages: (1) rehabilitation of basic services to the population, and (2) reconstruction. All this is contained in the Disaster Reduction Plans that are implemented by each and every state institution, from the central government down to the local level.

In the prevention phase, a training system is put into practice for the different categories of individuals, from the highest level of society down to the community level.

The Ministry of Education is one of these state institutions. It has incorporated environmental education into school curricula, including the gradual introduction of disaster risk reduction.

Alliances between UNICEF, the Ministry of Education and Civil Defence, and national expertise on disaster risk reduction were critical to the achievement of project results.

- **Other key results/outputs:** As a result of this experience, the UNICEF LACRO regional office invited a MoE expert to the Global Platform for Disaster Reduction developed in Mexico in 2017 and was selected as a case study to be published in UNICEF's Global Education Report. UNICEF contributed to the development of a publication that compiles Cuban good practices for the comprehensive protection of children and adolescents in disaster situations. It was prepared under the leadership of the National Civil Defence and with the participation of several institutions.

Successful Examples, Results, Key lessons learnt in the Pacific (2015-2018)

Successful Intervention	What it is.	Why is it considered a success?	Results	Key Lessons Learnt
1. Pacific WASH	1) The Pacific Partnership for Action on Safe Water and Sanitation (#SIDSAction7624,	Pacific WASH Resilience	Systematic uptake of approaches that increase	Building on existing

<p>Resilience Programme</p> <p>SAMOA thematic Area: Climate Change/ Disaster Risk Reduction</p>	<p>www.sids2014.org/partnerships/?p=7624) serves as a platform for knowledge sharing and advocacy to address the region’s relative lack of progress towards the water and sanitation targets of the SDGs. Linking the work of agencies including SPC, UNICEF, WHO, and UNHABITAT the partnership supports the development of regional synthesis reports and progress snapshots, and facilitates Pacific input to regional and international processes such as the Asia Pacific Water Summit and World Water Forum.</p> <p>2) The Pacific WASH Coalition (#SIDSAction7612, http://www.sids2014.org/partnerships/?p=7612) is a knowledge sharing platform for WASH actors implementing water and sanitation related projects in the Pacific region. The group consists of government and non-government organizations as well as other civil society members such as faith-based organizations and the private sector, and meets approximately 4 times a year in Fiji to discuss activities, share knowledge and lessons learned, and promote collaboration and partnerships amongst WASH stakeholders and collaborates with the Pacific WASH Cluster as standing regional coordination mechanism for WASH in emergencies.</p> <p>3) The Pacific Partnership for Atoll Water Security (#SIDSAction7699, www.sids2014.org/partnerships/?p=7699) was formed in 2015 to enable improved knowledge sharing and advocacy between drought-affected Pacific SIDS, relevant development partners and regional and international organisations. Facilitated by SPC and supported by New Zealand Ministry of Foreign Affairs and Trade, the Partnership supports governments and communities to build the skills, systems and basic infrastructure to better anticipate, respond to, and withstand drought and its impacts on supplies of safe and adequate drinking water.</p>	<p>Programme – It led to a model approach with various deliverables providing guidance to other SIDS on WASH resilience</p>	<p>the resilience of WASH systems and their users through risk-informed programming, child-centered vulnerability assessments, WASH emergency preparedness and leadership in cluster coordination and drinking water safety and security planning linked to mainstreaming of risk in policy.</p> <p>Preparation of matching concept notes for WASH resilience in Fiji and Vanuatu for consideration by the Green Climate Fund under their Simplified Approval Process.</p>	<p>resilience efforts in-country Contribution to Pacific regional agreed framework for resilient development (FRDP) Developing and maintaining partnerships Strategic positioning through policy analysis for WASH and DRR/CCA Guidelines and Handbook developed with WASH partner organizations</p>
<p>2) Multi-sectoral Early Childhood Development (ECD)</p> <p>SAMOA thematic Area: Social Development</p>	<p>Following the success of the 2017 Pacific-wide conference on Early Childhood Development (ECD), there has been significant enthusiasm and action in many PICs on advancing ECD. Several countries like the Republic of Marshall Islands and Kiribati have established multi-sectoral committees for ECD. Solomon Islands government, with support from UNICEF, convened a national forum to drive the ECD agenda forward. Cabinet-level discussions on ECD are taking place in Vanuatu. There is renewed interest across PICs on integrating ECD in national development or sector plans and strengthening</p>	<p>The September 2017 Pacific Conference on ECD was a historic occasion to increase awareness, broker partnerships, and catalyse action across many sectors of government on ECD. UNICEF is working to</p>	<p>Significant commitment and action across Pacific Island countries on coordination across sectors for improved outcomes of young children. Several countries like Marshall Islands, Kiribati, Vanuatu, and Solomon Islands, are at various stages of establishing and strengthening national coordination</p>	<p>It is critical to build on momentum from the Pacific ECD conference through targeted support to governments, so they can translate commitment to tangible action.</p>

