Social protection in small island states in the Pacific: a case study of child wellbeing in Vanuatu

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1. Introduction

This paper provides a case study of the role of social protection in a small island state in the Pacific Ocean – analysing disparities in child well-being in the country of Vanuatu. The paper is structured as follows: Part 2 provides details of the general social and economic context of small island states in the Pacific and Vanuatu in particular; Part 3 discusses the findings of a recent study of disparities in child well-being in Vanuatu; Part 4 assesses the role of social protection in addressing these disparities; Part 5 concludes with a discussion of the likely implications of these findings for other Pacific Island countries.

2. The geographic, social and economic context

The Pacific Ocean covers about 30% of the world's total surface and contains about 25,000 islands, the majority of which are found in the southern hemisphere. The island states of the Pacific are separated by vast differences – it is over 8,000 kilometres from Palau to the eastern boundary of Kiribati or about the same distance as from London to Beijing. Kiribati has a population of less than 100,000 people but its exclusive economic zone covers an area of ocean about the size of Australia. Within these vast areas of ocean, actual land size varies greatly – from 12 square kilometres in the case of Tokelau (population 1,500) to around 28,000 square kilometres in the case of the Solomon Islands (population 460,000).

There are 14 independent Pacific Island Countries (PICs) – Fiji, the Solomon Islands and Vanuatu (Melanesia), the Federated States of Micronesia (FSM), Kiribati, the Marshall Islands, Nauru and Palau (Micronesia), and the Cook Islands, Niue, Samoa, Tokelau, Tonga and Tuvalu (Polynesia). In addition, France has a number of overseas departments or dependencies in the Pacific, including French Polynesia, Wallis and Futuna and New Caledonia, while the USA has an unincorporated territory in Western Samoa and a state in Hawaii.

The World Bank describes the Pacific islands as the world's most economically remote islands. Geographic disadvantage is measured by average GDP-weighted distance from the rest of the world, and also in airfare costs to three economic hubs surrounding the Pacific: "the Pacific Islands are unique in their remoteness. The islands rank 207 out of 218 countries on population and income weighted distance measures. The average Pacific Island is the

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[1] This paper is based on a report prepared by a team at the Social Policy Research Centre (SPRC) at the University of New South Wales, Sydney, Australia, comprising Elizabeth Adamson, Susan Benjamin, Christopher Deeming, Bina Gubhaju and Peter Whiteford. The research was commissioned by UNICEF Pacific. This report could not have been written without the information and advice given by numerous officials in Vanuatu, particularly Simil Johnson and Kim Robertson of the National Statistics Office. Contact: Email: p.whiteford@unsw.edu.au.

197th most remote country out of this group, while the average Caribbean island country is only the 100th most remote" (World Bank, 2009).[2] What these calculations help to illustrate is that in general, island countries face major economic challenges on account of being remote, divided and sea-locked. But the Pacific islands are by global standards, particularly remote.

The first inhabitants of the Torres Strait Islands are believed to have migrated from the Indonesian archipelago 70,000 years ago when New Guinea was still attached to the Australian continent. The more distant Pacific Islands were settled from around 3,500 years ago, and they were the last region to be visited by Europeans starting from the 16th Century. Most PICS were colonised by European powers in the 19th century, specifically the United Kingdom and France and later by Germany and the United States.

As indicated above, it is conventional to distinguish between three ethnic or cultural groupings: Melanesia – the western part of the Pacific, Micronesia – the northern region traversing the equator, and Polynesia – the southern and more eastern region which was settled last. In Melanesia in particular there is a wide variety of languages. In the Solomon Islands there are around 70 languages spoken, while in Vanuatu, there are over 100 local languages spread over the archipelago. Vanuatu is considered to be the country with the highest density of languages per capita in the world, with an average of about 2,000 speakers for each indigenous language; only Papua New Guinea comes close, with more than 200 languages but with a population of more than 7.5 million.

In most Pacific Island countries, European colonisation was late and relatively shallow – in the sense that colonies in the Pacific were mainly motivated by strategic rather than economic interests, and there not large inflows of settlers. An exception is Fiji, where Indian workers were employed to work in sugar cane farms from 1879. The 463 indentured workers who disembarked in 1879 were the first of over 61,000 to arrive from the South Asia over the following 40 years. Most Pacific Island people belong to a Christian church, the denomination depending upon the established church of the colonial power. However, many people combine their Christian faith with some pre-Christian traditional indigenous practices. In Fiji, religion is one of the fault lines between indigenous Fijians and Indo-Fijians, with the former overwhelmingly Christian, and the latter mostly Hindu and Muslim.

Most PICS are relatively poor in natural resources, apart from those drawn from the sea, although the western Pacific has been rich in forest resources and in some countries mineral resources.

Vanuatu

Vanuatu is in the Melanesian group in the western Pacific and is made up of 80 islands, 65 of which are inhabited, spread over around 800 kilometres of ocean. The total economic zone of Vanuatu is large relative to its modest population size, making problems of distance and communication very significant, even if these are not as severe as in some other PICs.[3]

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[2] In addition, the average cost of an airfare from a Pacific Island country to one the three main metropolitan hubs with a significant Pacific Island population is more than twice as great as the corresponding flight for someone from the Caribbean (World Bank, 2009a).

[3] Vanuatu's Exclusive economic zone covers about three-quarters the size of metropolitan France or the Australian state of New South Wales.

The larger islands are mostly volcanic in origin, and there are nine active volcanoes. The country is extremely vulnerable to natural disasters: The Commonwealth Vulnerability Index assessed it as the most vulnerable country of 111 assessed (ADB, 2009a). In 2009, for example, the government was required to provide an emergency response to volcanic activity in Ambryn (Malampa) and to an earthquake in Tongoa (Sanma).[4]

Vanuatu gained its independence in 1980, after 74 years of joint rule by Britain and France. Vanuatu is a democratic republic with a 52 member Parliament elected every 4 years. The Prime Minister, Vanuatu's Head of Government, is elected by the members of Parliament for a period of five years. There are 13 government ministries which are led by 13 co-members of the Council of Ministers. A new Head of State came into office in September 2009.

Vanuatu is administered at the sub-national level by six Provincial and three Municipal governments. The northernmost province, containing some of the most remote islands and atolls, is Torba; the capital Port Vila is located in Shefa province and the other main urban centre, Luganville, is located on the predominantly agricultural island of Espiritu Santo in Sanma province. Tafea is the southernmost province, also with remote islands and atolls.

The relationships between the National Government, provincial governments, and the municipal administrations of Port Vila, Luganville and Lenakel are important. In addition, the National Council of Chiefs has a role under the Constitution, which upholds matters of custom and tradition. Each Island has an Island Council of Chiefs which has responsibility for resolving disputes according to traditional local custom (ADB, 2009b, p. 47).

Population

Vanuatu has a young population, with 47 per cent of the population aged less than 20 years in 2006. The population of Vanuatu was estimated at 243,300 in 2009 (VNSO). Other estimates range from as low as 219,000[5] and uncertainty remains about the true population growth rate, with international sources estimating the current growth rate anywhere from 2.4 per cent to 2.7 per cent (ADB, 2009a and IMF 2009). Even at lower-end projections, the growth rate is high by international standards. It is projected that the population will increase by close to 40 per cent by 2015, with large increases in the size of older age cohorts, particularly women, as well as young men.

Vanuatu's fertility rate in 1999 was 4.8, and is one of the highest in the Pacific, although it is declining, especially in urban areas where the Total Fertility Rate in 1999 was 3.8 compared to 5.1 in rural areas (VNSO, 2009a).

[4] The Pacific generally is very vulnerable to natural disasters. For example, the 2009 tsunami that hit Samoa killed 129 people and made 3,000 homeless out of a total population of around 180,000. If a disaster on the same scale occurred in Australia, for example, then the death toll would have been more than 15,000 and more than 350,000 people would have been homeless.

[5] The most recent Census took place in November 2009 but results are not yet available.

Figure 1: Geography of Vanuatu

Family and community

Many islands have similar values, customs and cultures, although there are over 100 different languages. The family is the basic social unit. The importance for the household unit and for children of traditional reliance on family, community and kinship networks is marked in Vanuatu as in other Pacific Island countries. These networks facilitate wide sharing of resources and provide social support, and are likely a key element in resilience to poverty.

Traditional community and cultural values also play an important role for children in other dimensions of wellbeing, such as child protection and social protection. For instance, the community is expected to engage with the family regarding child protection or justice. Most cases (about 80%) of children's non-compliance with the law are referred to the community – and few cases are referred to police or the justice system (UNICEF and Republic of Vanuatu, 2009). Another example is the important consultative role played by the Council of Chiefs in considering and enabling the passing of the Family Protection Act.

The place of children in a community and household context is also important for understanding opportunities and limitations on opportunities. For example, cultural values may determine who receives education. Also, in Vanuatu it is a norm for children to contribute to household farming, but this contradicts international norms and is considered to inhibit children's education opportunities. Another example of the importance of kinship and tradition to children's wellbeing is that children may be 'adopted' into other families as a means of strengthening kinship (UNICEF and Republic of Vanuatu, 2009).

The main areas that the *kastom* system deals with today are land disputes, issues relating to marriage and children, disputes over the payment of debts and failure to honour agreements and offences of some sort committed by one person against another. All of these are generally referred to as '*trabol*' (trouble) or '*raorao*' (a dispute). In *kastom*, the overriding aim is to restore peace and harmony in the community, and therefore the distinction that is drawn in Western legal systems between punishment and compensation for criminal and civil matters does not apply.

Economic context

The economy is small and open, with few trade restrictions and few exports. Its exports (kava, for example) are often traded regionally. The relative importance of agriculture has declined, as services and industry have grown. However, although agriculture only accounts for 18.8 per cent of GDP, it is the backbone of the subsistence of the population, with about 80 per cent of the population living in agricultural households (VNSO, 2006a).

Since 2003 Vanuatu has become one of the fastest growing economies in the Pacific region. Tourism has driven the economy, along with associated real estate activity and construction. Visitor expenditure accounts for about 20% of GDP and the sector employs around 4700 people (ADB 2009b). Vanuatu's economy is generally considered to be very vulnerable to international demand and price movements because of its substantial imports and reliance on tourism. This vulnerability is shared by a number of other PICs with similar economic characteristics.

Tourism in the region is generally viewed as a fickle and unreliable sector. There is a particular concern that cruise ships, the primary source of tourist visits, have a large and unreliable impact on remote provincial economies. Cruise ships can inject huge amounts of

cash into the local economy (estimates as large as US$40,000 per ship), although on an irregular basis. This 'easy money', although often unreliable, can disrupt traditional lifestyles. There is also a concern that cruise ship preference for specific locations and thus economic favouring of specific communities, has resulted in social unrest (Bazeley and Mullen 2006).

Despite Vanuatu's dependence on international tourism, the country appears to have fared well through the Global Economic Crisis (GEC). Vanuatu's GDP growth remained strong in 2008, dropping slightly to 6.3 per cent, compared to 2007's growth of 6.8 per cent. GDP growth in 2009 is estimated at a more modest 3.8 per cent, but this still represents growth in tourism (cruise arrivals in particular) and construction. Vanuatu's small financial sector is closely aligned with the Australian financial sector, which weathered the GEC relatively well. Tourism also remained strong despite the GEC, as Australians favoured closer and cheaper holiday destinations such as Vanuatu.

Table 1 shows recent trends in government revenues and spending in Vanuatu. Government revenues have increased significantly from around 17% of GDP to 29%. The two major sources of revenue are VAT and import duties. Overseas development assistance (ODA) funding for infrastructure development has also been a key economic driver. ODA is a significant feature of the economy, and accounted for around 1.6% of GDP in the five years to 2007 (ranging from a low of 0.9% to a high of 2.55% in any year). But in 2008, ODA jumped significantly to over 7% of GDP, largely due to infrastructure funding by the United States through the Millennium Challenge Account.

Table 1: Government revenues and spending, Vanuatu, 2000 to 2008
% of GDP

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total public revenues, of which	16.8	17.2	17.3	16.6	18.2	19.7	20.1	22.1	29.4
Taxes on international trade and transactions	13.4	13.6	13.9	14.2	15.0	15.2	16.3	18.4	20.2
Non Tax revenue	2.5	2.1	1.6	1.5	1.7	1.8	2.1	2.2	2.1
Grants from foreign governments/ international organizations	0.9	1.6	1.8	0.9	1.5	2.6	1.7	1.4	7.0
Total public expenditures, of which	22.1	20.4	20.6	18.0	17.4	17.1	19.2	22.3	27.0
Health	2.1	2.2	2.3	2.3	2.1	2.1	2.1	2.6	2.7
Education	4.2	4.6	4.9	4.9	4.5	4.1	4.8	5.9	5.7
Transfers to households	..	..	..	..	..	0.2	0.3	0.4	0.4

Source: Vanuatu National Statistics Office.