	<p>services for young children and families.</p> <p>At the 49th Pacific Islands Forum in September 2018, Pacific leaders shared their concern over the increasing incidence of stunting in children and called for a “whole-of-government and whole-of-society approach” to address ECD. ECD has also been identified as a key priority in the Pacific Islands Forum’ Leaders Communique, affirming a collective realization in the Pacific of the critical role of early investments in inclusive and sustainable development.</p>	<p>translate the momentum gained from the conference to concrete and significant actions through a whole-of-government approach in PICs. Specifically, UNICEF is supporting governments as they embark on country-level adaptation and implementation of the strategic actions in the Pasifika Call to Action on ECD.</p>	<p>mechanisms, planning for the design of policy instruments, and improving programmes across ministries for young children and families.</p>	<p>UNICEF is now working in four select countries to provide targeted support on ECD, meanwhile working at the regional level to keep ECD as a regional priority, including for example, a follow-up conference in 2019 and monitoring plans on the Pasifika Call to Action.</p>
<p>3) Data-Evidence Generation and Programming for Children.</p> <p>SAMOA thematic Area: Health/NCD; Sustainable, inclusive and equitable economic growth/ Social Protection/ Gender Equality</p>	<p>The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed and supported by UNICEF. MICS is designed to collect estimates of key indicators that are used to assess the situation of children and women. Over the past 20 years MICS has evolved to respond to changing data needs, expanding from 28 indicators in the first round to 200 indicators in the current sixth round, and becoming a key source of data on child protection, early childhood education, and a major source of data on child health and nutrition.</p>	<p>MICS have gained significant support from Governments in the Region, as a means to improve data availability and quality in the region as well as identify practical ways of intergrading the various types of surveys, which incorporates children’s issues.</p>	<p>Partners have agreed to support the PICTs in a more coordinated manner on evidence generation for national development priorities and the SDGs. The Multiple Indicator Cluster Survey (MICS) was adopted in 2018 by the Pacific Methods Board. Working in collaboration with UN Population Fund and Pacific Community, the first survey is underway in Kiribati. Samoa, Tonga, Nauru and Tuvalu are expected to conduct MICSs in 2019.</p>	<p>Continue support to “Step Up”/strengthen the evidence base for action and advocacy including strengthening of routine data collection and use in health and education in all countries.</p>
<p>4) Leveraging Resources for Children</p> <p>SAMOA Thematic Area: Health/NCD; Health and NCDs/ Food Security and</p>	<p>UNICEF’s technical leadership and authority coupled with its influence, it has succeeded in leveraging substantial development partner and government health sector resources for children. Greater focus in this area is likely to result in continued success.</p>	<p>Not only did UNICEF influence the initial investment, but it influenced the technical design of the project along global standards and best practice. PICTs also have</p>	<p>Drawing upon the evidence generated through the Integrated Child Health and Nutrition (ICHN) Survey conducted in 2017 by the MoHHS and EPPSO in RMI with technical leadership from</p>	<p>Key in leveraging resources is by building the evidence base of advocating for better efficiencies.</p>

Nutrition		significant scope for efficiency gains in the health sector.	UNICEF, more than USD 12 million was leveraged from the World Bank to fight stunting during the first 1,000 days under an ECD umbrella in the next five years. These resources will be directed at strengthening the RMI health system to be better equipped to tackle the determinants of stunting and is informed by the results from both UNICEF supported ICHN survey and formative research on nutrition and WASH. In addition, UNICEF also provide technical advice to ADB to invest its health project amounting to USD 25 million in introducing new vaccines in Vanuatu, Tuvalu, Samoa, Tonga.	
5) Health-Innovation – Introduction Drone Delivery of Vaccines in Vanuatu SAMOA thematic Area: Health/NCD; Health and NCDs	Two important innovations in immunisation included Unmanned Aerial Vehicle (UAV) or drone delivery of vaccines in Vanuatu and scaling use of Hepatitis B outside the cold chain (OCC) in SI. The MoH and Civil Aviation Authority in Vanuatu, with technical assistance from UNICEF, launched vaccine delivery trials using drones which marked the first time globally that a government contracted a commercial drone company to transport vaccines.	Delivery of Vaccines by UAV furthers the equity approach by operationalizing innovative solutions to geographic barriers, which is very common in the region.	UAVs successfully landed with vaccine payload, nurse safely offloaded vaccine and vaccine a baby- who become the first child in the word to receive vaccines delivered by drones.	

Details of Successful examples in the Pacific

Name of Project/ Programme/ Activity	Main Themes/ Goals addressed		Target Countries, Regions, Sectors	Goals	Intervention Type (Tech transfer, Capacity	Total Budget (US\$)	Implementation Period
	Samoa Pathway	SDGs					