Over the same period, government spending increased from 22% to 27% of GDP. Social spending is mainly on education and health, and accounts for roughly one-third of total spending. Transfers to households are a very small component.

Labour market conditions and urbanisation

The labour market in Vanuatu is concentrated in the agricultural sector. In 1999, more than 78 per cent of the population aged 15-64 was economically active. More than 67 per cent of the population were engaged in subsistence farming, with more females (72.9%) than males (62.5%) working in this sector. However, only about a quarter of the workforce was working for pay, salary or profit, and the majority (about two-thirds) of this group were males. Other than the agricultural sector, 5.4 per cent of labour market participants were technicians and associate professionals, including teachers and nurses, and 5.2 per cent were shop and market sales workers. Not surprisingly, the proportion of agricultural workers in rural areas was much larger (86.2 per cent) than in urban areas (8.3 per cent).

Wages in the formal sector are regulated, with a minimum legal wage currently set at VT26, 000 per month (ADB 2009b). However this rate is significantly above wages generally paid in the informal sector, with wages often half the legal amount, despite the threat of prosecution (ADB 2009b). The value of formal employment is further raised by employment laws that provide for severance pay, maternity pay and sick pay. Employees in both the formal private and public sector also belong to a compulsory savings scheme (the Vanuatu National Provident Fund), with contributions by both employer and employee.

Urbanisation has long been a significant feature of Vanuatu, with considerable movement from rural to urban areas. It is estimated that the urban population growth rate in the two main centres exceeds 4 per cent per year, and it is projected that by 2020 Port Vila's population will be as high at 60,000, many of whom will be young, unemployed people (ADB, 2009b). These changes place pressure on housing, infrastructure and services in Port Vila and Luganville. Approximately 30 to 40 per cent of Port Vila's population currently lives in temporary dwellings in informal squatter and peri-urban settlements, resulting in a deteriorating social environment.

Urban drift leads to higher levels of urban unemployment. This trend appears to be evident in Vanuatu. In 1999 around six percent of urban dwellers were looking for work (compared to 0.2% in rural areas). In the 2006 HIES eight per cent of the urban population were looking for work. In most urban households, even the poorest, there is a working member (76% in all households in Port Vila, 70% in households in the poorest decile) (VNSO, ADB, UNDP, 2008).

A number of sources cite a particular concern for urban youth, particularly recent migrants from the rural areas who have great difficulty finding jobs. Their choices are limited, and living and working conditions are poor. Asides from the direct impact on themselves and their families, there is a concern that this situation could contribute to social conflict and crime. By 2029 Vanuatu is projected to double its working-age population compared to 2004, showing the crucial need for economic and employment growth to keep pace with population growth (World Bank, 2009a).

Human development, income inequality and poverty

A limited range of studies have looked at indicators of wellbeing for households in Vanuatu, with some of these reports now being quite dated. However, to a significant extent some of these data gaps have recently been filled by the 2007 Multiple Indicator Cluster Survey and the 2006 Household Income and Expenditure Survey.

According to the latest Human Development Report (UNDP, 2009), GDP per capita in purchasing power terms is just under US $3,700 , a little lower than Indonesia, and ranking 122nd in the world. Vanuatu is ranked 126th on the 2007 United Nations (UN) Human Development Index (HDI) table of 182 developing countries, placing it in the medium human development category ahead of the Solomon Islands, Papua New Guinea, and Timor-Leste (UNDP, 2009), but below those of other Pacific countries.

The Gini index of household consumption inequality was 0.41 in 2006 (VNSO, 2008). The 2006 HIES was the first time reliable national estimates were available. The highest levels of inequality, as measured by the Gini, were evident in Port Vila with a Gini coefficient of 0.46

compared with a rural Gini of 0.40. [6] It is possible, however, that traditional household measures of inequality may be misleading in the case of Pacific Island cultures, where there is considerable sharing across households.

Estimates of the level of inequality and poverty vary widely depending on the measure of household resources used. The figures noted above are calculated on the basis of household consumption, which includes the estimated value of home production of food for subsistence. Earlier studies are not comparable because they did not estimate the value of this home production. It is worth noting that this lead to some studies incorrectly assessing the level of inequality in Vanuatu; for example, Bazely and Mullen (2006) refer to the level of inequality in Vanuatu as being amongst the highest in the world using data from the mid-1990s. However, the estimated Gini coefficient for Vanuatu in the 2006 HIES is about the same as in the United States, for example, which places Vanuatu at a high moderate level of inequality internationally.[7] Correspondingly, earlier estimates of income poverty in Vanuatu are likely to be misleading because they did not include the value of home production. Using the 1998 HIES, the Asian Development Bank (2002) estimated that roughly 40% of Vanuatu households had incomes below the international poverty line of $1.00 a day, whereas in this study we estimate that in 2006, only 4% of Vanuatu children were below this poverty line.

The ADB and the UNDP subsequently undertook a study of poverty in Vanuatu using the 2006 Household Income and Expenditure Survey (HIES). The HIES data found that the overall poverty gap (not children's poverty) in Vanuatu was relatively low compared to other Pacific countries, with a national Poverty Gap Index (PGI) of 5.6, compared with 7.5 for Solomon Islands and 11.2 for Fiji. For Port Vila, the poverty gap was higher, with a PGI of 10.6, reflecting greater inequality in urban areas (ADB, 2009b, p15). The per capita and per household poverty lines, calculated from the HIES also found that a larger proportion of households in Port Vila were below the basic needs poverty line, compared with the whole of Vanuatu. In Port Vila, 27.2 per cent of the households were below the basic needs poverty line, compared with 12.9 per cent nationally (ADB, 2009b, p15). Overall, these figures indicate that Vanuatu experiences a slightly lower level of poverty severity than other Pacific countries, except in Port Vila (Government of Vanuatu, ADB and UNDP, 2008, p. vi).

Vanuatu and Pacific society generally has long been seen as a traditional culture of caring for and sharing within family and clan. Images of hunger and destitution and of absolute poverty frequently seen in other parts of the developing world have been largely absent in the Pacific. Households living on remote islands may have limited access to cash incomes, but usually have access to traditional land holdings for subsistence crops, and to the sea.

While Ni-Vanuatu might not be well off in financial or material terms, their strong family, kinship and community ties have traditionally provided social safety nets for the most disadvantaged and vulnerable. (VNSO, ADB, UNDP 2008) Children's wellbeing and development is also not traditionally considered separately from the larger family and community. According to the 2007 National Children's Policy (NCP), the Government 'recognizes, upholds and supports the role of the family as the fundamental group of society,

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[6] In reality, however, the Gini coefficient may be higher than these levels; because of sampling and non-sampling errors the HIES did not include as many high income households as expected.

[7] UNDP (2009) shows that Vanuatu's Gini coefficient ranks 86th out of 143 countries. A number of very high inequality countries in Africa and Latin America have Gini coefficients above 0.6, while the lowest inequality countries in Scandinavia have Ginis of around 0.25.

creating … the well being of the nation's children.' Traditional culture is generally viewed as supportive and nurturing of children: 'They (children) enjoy a rich cultural life and bask within the love of their extended family network' (Government of Vanuatu, 2007).

Indeed, in a participatory poverty and hardship assessment, poverty was defined as a state of "having nothing" (*no gat samting*), "being hopeless", and "struggling for survival", and was largely viewed as not existing in Vanuatu (ADB, 2002).

Hardship, however, is widely perceived to exist. Communities described hardship (*Laef I had tumas*) as "temporary and manageable life difficulties". Hardship is characterized primarily by lack of and/or limited access to basic services such as education, health, good roads, and safe water supply (ADB, 2002). The poorest households are likely to lack access to basic services, especially water and sanitation if they are in the more remote parts of the country, away from urban amenities or in the squatter areas or informal settlements in the urban centres of Port Vila and Luganville. Limited income sources and unemployment were the most cited hardships in urban areas. Unemployed, landless, widows and single mothers, orphans, disabled, elderly, settlers, and 'lazy' people were those identified to be suffering much more from hardship than the rest of the community (ADB, 2002).

The society and economy is increasingly dualistic, however. Migration to urban areas is growing (Port Vila in particular), along with the appeal of the urban lifestyle and cash economy. While Vanuatu as a whole is challenged by its small size and geographic isolation, and the rural population are isolated from urban Vanuatu's economic development and relative access to information and services. Increasing urbanisation and monetisation of the society is perceived as leading to a deterioration of traditional support systems; persistent development gaps between urban and rural areas, rising urban poverty and heightened expectations of development goals have also emphasized the need to address disparities.

3. Child Poverty and Disparities in Vanuatu

As noted above nearly half of Vanuatu's population is aged less than 20 years and it therefore seems reasonable to argue that children's wellbeing is central to any assessment of social development in Vanuatu. This section examines disparities in children's wellbeing, through a multi-dimensional analysis of data from the 2006 HIES and the 2007 MICS to identify how many of Vanuatu's children are poor or deprived, where they are located, and household or individual characteristics associated with children's wellbeing in Vanuatu. The analysis follows the guidelines established by UNICEF's *Global Study on Child Poverty and Disparities 2007-2008*.

The Global Study on Child Poverty and Disparities has been carried out in 49 countries[8] and seven regions in 2007-2008 with UNICEF support, and uses MICS, DHS and other available data to analyse the poverty and disadvantages experienced by families with children. Vanuatu is the first Pacific island country to be included in the global study.

[8] The 49 countries are: *Eastern and Southern Africa:* Burundi, Lesotho, Madagascar, Malawi, Tanzania, Zambia, Zimbabwe; *West and Central Africa:* Cameroon, Congo DR, Congo – Brazzaville, Ghana, Mali, Niger, Nigeria, Senegal, Sierra Leone; *Americas and the Caribbean*: Bolivia, Brazil, Jamaica, Mexico, Nicaragua; *CEE/CIS:* Kyrgyzstan, Kosovo, Ukraine, Uzbekistan; *East Asia and Pacific:* Cambodia, China, Lao PDR, Mongolia, Philippines, Thailand, Viet Nam; *South Asia:* Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, Comoros, Seychelles, La Reunion and Mauritius; *Middle East and North Africa*: Djibouti, Egypt, Iran, Morocco, Occupied Palestinian Territory, Yemen; *Pacific*: Vanuatu.

The Global Study[9] uses a comprehensive approach that focuses on poverty through a progressively specific analytical lens. First, the Study looks at gaps and opportunities in national poverty reduction strategies, including the demographic and economic context, employment, public and private social expenditures, fiscal space and foreign aid. Second, the study focuses in on the poverty and disadvantage faced by families with children. Finally, the Study looks in detail at how public policies could more effectively reduce child deprivations by providing better services and protection for all children and for all families caring for children, including measures that promote gender equality.

The purpose of the Study is to strengthen the profile of children at the national policy table. In particular, the Study aims to influence the economic and social policies that affect resource allocations, and to make children a priority in national programmes addressing: 1) the poverty of families raising children, and 2) the health, education and protection needs of children living in poor, vulnerable households, unsafe circumstances, and/or disadvantaged communities.

The Global Study adopts a child poverty concept that builds on existing definitions and measures of poverty, and considers both income and non-income factors affecting the household, and how these determine whether or not a child enjoys her/his right to survive, grow and develop; and how resource scarcity and deprivations directly impact children, as well as how they are more broadly experienced differently according to gender, age and social status at the family, household or country level.

The approach used in the Global Study also argues that children experience all forms of poverty more acutely than adults because of their vulnerability due to age and dependency, and because lost opportunities in childhood often cannot be regained later in life. Considering this, UNICEF's *2005 State of the World's Children* (Bellamy, 2005), sets out a working definition of child poverty, which is inspired by the principles of the Convention on the Rights of the Child, focuses on the *resources* children need to survive and grow: "Children living in poverty experience deprivation of the material, spiritual, and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."

Here material resources include income, food, access to education or health services, protection from health risks, such as those associated with hard physical work and others. Spiritual resources include stimuli, meaningfulness, expectations, role models and peer relationships, and emotional resources include love, trust, and feelings of acceptance, inclusion, and lack of abusive situations. There are obvious challenges to measuring these, and few available indicators.

Recent research has shed more light on child deprivations, family income and usefulness of composite indicators. The groundbreaking study 'Child Poverty in the Developing World' (Townsend et al, 2003) examined child wellbeing looking through the lens of seven severe deprivations of human needs. The term 'absolute poverty' was used for cases when children have been exposed to two or more severe deprivations, partly to increase the robustness of findings, and partly because factors other than (material) poverty, such as discrimination, can

[9] The conceptual framework, methodology and data templates of the Study are detailed in the Global Study Guide, available online at www.unicefglobalstudy.blogspot.com.

also result in child deprivations. The dimensions and indicators employed in the Bristol study and adapted to Vanuatu conditions are shown in Box 1.