					development etc.)		
1. Pacific WASH Resilience Programme	Water and Sanitation/ Climate Change / Disaster Risk Reduction	SDG: 1,2,3, 4, 5, 6, 13, 5,10,13 UNPS: 1,4	Pacific region with a focus on the WASH Sector in high risk countries of Fiji Vanuatu Solomon Islands Kiribati and Tonga	Communities strengthen resilience to changes and shocks in relation to environmental sustainability	Capacity Development	1,000,000 (WASH Thematic under Dutch Preparedness Window SM149910)	2014-2018
2. Multi-sectoral Early Childhood Development (ECD)	Social Development	SDG: 4 UNPS: 1,4	Pacific region with a focus on RMI, Kiribati, Tuvalu, Vanuatu and the Solomon Is.	Strengthen education system capacities to increase the availability and quality of early childhood education programmes.	Capacity development, technical support	2,829,634	2017-2018
3. Data-Evidence Generation: MICS Survey	Sustainable, inclusive and equitable economic growth/ Social Protection/ Gender Equality	SDG: 1,2,3,5,10, 17 UNPS: 5,6, 2	Pacific Region, with a focus on: Fiji, Kiribati, Tuvalu, Samoa, Tonga, Nauru	Improve availability and access to quality data that data that prioritize children's indicators.	Capacity development, technical support	542,631.76	2018
4. Leveraging Resources for Children - Health/Nutrition	Health and NCDs/ Food Security and Nutrition	SDG: 2,3 UNPS: 1,4	Pacific Region Focussing in Kiribati, Solomon Islands and Vanuatu	Improve leveraging of development partner and government health sector resources for children	Capacity development, technical support	25 million leveraged from the World Bank to fight stunting during the first 1,000 days under an ECD umbrella.	2016-2018
5. Health-Innovation – Introduction Drone Delivery of Vaccines in Vanuatu <i>SAMOA thematic Area: Health/NCD; Health and NCDs</i>	Health and NCDs	SDG: 2,3 UNPS: 1,4	Vanuatu	To improve immunization coverage reaching children in most remote and hard to reach areas of Vanuatu.	Technical and in-kind support (contractor, M&E advisor, project Manager)	521,517	2018

4. Addressing Gaps and Challenges:

a. From among the programmes/projects that have been implemented by your organization over the reporting period, please elaborate on any implementation challenges that have been encountered

For the Health sector in **Haiti**, the main challenges include the following:

- Low budget allocation for the health sector (7% of the national budget, with 3% investment credit)
- The security situation disrupts the implementation of activities.
- Haiti is a prone-disaster country, such situation fragilizes the health system.
- Effective functionality of deconcentrated health services remains a challenge.
- The organization of community systems moves timidly, despite UNICEF commitment to support the process.

For the WASH sector in Haiti:

- While water and sanitation guidelines were developed and disseminated, the 2016-2025 sector strategic plan is yet to be finalized and there is no rural water supply strategy. As for the sanitation subsector which is lagging behind, a strategy has been developed, but there is no operational plan for the strategy. With regard to hygiene promotion, it is led by the Ministry of Health with limited collaboration with DINEPA. Coordination among key sector actors, i.e. DINEPA, the Ministries of Health and Education, donors, civil society and the private sector, is weak and poorly harmonized, in part due to vertical projects.
- This is further complicated by very weak information management systems inadequate to track progress, identify inequities and therefore prioritize WASH interventions. With only one percent of the national budget allocated to the sector, WASH is not considered a priority and the sustainability of the sector is questionable since driven by donors. DINEPA remains highly centralized since the law operationalizing its decentralized structures (OREPAs) has never been voted
- The WASH sector is also characterized by insufficient and poorly trained human resources to scale up, monitor and sustain critical WASH interventions, including in the most deprived areas
- Parents and caregivers particularly in rural areas have limited understanding of the importance of safe water handling, toilet use and proper handwashing at critical moments
- The durability of WASH infrastructure in terms of operation and maintenance has been impacted by weak governance structures, i.e. decentralized local government institutions as well as WASH committees, leading to frequent breakdowns in infrastructure and therefore limited access to and utilization of services.
- the frequency of humanitarian crises in the country and the vulnerability to climate change and given the evolution of the situation, humanitarian crisis are considered a high risk for Haiti

In Education sector in Haiti, despite the numerous DRR activities implemented nationwide, a systematic approach still needs to be strengthened. As Haiti government's capacities to enforce construction standards for school (earthquake and cyclone resistant buildings) are weak, so far too many children are still at risk of natural disasters.

In the Child Protection sector in Haiti, the prevailing political instability in the country in 2018 led to a change in Government after the Prime Minister stepped down. Subsequently new Ministers were nominated. The frequent change in Ministers has an impact on sustainability and can hinder progress particularly in the area of legislation, policy and budgeting to improve the protective environment for children.

The main challenges in the implementation of child protection programmes in Haiti are the weak allocation of public resources for the sector, delays in the adoption of child protection laws and policies and the multidimensional vulnerability of households exposes children to violence, exploitation and abuse.

In Social Protection, without an integrated social protection policy and a solid institutional anchoring, the sustainability of social protection systems remains a challenge.

In **Jamaica**, there is a notable setback in the HIV related results for children. Jamaica almost achieved the Elimination of Mother to Child Transmission, keeping the MCT at below 2% level consecutively, however, in 2017, the MCT shot up to 6%, which presented a challenge to join the LAC countries that achieved the EMCTC. This was largely due to the change in the prioritization within the Ministry as the changes of the government administration from the upstream level. HIV continues to be highly stigmatized. In general, HIV is perceived as an exclusive problem for LGBTI population. As LGBTI group continues to be highly discriminated against within the society, this perception led HIV positive persons underground – impacting the adherence to ARV as well as clinic visit by pregnant women living with HIV. Funding is additional issue to achieve EMTCT. Global Fund restricts its support to key population (LGBTI), which obliges the government to support EMTCT solely with its limited resources with competing priorities within the MoH. Human Resource crisis in Jamaica continues. Those health workers are actively sought after by the NGOs, or international agencies, leading extremely high turn-over rates in the health sector. Migration outside Jamaica also triggers the high turn-over rates of the personnel.