Box 1: Deprivation measures from the MICS

The following are the definitions of deprivations used in this paper. These definitions are based on the Bristol definitions, with some modifications for either Vanuatu data or context.

1. Shelter - Severe: Children (0-17) living in a dwelling with no floor material (i.e. earth/sand floor); Less severe: Children (0-17) living in a house with inadequate roofing (i.e. thatch/palm leaf)

2. Sanitation facilities - Severe: Children (0-17) with no access to a toilet facility of any kind (i.e. no facilities or bush or field/other in the MICS); Less severe: Children using unimproved sanitation facilities: pour flush latrines, covered pit latrines, open pit latrines, and buckets (i.e. pit latrine without slab/open pit, no facilities or bush or field, other).

3. Safe drinking water - Severe: Children (0-17) using surface water /other; Less severe: Children (0-17) using water from an unimproved source such as open wells, open springs or surface water (i.e. unprotected well, unprotected spring, surface water, other).

4. Information - Severe: Children (aged 3-17) with no access to a radio/television/telephone/and mobile telephone in the MICS). (i.e. all forms of media). (Note: access to newspapers or computer not available in Vanuatu MICS); Less severe: Children (aged 3-17) with no access to a radio and television (i.e. broadcast media).

5. Food - Severe: Children (0-5) who are more than 3 standard deviations below the international reference populations for stunting or wasting or underweight; Less severe: Children (0-5) who are more than 2 standard deviations below the international reference for stunting or wasting or underweight.

6. Education - Severe: Children (aged 7-17) of schooling age who have never attended school; Less severe: Children (aged 7-17) of schooling age currently not attending school

7. Health - Severe: Children (aged 1-2) who did not receive immunization against any diseases; Less severe: Children (aged 1-2) who had not received eight of the following vaccinations bcg, dpt1, dpt2, dpt3, polio0, polio1, polio2, polio3, measles

Consumption poverty affecting children

Poverty research needs to take two steps – first it is necessary to define the concept of poverty to be used; second the concept or definition needs to be measured. One definition is that poverty exists when people do not have an adequate level of economic resources to obtain and sustain an acceptable standard of living. This type of definition can be thought of as embodying the income or consumption expenditure approach. With studies using either of these metrics, poverty is generally measured from social surveys by comparing household income or expenditure (adjusted for household need using an equivalence scale) with a poverty line. In our study, child poverty was estimated using three main measures of poverty:

- National poverty line: Food and Basic Needs Poverty Lines;
- International ‘dollar a day’ poverty line (i.e. the value used in Goal 1 of the Millennium Development Goals);
- Relative expenditure poverty lines (i.e. using various percentiles of median equivalised household expenditure).

The Vanuatu Household Income and Expenditure Survey (HIES) for 2006 (Government of Vanuatu, ADB and UNDP, 2008) provides the basis for the analysis. Importantly, this survey estimates the cash value of 'home production' at the household level which was included in all of the expenditure (consumption based) poverty line calculations given in the tables below.

In poorer countries – including Pacific Island countries – home production is important. Households often have limited money incomes and low consumption expenditure but with access to farming or fishing they may be able to produce most of what they need to consume. It is also important to keep in mind that household income and expenditure provide only an indirect measure of economic resources, since households may have savings or other forms of wealth that they can draw on to finance consumption.

International dollar a day poverty line

The measurement of absolute global poverty is usually done through the estimation of the US$1 per day PPP value. This measure is used in Goal 1 of the Millennium Development Goals (MDGs) and enables cross-country comparisons of the extent of poverty. Recently the dollar a day estimate has been calculated at $1.25 a day (at 2005 PPP) up from $1.08 a day (at 1993 PPP). Data from the 2006 HIES suggest that 5.4 per cent of all children in Vanuatu live in households that manage on less than $1.25 a day. As shown in Table 2, this ranges from 14 per cent of children living in households that manage on less than $1.25 a day in Torba to one and two per cent of children in Luganville and Port Vila. If we use the $1.08 per day measure, the figure for child poverty in Vanuatu is 4.2 per cent compared to 5.4 per cent using $1.25 a day.

Table 2 Children living in absolute poverty, Vanuatu, 2006 *

	Total No. children	% below $1.08 per day	% below $1.25 per day
Torba	4,420	11.4	14.2
Sanma (rural)	11,673	1.1	1.1
Penama	15,059	1.2	1.6
Malampa	13,081	1.7	2.3
Shefa (rural)	12,067	7.2	10.7
Tafea	15,786	9.8	11.8
Luganville	4,408	0.9	1.0
Port Vila	11,492	1.9	2.0
Vanuatu	87,986	4.2	5.4

*Children = 17 years and under. Source: 2006 HIES (VNSO, ADB and UNDP, 2008)

The fact that the difference between these two poverty lines is quite low is itself significant. For example, in some countries such as China and Indonesia (prior to the 1997 financial crisis) there were more people between $1.08 and $1.25 per day than below $1.08. This means that economic shocks can potentially have a very significant impact on measured poverty rates, because many people are just above the poverty line. The figures in Table 2 suggest that this sort of vulnerability may not be an issue for Vanuatu.

Relative poverty lines

Poverty lines expressed as a percentage of median (or mean) income or expenditure have grown in popularity. This approach has been widely used to compare poverty rates internationally. Here we estimated a range of alternative poverty lines based on relative measures of poverty, for example, 50 or 60 per cent of median household expenditure to

examine rates of child poverty. While such relative measures are more commonly used in rich countries, there is no particular reason why they should be regarded as less relevant in developing countries; and are increasingly being used in developing countries where there are difficulties in deriving 'costed' poverty lines. Indeed, the Vanuatu-specific poverty lines discussed previously can also be considered as relative since they are based on the expenditure patterns of the poorest 30 per cent of households.

According to the 2006 HIES, nearly a quarter of children live in households with expenditure less than 50 per cent of the national median (Table 3) and about a third using 60 per cent of the national median. Some of the highest levels of relative poverty in Vanuatu are seen in the regions of Tafea, Shefa and Penama. In Tafea, for example, nearly 30 per cent of children live in households with PAE expenditure less than 50 per cent of median.

Table 4 Children living in relative poverty, Vanuatu, 2006*

	Total No. children	% below 50 % of median	% below 60% of median
Torba	4,420	45.7	56.9
Sanma (rural)	11,673	19.2	29.5
Penama	15,059	21.5	28.2
Malampa	13,081	17.8	26.5
Shefa (rural)	12,067	27.0	34.8
Tafea	15,786	35.2	43.8
Luganville	4,408	9.0	14.0
Port Vila	11,492	7.9	11.0
Vanuatu	87,986	22.7	30.3

*Children = 17 years and under. Per Adult Equivalent (PAE), Calculations are made using the standard UNDP equivalence scale. Here adult equivalents are derived from "equivalence factors" where children 17 or under are counted as half an adult, thus a household with two adults and two children would be equivalent to 3 adult equivalents. Source: HIES 2006 (VNSO, ADB and UNDP, 2008).

Vanuatu 'national' poverty line: Food and Basic Needs Poverty Lines

The incidence of poverty estimated using the 'national' Vanuatu poverty line or Basic Needs Poverty Line (BNPL) is a measure of hardship experienced by the poorest households in Vanuatu. It is estimated from the cost of a minimally-nutritious, low-cost diet which delivers approximately 2,100 kilo calories per day[10] (this is referred to as the Food Poverty Line (FPL)). To this is added an amount for essential non-food expenditure (e.g. housing, transport, education, clothing, utilities) which is required to provide an overall basic-needs standard of living. Households which have per capita adult equivalent expenditure below the basic needs poverty line are then deemed to be living in poverty.

The Food Poverty Lines (FPL) for Vanuatu and households in the three areas (rural, Port Vila, Luganville) were estimated from the actual food expenditure patterns recorded in survey diaries for households in the lowest three-deciles of expenditure, measured in per-capita adult-equivalent terms. To estimate the cost of the FPL in Vanuatu the Consumer Price Index (CPI) prices were used to measure the costs of purchased items, and the actual values recorded in the diaries were used to estimate the notional costs of items that were produced for home consumption (subsistence production). This is important because in the rural areas particularly, subsistence production accounts for 69 per cent of food consumed by the poorest households. Even Luganville, which is classified as an urban centre has over one quarter (28

[10] This is the minimum food-energy intake recommended by the Food and Agricultural Organisation of the UN, and the World Health Organisation.

per cent) of food consumption from home production in the lowest three expenditure deciles. In comparison, in Port Vila, subsistence production accounts for just over one-tenth (12 per cent) of food consumed by those in the bottom thirty per cent of households.[11]

It is important to bear in mind that this method of deriving poverty lines from survey data uses the actual consumption patterns of households from their daily expenditure dairies. This method is often criticised because rural households inherently have lower food and non-food expenditure poverty lines than they would if 'model' diets or actual costs of basic needs factors (normative or derived) were used which would increase the amount of 'cash' expenditure and ultimately the poverty lines.

The amounts reported by households as being spent on non-food essentials varies between the regions; with rural areas typically having small differences between food and non-food expenditure with urban areas having higher proportions of non-food expenditure. In rural areas poor households (bottom forty-per cent) reported spending approximately one third more on non-food items than food; with a slightly higher ratio in Luganville (0.7) than in rural areas (0.3). In Port Vila non-food expenditure was just over twice as much as food expenditure (non-food expenditure was 1.2 times higher than food expenditure for the bottom four deciles in Port Vila). These proportions of non-food to food expenditure were taken as the basis for the BNPL non-food factor; applying these actual expenditure amounts to the FPL gives the non-food basic-needs factors.

The total number of children in Vanuatu estimated to be living in households below the BNPL in 2006 was 14,953 or about 17 per cent all children (Table 4.). About 40 per cent of all children in Torba were living in poverty and about a quarter of all children in Tafea and Shefa were in poverty. Using this measure, Luganville and Port Vila have the lowest levels of child poverty with about five per cent of children in these regions in poverty.

Table 4 also shows the proportion of children living under the sub-national BNPLs. The sub-national BNPLs observe the regional non-food factors as described above. In Torba, the figure is now a quarter of all children living in poverty compared to the 40 per cent when the national poverty line is used. In Luganville child poverty is now twice the level of the national standard (at 11 per cent from 5 per cent) and in Port Vila it is now close to 33 per cent, compared to 6 per cent using the national standard.

Thus, child poverty and wellbeing has a strong regional dimension in Vanuatu: however, the regions that are most disadvantaged change significantly when different measures of poverty are used. If any of the national average lines are used, then child poverty is highest in the more distant northern (Torba) province and the distant southern province (Tafea), but if sub-national poverty lines are used then child poverty is most severe in the capital city, Port Vila, due to the higher costs of living in urban areas.

[11] The weighted average household FPL in 2006 for the country as a whole was estimated to be VT 14,097 (VT 3,064 per capita adult equivalent (p.c.a.e.) per month. For Port Vila which had the highest food costs the monthly average household FPL was estimated to be VT 24,163, (VT5, 034 per p.c.a.e. per month). In the two other regions the corresponding figures were VT15,814 in Luganville (VT3,594 per p.c.a.e. per month) and VT11,392 in rural areas (VT2,589 per p.c.a.e. per month). An additional allowance for non-food expenditure is added to the FPL to form the BNPL. The allowance for essential non-food expenditure has been estimated as a national average expenditure of VT 21,692 per household per month (VT 4,716 p.c.a.e. per month). Port Vila is again the region with the highest BNPL at VT 11,075 followed by Luganville at VT 6,110 p.c.a.e. per month. For rural areas the BNPL is VT 14,809 for the average household or VT 3,366 p.c.a.e.

Table 4 Children under the National and Sub-national Basic Needs Poverty Lines, Vanuatu, 2006*

	Total No. children	% below National poverty line	% below sub-national poverty line
Torba	4,420	39.5	24.2
Sanma (rural)	11,673	12.6	4.7
Penama	15,059	17.1	6.1
Malampa	13,081	11.0	3.6
Shefa (rural)	12,067	22.6	15.5
Tafea	15,786	26.0	17.6
Luganville	4,408	4.9	11.4
Port Vila	11,492	5.9	32.8
Vanuatu	87,986	17.0	13.5

Source: 2006 HIES. *Children = 17 years and under

Apart from this important geographic dimension, a number of other factors appear to have an important bearing on whether children live in poverty.

Household size appears to be an important determinant of poverty with over half of children in households with seven or more members being in poverty compared to 11 per cent of those with four or fewer members.

The education level of the household head is also very important, with 22 per cent of children of those with no schooling being poor compared to 17 per cent of those with some primary schooling and seven per cent of those with secondary schooling.