In **Cuba**, the main challenge to address programmes that aim to increase risk perception and behavioral changes in individuals and communities is the social resistance to modify customs and lifestyles. This is particularly complex when livelihoods could be affected.

b. What have been the lessons learned and how will these be taken into account for the remaining implementation period of the SAMOA Pathway? (2019-2024)?

In **Haiti**, strengthening national capacities in the Education sector to include Disaster Risk Reduction (DRR) at school level is a key element of any strategy aiming at reducing risks in a given society. The inclusion of children and adolescents as key actors in the DRR strategy will strengthen national capacities, in general, and will be more protective for children and adolescents during emergency situations.

In Child Protection, coordination across sectors in Haiti (protection, education, medical and economic recovery) and actors, including social workers, psychologists and the police is a factor in effectively responding to and managing child protection cases to ensure better protection of children against violence.

In **Maldives**, programme implementation saw two periods of slowdown in 2018. The unpredicted State of Emergency declared in early February impeded the implementation of activities especially with the judiciary and the law enforcement agencies. The second period was in the run up to the presidential

election and in the weeks until the new government took office in mid-November.

There was heightened sensitivity in the run up to the presidential elections. Some partners became extra cautious regarding information sharing such as research findings and reports, as the information could be interpreted in different ways. This situation impacted some key activities. For example, Household Income and Expenditure Survey Report was published without the chapter on poverty, and data on juvenile crimes that were regularly published were not available for public use.

Although the office had expected a slowdown during the peak of political events, unpredictable turn of events did affect the timely programme implementation beyond our expectation.

At a time of political tension between the local councils and the central authorities, UNICEF was able to influence and coordinate some of the multi-sectoral initiatives such as the activation of the CSGs, alternative learning programmes for children in conflict with the law and multi-sectoral trainings for stakeholders. The lesson learned is for UNICEF to maintain impartiality and to remain a trusted interlocutor.

In Sao Tome e Principe, implementation challenges include access of vulnerable communities to health services which affects retentions rates especially in the area of immunization. Additionally, the graduation of the country to lower middle income comes with risks to partners and internal financial institutions’ support to the Health Sector. Learning from the past, UNICEF plans to provide additional support to the government in the area of Technology for Development in order to provide information and essential services through technology based innovations. Additionally, UNICEF will strengthen its C4D strategies to mobilize and sensitize vulnerable communities for the access to health services. UNICEF also plans to diversify its network of partners establishing a durable dialogue with private sector investing in the country and interested in corporate social responsibility especially in the area of health.

In Cuba, the new CPD (2020-2024) will include a programmatic transition from initial support in preparing vulnerable schools and communities, to support in preparing for the implementation of the National Plan to deal with the effects of climate change, "Life Task", increasing the risk perception using multi-risk approach. Children are conceived as agents of change for disaster risk reduction through strengthening their capacities and spaces for participation in their schools, families and communities.

Lessons learnt in the Pacific:

Challenges	Background	Lessons Learnt	Way Forward
1. Human and Financial Resource Constraints	Many Pacific SIDS face human and financial resource constraints and are dealing with multiple support programmes focusing on WASH under development emergency or climate financing. This	<ul style="list-style-type: none"> Constrained human and financial capacity can severely compromise the delivery of programme 	<ul style="list-style-type: none"> Strengthen support to country WASH Sector Coordination efforts and more coherent approaches by donors and

	<p>is a significant constraint to provide an enabling environment for WASH sector stakeholders to focus efforts on sustained service delivery as the plethora on projects and initiatives becomes a bottleneck or hindrance for core functions of government and leads to erosion of ownership by recipient communities.</p>	<p>results.</p>	<p>development partners.</p>
<p>2. Data Gaps</p>	<p>Availability and access to child-centered data remains a challenge. Pacific Island Countries (PICs) have limited capacity to monitor the situation of children and track progress against key development goals.</p> <p>National statistical systems in PICs are among the weakest in the world and are chronically under-resourced in terms of qualified staff and operational budgets. Most PICs also lack high-quality administrative data sources, such as education and health databases and civil registration records. These challenges are compounded by weak coordination and cooperation between government ministries, and low capacity to analyse data and translate numbers into policy-relevant information.</p>	<ul style="list-style-type: none"> Evidence-based programming enhances the achievement of planned results ; and leveraging of more resources. 	<ul style="list-style-type: none"> UNICEF is working in partnership with UNFPA and SPC to strengthen data collection on priority indicators that will be used for the four-yearly Pacific Report consolidating reporting against the SDGs, SAMOA Pathway, the FPR and PLGED. Continue to leverage resources to generate data and evidence in the region.
<p>3. Multiple challenges to</p>	<p>The PICTs share many challenges in their overall</p>	<ul style="list-style-type: none"> Ensuring progress for 	<ul style="list-style-type: none"> Continuous revisions of the