In contrast, gender does not appear to play a significant role in influencing expenditure poverty, with virtually no difference in poverty rates between boys and girls. Similarly, the gender of the head of household appears to play a relatively small role in determining the likelihood of a household being in poverty in Vanuatu, partly because only a small proportion of households are headed by women.

A technical finding is that more attention needs to be paid to measurement issues. In addition to setting the basic poverty line, it is necessary to set poverty lines for different types of households - using what are known as equivalence scales. The report tests the sensitivity of the poverty estimates to different equivalence scales and finds that overall estimates of child poverty vary significantly when different adjustments for household size are made.

Child poverty rates using the national BNPL are less than half as high when using what are known as the "modified-OECD equivalence scale" compared to the standard UNDP per adult equivalent (PAE). The reason for this is the UNDP scale treats additional adult household members as having the same level of needs as the first adult – so that economies of scale in household consumption are very limited. The modified OECD scale and many other assumes that economies of scale are much higher. It is not possible to conclude which approach is more accurate, but this finding suggest that further analysis is required to determine what equivalence scales are appropriate for Vanuatu and other countries.

The deprivation approach

Hardship, as perceived by ni-Vanuatu, is characterised primarily by lack of and/or limited access to basic services such as education, health, good roads, and safe water supply, which is resonant with the deprivation approach to poverty. The consultations during the participatory

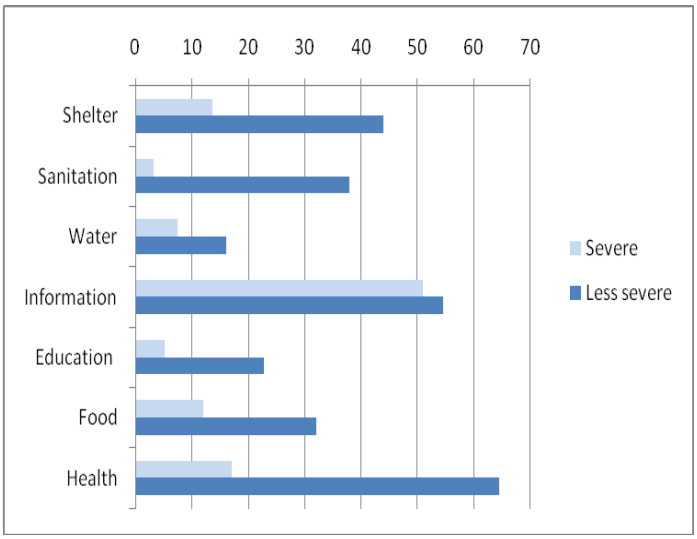
assessment of hardship conducted by ADB in 2002 pprovided the following working definitions of Pacific poverty or hardship:

- a lack of access to basic services such as health care, education and clean water
- a lack of opportunities to participate fully in the socio-economic life of the community; and
- a lack of access to productive resources and income generation support systems (rural credit, capital, markets, skill) to meet the basic needs of the household and/or customary obligations to the extended family, Village community and/or the church.

This analysis now examines cross sectional data from the Multiple Indicator Cluster Survey (MICS) in 2007 to investigate the incidence of deprivations amongst Vanuatu's children. The 2007 MICS is the first such study in Vanuatu, which precludes a discussion of changes over time. A further data limitation in the MICS is the sample size, and in particular, the impact of sample size on regional analysis and certain deprivation indicators. The total MICS sample is 13,500 household members of whom 6,134 are children (age group 0-17). The sample of children in each age group is much smaller. For example, children that are considered health deprived are children between the ages of 1-2 that have not been fully immunized. Hence, the sample size for any children in a small age group by region becomes particularly small. As will be noted below, in some instances the analysis is characterized by very small sample sizes (less than 25 cases), and results therefore need to be treated with caution.

Figure 2 shows the occurrence of either severe or 'less severe' deprivation, by type of deprivation, as defined in Box 1 above. It is readily apparent that, with the exception of information deprivation, severe deprivations are relatively uncommon, but that significant proportions of the child population experience less severe deprivations, particularly health, information, shelter and sanitation.

Figure 2 Per cent of children (in relevant age cohort) that are severely and less severely deprived



Source: MICS 2007

The discussion that follows focuses on 'multiple deprivations' excluding information deprivation, as lack of access to media (radio, TV, telephone) is the norm in rural Vanuatu (over 60 per cent). Given that this was the norm – at least at the time of the MICS survey – this means that the probability that children experience multiple deprivations is considerably

increased, potentially skewing the profile of which children are disadvantaged (relative to others) in Vanuatu.

Moreover, there is evidence that information deprivation may be subject to rapid change and the picture provided in the MICS may have altered following amendments to the Telecommunications Act in 2007, opening the telephony market to competition. According to the Pacific Institute of Public Policy (2009) there has been a rapid increase in mobile telephone coverage particularly in rural areas. The Pacific Institute of Public Policy report noted that 80 per cent of rural respondents had acquired a mobile phone within the last year compared to 51 per cent of all respondents. Positive impacts included more contact with family and friends, improved information regarding family events, reducing cost of travel, and increasing speed of communication. There is also a positive relationship between perceived access to telecommunications and perceived livelihood improvements. However, interviewees with higher cash incomes expressed anxiety over the added financial burden of having a mobile telephone, including subsidising relatives for purchasing credit and/or charging costs. In rural areas, in particular, interviewees were concerned about the unprecedented increases in speed of information and communication flow introduced by mobile telephony (Pacific Institute of Public Policy, March, 2009).

Table 5 Child poverty as multiple deprivations

	Number of children in relevant age cohort	**Of which experiencing 'severe' deprivation, %**	**Of which experiencing 'less severe' deprivation, %**
a) Incidence (prevalence) of deprivation			
1. Shelter (0-17)	6134	13.6	43.9
2. Sanitation (0-17)	6134	3.2	37.9
3. Water (0-17)	6134	7.5	16.1
4. Information (3-17)	5036	51.0	54.5
5. Food (0-4)	1264	11.5	31.5
6. Education (7-17)	3638	5.2	22.8
7. Health (1-2)	342	17.1	64.5
b) The incidence of the most frequent combinations of deprivations (excluding information)			
The most frequent case of any deprivation*		Health	Health
Two most frequent combinations*		Health + shelter	Health + shelter
Two second most frequent combinations*		Food + Water	Sanitation + food
Three most frequent combinations*		Health + shelter + food	Health + shelter + sanitation
Three second most frequent combinations*		Water + education + sanitation	Food + education + water
c) The incidence of multiple deprivations			
Only one (any) deprivation	6134	20.2	31.3
Two of any deprivations	6134	4.3	25.2
Three of any deprivations	6134	0.6	10.6
Four of any deprivations	6134	0.0	1.8
Five of any deprivations	6134	0.0	0.1
Six of any deprivations	6134	0.0	0.0