Economic Growth	<p>economic development that have important implications for fostering inclusive growth:</p> <ul style="list-style-type: none"> • small land areas create limited resource bases; • small populations make it difficult to sustain a vibrant labour force, especially in the context of international migration for employment opportunities; • a heavy reliance in most cases on variable levels of international aid and remittances; • limited economic diversity and reliance on one or two major industries, typically tourism; • limited access to international markets; • geographic isolation and large distances within countries create difficulties in distributing goods and services. • High rate of Gender-Based Violence (2/3 in the region compared to 1/3 global has experienced violence from their partner in a lifetime) • Harmful social norms • Political instability 	children in a complex, multi-country environment requires flexibility and prioritization of programme focus and resources.	<p>programming footprint, just as the revision of the Tier Approach and amending the programme strategy and focus in the 2018-2022 MCPD.</p> <ul style="list-style-type: none"> • Increase focus on disparity and Inequity
5. Outdated laws and policies	Generally, in the Pacific, positive steps have been taken to update laws and policies that also domesticate international	Strengthen partnership and collaboration with Governments and regional is key to strengthen an enabling	<ul style="list-style-type: none"> • UNICEF has prioritized its support to create enabling environment and

	obligations under treaties like the Convention on the Rights of the Child.	policy and legislative environment.	systems; strengthen local capacities, developing systems, resources and mechanisms to ensure proper implementation of laws and policies.
6. High exposure to Climate Change risks and adverse natural hazards	<p>Many PICTs – being made up of atolls - which may be only a few metres at most above sea level. This is especially true in Tuvalu, Kiribati, and the Marshall Islands, the so-called “atoll states,” where the population is heavily or exclusively concentrated on atolls. The core urban atolls of these countries moreover have some of the highest population densities in the Pacific region. These are areas where pressures on infrastructure and public services can be expected to be especially acute.</p> <p>Different hazardous events can occur in multiple countries every year including tropical cyclones, earthquake, tsunami, volcanic eruptions, and drought.</p>	Mainstream disaster risk planning and response in all programme areas.	Prioritize support to Emergency Planning and Response. UNICEF has demonstrated its recognition and commitment to address this adverse risk in the Pacific by making Disaster Risk Response and Resilience a key output to all its sectoral programming areas.

5. Outreach/Publications

a. Please include a link to the annual progress report(s) of your organization, or any other relevant progress report(s). If present, please identify the sections relevant to

SIDS/SAMOA Pathway implementation. Please also add any other publication issued by your organization the covers SIDS

- 2017 Annual Reports (2018 Reports will be realised later in the year):
<https://www.unicef.org/about/annualreport/>
- UNICEF contributed to the development of a publication that compiles Cuban good practices for the comprehensive protection of children and adolescents in disaster situations.
https://www.unicef.org/cuba/cu_resources_ProteccionEnSituacionesDeDesastres.pdf
- A contribution to ‘The Cowrie SIDS Time Magazine’, highlighted efforts made on WASH and Resilience in Pacific SIDS: “Community resilience for Water, Sanitation and Hygiene for Small Island Developing States, improving access to services and preparing for the future.
- Two complementary guidelines have been prepared based on experiences in preparedness, response and recovery on Tropical Cyclone Pam in Vanuatu and Winston in Fiji: i) Pacific WASH Resilience Guidelines UNICEF Pacific. 2018.; and ii) Pacific WASH in Emergencies Coordination Handbook. UNICEF Pacific/Pacific WASH Cluster. 2018.
- In addition, WASH and CCA/DRR policy briefs have been developed for Fiji, Kiribati, Solomon Islands and Vanuatu and a child-vulnerability assessment for risk informed programming.

See table below for links to more Publications on the UNICEF Pacific website.

Relevance to the SAMOA Pathway	Links
1. Social Policy/Child Policy (Social Protection)	https://www.unicef.org/pacificislands/resources_10993.html https://www.unicef.org/pacificislands/resources_20058.html https://www.unicef.org/pacificislands/resources_10989.html
2. Cross- Sectoral: Emergency Preparedness and response / Climate Change / Disaster Risk Reduction	https://www.unicef.org/pacificislands/resources_19775.html
3. Health & Nutrition / Health and NCDs/ Food Security and Nutrition	https://www.unicef.org/pacificislands/resources_10990.html https://www.unicef.org/pacificislands/resources_10992.html
4. Water, Sanitation and Hygiene (WASH)/ Water and sanitation	https://www.unicef.org/pacificislands/resources_22321.html www.spc.int www.wpro.who.int/southpacific www.washdata.org http://www.unwater.org/what-we-do/monitor-and-report/ https://www.unicef.org/eapro/EAPRO_Pacific_Mini_Snapshot_2015_final_06_11_2015_whitecover.pdf http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf http://www.wsportal.org/

	https://unicefpacific.akvoapp.org/en/projects/ http://washcluster.net/
5. Social Development: Education	https://www.unicef.org/pacificislands/resources_10991.html

a. Does your organization manage any website dedicated exclusively to SIDS?

6. Preparations for the Mid-Term Review – A High-Level review of the Samoa Pathway will take place on 27th of Sept. 2019 in UNHQ, as mandated by A/RES/72/307.

- a. Is your organization conducting or planning to conduct any internal review of SIDS programmes in preparation for the Mid-term review of the Samoa Pathway? If so, please provide.*

In the **Pacific**, a Working Group was established comprising of the Pacific Community (SPC), World Health Organization (WHO) and UNICEF to develop a situation analysis on the access to water, sanitation and hygiene across the Pacific region and how WASH is a pre-requisite for any development efforts. A briefing document was produced by the working group under UNICEF leadership which explored the essential linkages between overall community resilience and the access to sustained services and uses SDG 6 (ensure availability and sustainable management of water and sanitation for all) and the rights to water and sanitation as benchmarks.

- b. Please elaborate on any other activities being undertaken in preparation for the High-Level Review in 2019.*

- In **Sao Tome e Principe**, UNICEF programme fits into the UNDAF for Sao Tome e Principe (2017-2021) in this framework annual reviews are plan and represent the ideal platform for adjustments and planning of new activities, taking into account implementation challenges as well as new evidence. In 2019, UNICEF will support the realization of a new MICS Survey which will provide additional data in the area of health, among others.
- In the Pacific, jointly with SPC and UNICEF, WHO is undertaking efforts to assist Pacific SIDS in developing a SDG WASH Strategy for the Pacific region in conjunction with the Pacific Health Ministers' meeting in 2019.

7. Other Matters – Please include any other information as relevant.

ANNEX 1

1. Financing

For UN systems, to the extent possible, please refer to the Samoa Pathway: UN System Implementation Matrix in Column 4

Priorities identified in the Samoa Pathway	Investments (USD)	Budget Allocation	FY/ Cycle/ Period	UN system specify SAMOA Pathway Paragraph
Sustainable, inclusive and equitable economic growth				
Jamaica	154,634			Para. 27 a)
Climate Change				
Guyana & Suriname	76,241	76,241	2015-18	116
Sustainable Energy				
Disaster Risk Reduction				
Guyana & Suriname	158,561	158,561	2015-18	116
Eastern Caribbean	1.1 million	1.1 million	2017-2018	
Maldives		264,833		
Cuba	70,000 USD	70,000 USD	FY: 2016-17 Cycle: 2014-18 Period: 5	DDR 52 c)
Jamaica	5,053			Para 52 c)
Oceans and seas				
Food Security and Nutrition				
Guyana & Suriname	25,000	25,000	2015-18	116
Maldives		424,311		
Water and Sanitation				
Guyana & Suriname	134,417	134,417	2015-18	116

Eastern Caribbean	0.5 million	0.5 million	2017 - 2018	
Sustainable Transportation				
Sustainable Consumption and Production				
Chemical and Waste management				
Health and NCDs				
Guyana & Suriname	248,7 29	248,729	2015 -18	75 (b)
Maldives		365,331		
Sao Tome e Principe	289,0 00	2890,000	2018	
Jamaica	1,206,721			Para 75 a) f) g)
Gender equality				
Maldives		150,000		
Jamaica	165,921			Para 77 d), g)
Social development				
Guyana & Suriname (child protection)	40,00 0	40,000	2015 -18	116
Jamaica (education)	1,477,161			Para 88 a,) b)
Jamaica (child protection)	2,184,403			Para 86
Biodiversity				
Means of implementation				
Etc.				

The Pacific:

UNICEF Program Area	Priorities identified in the Samoa Pathway	Investments (USD)	Budget Allocation	UNICEF specify SAMOA Pathway Paragraph
1. Social Policy and Child Protection	Sustainable, inclusive and equitable economic growth/ Social Protection/ Gender Equality	11,064,075	11,064,075	<p>1. Sustainable, inclusive and equitable economic growth- 24. As it is vitally important to support the efforts of small island developing States to build resilient societies and economies, we recognize that beyond the rich ecosystems of those States, people are their greatest resource. In order to achieve sustained, inclusive and equitable growth with full and productive employment, social protection and the creation of decent work for all, small island developing States, in partnership with the international community, will seek to increase investment in the education and training of their people.</p> <p>2. Social Protection; (79); We support small island developing States in their commitment to an approach to development that is focused on poverty eradication, which should ensure that people, particularly those living in poverty, have equal access to education, health, food, water and sanitation and other public and social services and access to productive resources, including credit, land, training, knowledge, information and know-how. That approach enables citizens and local communities to participate in decision-making on social development policies and programmes.</p> <p>(86). We support the development of action plans in small island developing States to eliminate violence against women and girls, who are often targets of gender-based violence and are disproportionately affected by crime, violence and conflict, and to ensure they are centrally involved in all</p>

				<p>relevant processes (Promote peaceful societies and safe communities)</p> <p>3. Gender Equality; (77) In this regard, we support the efforts of small island developing States:</p> <p>(a) To eliminate all forms of discrimination against women and girls;</p> <p>(b) To integrate a gender perspective in priority areas for sustainable development;</p> <p>(d) To end all forms of violence against women and girls;</p>
2. Cross- Sectoral: Emergency Preparedness and Response	Climate Change / Disaster Risk Reduction	18,836,324	18,836,324	<p>1. Climate Change - (40). We reaffirm the importance of engaging a broad range of stakeholders at the global, regional, sub-regional, national and local levels, including national, subnational and local governments and the scientific community, private businesses and civil society, and also including youth and persons with disabilities, and also reaffirm that gender equality and the effective participation of women and indigenous peoples are important for effective action on all aspects of climate change.</p> <p>2. Disaster-Risk Reduction; (52) In consideration of the special case of small island developing States and their unique and particular vulnerabilities, we are committed to supporting their efforts:</p> <p>(a) To gain access to technical assistance and financing for early warning systems, disaster risk reduction and post- disaster response and recovery, risk assessment and data, land use and planning, observation equipment, disaster preparedness and recovery education programmes, including under the Global Framework for Climate Services, and disaster risk management;</p> <p>(b) To promote cooperation and</p>

				investment in disaster risk management in the public and private sectors; (c) To strengthen and support contingency planning and provisions for disaster preparedness and response, emergency relief and population evacuation, in particular for people in vulnerable situations, women and girls, displaced persons, children, older persons and people with disabilities;
3. Health & Nutrition	Health and NCDs/ Food Security and Nutrition	15,966,490	15,966,490	<p>1. Health: (75). In this regard, we reaffirm our commitment to support the efforts of small island developing States: (b) To develop specific national programmes and policies geared towards the strengthening of health systems for the achievement of universal coverage of health services and the distribution of medical and drug supplies, with the assistance of the United Nations Children’s Fund, the World Health Organization, the United Nations Population Fund, key development partners and other stakeholders, at the invitation of small island developing States; (d) To implement well-planned and value-added interventions that strengthen health promotion, promote primary health care and develop accountability; mechanisms for monitoring non-communicable diseases; (f) To achieve universal access to HIV prevention, treatment, care and support and to eliminate mother-to-child transmission of HIV, as well as to renew and strengthen the fight against malaria, tuberculosis and neglected emerging and re-emerging tropical diseases, including chikungunya and dengue; (g) To reduce maternal, newborn and child mortality and improve the health of mothers, infants and children.</p> <p>2. Nutrition: (63) In this regard, we are committed to</p>

				<p>working together to support the efforts of small island developing States:</p> <p>(a) To promote the further use of sustainable practices relating to agriculture, crops, livestock, forestry, fisheries and aquaculture to improve food and nutrition security while ensuring the sustainable management of the required water resources;</p> <p>(e) To end malnutrition in all its forms, including by securing year-round access to sufficient, safe, affordable, diverse and nutritious food;</p>
4. Water, Sanitation and Hygiene (WASH)	Water and Sanitation	17,098,522	17,098,522	<p>(65). In this regard, we are committed to supporting the efforts of small island developing States:</p> <p>(a) To develop institutional and human capacities for the effective, inclusive and sustainable implementation of the integrated management of water resources and related ecosystems, including supporting women’s engagement in water management systems;</p>
5. Education	Social Development	9,471,577	9,471,577	<p>(88). We are committed, in this regard, to strongly supporting the efforts of Small island developing States:</p> <p>(a) To provide high-quality education and training for youth and girls with a focus on the most vulnerable, in particular persons with disabilities, including in creative, cultural and environment-related fields, so that all people have the necessary skills and can take advantage of employment opportunities to lead productive lives;</p> <p>(b) To ensure that education contributes to further building peace and promoting social inclusion;</p> <p>(c) To increase their investment in education, training and skills development for all, including vocational training, and to improve their access to formal and non-formal education, including to gain entrepreneurial skills, through both formal and non-formal</p>

				means, such as the use of distance teaching and the development of training approaches appropriate for small island developing States.
6. Means of Implementation	Partnerships and technical support	739,214	739,214	(99). We also call for enhanced international cooperation, including North-South, South-South and triangular cooperation, and especially cooperation among small island developing States. We reaffirm that North-South cooperation remains the core type of international cooperation and that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation. We recognize that genuine and durable partnerships will play an important role in advancing sustainable development by harnessing the full potential of engagement between governments at all levels, businesses, civil society and a wide range of other stakeholders. We further recognize that partnerships are effective

2. Measuring Progress

Eastern Caribbean Safe Schools Initiative

Aims/Goals/Targets

UNICEF partnered with the Caribbean Disaster Emergency Management Agency (CDEMA), the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector, OECS, UNESCO, the UN Office for Disaster Risk Reduction (UNISDR) and IsraAID to implement an Eastern Caribbean safe Schools Initiative following the devastating Hurricanes Irma and Maria in 2018

Goal:

- Ensure education systems across the Eastern Caribbean Area roll out the comprehensive school safety framework

Results

- Over 90 participants able to identify key lessons learned and outline the way forward for countries and sub regional partners, based on the 3 Pillars in the Safe School Programme of the Comprehensive School Safety Framework.
- 80 educators' personnel from across the sub region aware of the minimum standards of the Inter-Agency Network for Education in Emergencies (INEE) as well as basic tools to help strengthen risk-informed educational responses.
- 11,500 school children in Dominica benefit from updated school safety plans
- Updated school safety plans, developed with student input, all 74 schools in Dominica and similar work is continuing in the other countries

3. Please report using the table below for successful examples. If the work has already been reported last year using the table please only add updates if any, otherwise skip filling out the table and elaborate on the rest of the question (I, II, III)

<https://sidsnetwork.org/secretary-general-report-samoa-pathway/>

Name of Project/ Programme / Activity	Main Themes/ Goals addressed		Target Countries, Regions, Sectors	Goals	Intervention Type (Tech transfer, Capacity development etc.)	Total Budget (US\$)	Implementation Period
	Samoa Pathway	SDGs					
Eastern Caribbean Safe Schools Initiative	Climate Change	Climate action	Eastern Caribbean area	a) To build resilience to the impacts of climate change and to improve their adaptive capacity through the design and implementation of climate change adaptation measures appropriate to their respective vulnerabilities and	Capacity development	1.13 million	Nov 2017- October 2018

				economic, environmental and social situations;			
Community Social Groups (CSGs), for prevention of violence against children, Maldives		Goal 16, 5	Maldives	Empowering community stakeholders for prevention, protection and responding to violence against children	Capacity development, technical support	110,806.60	2016 – ongoing (2016 - 2020)
Strengthening school and community resilience to disaster situations, Cuba	DDR 52 c)	3 4 11 13	Cuba: Santiago de Cuba province (Santiago de Cuba and Tercer Frente municipalities) Ciego de Ávila Morón, Majagua and Chambas municipalities	Contribute to disaster risk reduction in schools, households and communities under a training programme for teacher and community coordinators at various institutions. Contribute, under the leadership of the National Civil Defense General Staff, to prepare a Comprehensive Child and Adolescent Protection Protocol for Humanitarian Situations.	Capacity development Coordination	70,000	Mar.16- Dec. 17
2018 Polio Response	Health & Non-communicable Diseases	Health-SDG 2	Papua New Guinea-National Polio Campaign	In response to the continuous circulation of the polio virus, all 22 provinces of the country were included in the emergency response from September 2018, with a target of 3,520,450 children under 15 to be vaccinated against polio. This is a huge task, given that the routine immunization system has produced stagnant results for the past decade, with immunization rates hovering	Immunization campaign	UNICEF Budget USD 3.4 million	2018-2019

				around 60 per cent for most provinces.			
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Increased knowledge of stakeholders in Education in Emergency roles, responsibilities and accountability and a commitment made to strengthening safe schools programming.

Natural disasters can negatively impact the goal of ensuring that every child learns, and the catastrophic effects of the 2017 hurricane season effectively exposed the vulnerability of the education sector in the Eastern Caribbean. To better understand the specific gaps and challenges, UNICEF partnered with the Caribbean Disaster Emergency Management Agency (CDEMA), the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector, OECS, UNESCO, the UN Office for Disaster Risk Reduction (UNISDR) and IsraAID, a humanitarian agency, to convene a meeting of ministries of education across the region for an after-action review and SWOT analysis. The over 90 participants sought to identify key lessons learned and outline the way forward for countries and regional partners, based on the 3 Pillars in the Safe School Programme of the Comprehensive School Safety Framework.

The three main lessons learned collectively by the countries centered on the need for psychosocial support for both teachers and students; the need to have updated intersectoral preparedness plans that clearly define roles and accountabilities; and the need to secure important school records and protect information systems. The importance of advocacy, development of regional guidance, capacity building around Education in Emergencies (EiE), technical assistance and collaboration between countries to better implement the Comprehensive School Safety Framework (CSSF) was underscored.

As a follow-up from this, UNICEF and its partners provided technical and financial support for the training of over 80 education personnel from across the region in Education in Emergencies programming. Participants were exposed to the minimum standards of the Inter-Agency Network for Education in Emergencies (INEE) as well as basic tools to help strengthen risk-informed educational responses. As a result, there is increased knowledge of EiE roles, responsibilities and accountability across education stakeholders and a commitment to the strengthening of safe schools programming.

In line with the 2017 Antigua and Barbuda Safe School Declaration and propelled by the major impact on the education sector in five countries, 2018 saw a major focus on a review of the countries in relation to the CSSF. The assessment process (field visit, desk reviews and interviews) examined the level of implementation of CSSF - safety at the learning facilities, existence of national policies and teachers' and students' response to risks and the specific challenges and capacities of each country.

Additionally, all 73 primary and secondary schools in Dominica benefited from a disaster risk reduction project, which resulted in schools having disaster plans for the 11,500 students.

4. Addressing gaps and challenges

Insufficient focus on the development of emergency contingency plans, coupled with limited national capacity in this regard, were identified as the major challenges. To assist in addressing this, UNICEF, with its partners, has been advocating and providing technical and financial support for a comprehensive approach to building capacities at the school level, developing emergency school plans and promoting the infusion of Disaster Risk Reduction (DRR) and resilient education into daily teaching. Updated school safety plans, developed with student input, now exist for all 74 schools in Dominica and similar work is continuing in the other countries.

5. Outreach/Publications