Source: MICS 2007

After information,' health' is the most frequent deprivation. All regions, with the exception of Malampa, experience high levels of this deprivation. A few observations are thus worth noting. In the first instance, in the regional analysis the sample size is low and inferences

from results should be treated cautiously. But this health measure is based on immunization levels, and the MICS survey certainly confirms more generally that overall immunization rates are low – with only 42 per cent of all children under two fully immunized. Only 24 per cent of children have full immunization by the time they are one year old. This is far below the target set by the World Fit For Children (2002), adopted by Vanuatu, to reach 90 per cent national coverage of full immunization. Individual immunization rates vary from fairly high coverage for TB, at 79 per cent, to a low of 37 per cent for measles vaccination by 12 months of age. (Measles coverage is an MDG indicator of its own.)

Correlates of deprivation

As shown in Table 6, for a number of household characteristics there are no substantial differences in the experience of deprivation – for example, the gender of the head of household, the presence of an orphan child in the household, and to a lesser extent the presence of an older person (70+) in household.

Severely deprived children are more likely to be found in households where the head speaks a language other than Bislama (compared to households where Bislama is the mother tongue) and where there is no mother, compared with households that have a mother.

Children between 0 and 2 are most likely to suffer a severe deprivation, particularly boys (at 32 per cent), but gaps between different age groups and genders are not particularly large. The least likely to suffer severe deprivation are girls 15-17 (22 per cent) and boys 5-9 (22 per cent), but most age and gender categories have an incidence of severe deprivation of around 23-25 per cent, or a quarter of all children.

Household size is not particularly significant: Severely deprived children are only slightly more likely to be found in very large households (7+), with approximately 28 per cent of all children severely deprived. This compares to around 23 per cent of all children in households sized between 3 and 6 people.

Understanding the circumstances of small households, (less than 3 people) given the anomalies that appear between the HIES and the MICS, is more complicated. . In the HIES we saw that small households (1-2 people) tended to fare better than large households. Almost all children living in these small households were living with a female (mother). In the MICS, we find, conversely, that the smallest households are the worst off. This result is perhaps the more intuitive result, given anecdotal evidence that single mothers, and their children, are particularly disadvantaged. There is no clear evidence as to why there are differences across these two surveys. It could be due to the low sample size in the MICS and thus not reliable results for small households. Or it could be that these households may not generally be expenditure poor but have worse deprivations as defined here. Or it may be that the sample size in HIES, also relatively small, is not capturing an accurate picture. While this is a small group, it would appear that given these contradictory results, the situation of children in small households, particularly female-headed households, requires further investigation. Children living with single mothers more generally (in larger households too) should also be investigated more fully.

Table 6 Correlates of severe child deprivations (expressed as percentages)

	At least one severe deprivation %	At least two severe deprivations %	No deprivations % (not even less severe)
Total	25.2	5.0	31.0
Individual dimension			
Sex and age			
Male	24.8	5.1	31.3
0-2	31.5	(7.8)	20.8
3-4	26.9	*4.9*	27.4
5-9	22.4	(4.6)	36.9
10-14	24.8	(5.0)	34.0
15-17	20.2	*2.7*	29.3
Female	25.5	4.8	30.6
0-2	29.0	(5.6)	24.4
3-4	27.8	*4.1*	26.7
5-9	25.2	(5.1)	35.2
10-14	24.1	(5.0)	34.2
15-17	22.2	*3.0*	24.5
Household dimension			
Household size			
Less than 3	*33.3*	*8.1*	*26.1*
3-4 members	23.3	(3.8)	30.9
5-6 members	23.1	4.3	31.6
7+	27.6	6.0	30.5
Mother's education			
None	57.1	22.2	9.4
Primary	25.3	3.5	26.3
Secondary+	14.3	(1.8)	51.5
non-standard curriculum	*19.4*	*0*	*46.4*
Mother not in HH	16.6	*3.5*	36.4
Education of the head of the household			
None	47.6	16.7	12.6
Primary	26.9	4.6	25.0
Secondary+	13.5	(1.4)	50.9
non-standard curriculum	*14.9*	*0*	(40.7)
Gender of the head of the household			
Male	25.1	4.9	31.1
Female	25.3	(6.8)	29.4
Wealth index quintiles			
Q1 (poorest)	57.6	17.6	*0.9*
Q2	28.6	3.4	5.9
Q3	17.4	*1.7*	26.0
Q4	9.4	*0.1*	55.1
Q5	7.3	*0.3*	78.2
Mother tongue of head			
Bislama	18.5	*1.2*	56.9
Other language	26.1	5.5	27.1
Family vulnerability (not mutually exclusive categories)			
Orphan child in household			
No	25.1	5.1	30.7
Yes	22.9	*2.8*	35.3
Elder (70+) person in household			
No	23.1	4.2	31.8
Yes	32.6	7.6	27.9
Geographic dimension			
Region			
Torba	51.5	8.6	12.1
Sanma	31.5	*4.6*	17.7
Penama	40.7	9.0	13.6
Malampa	9.3	*0.4*	12.9
Shefa	9.1	*0.8*	42.6
Tafea	50.3	15.4	21.8
Luganville	11.0	*1.00*	64.9
Port Vila	10.9	*0.5*	71.1
Residence			
Urban	10.7	*0.6*	69.6
Rural	28.8	*6.1*	21.2

Notes: Figures in *grey italics* are based on less than 25 unweighted cases; figures in parenthesis are based on 25-50 unweighted cases.
Source: MICS 2007

Differences by wealth index quintile, education of head of household, and regions, are illustrated further:

Household wealth

There is a very strong association between deprivation and household wealth, with about 58 per cent of children in the lowest wealth quintile experiencing deprivation compared to only 7.3 per cent of the wealthiest quintile (Figure 3). However, this is likely to be affected by the fact that the household wealth variable is constructed including some deprivation measures, automatically creating a strong correlation between low levels of wealth and higher levels of deprivation. Excluding these variables and creating a new measure of assets (the asset quintile) reduces the gradient of differences across quintiles so that 42 per cent of children in the lowest asset quintile (rather than 58 per cent) experience at least one severe deprivation.

Figure 3 Per cent with at least 1 severe deprivation by wealth and asset index quintiles

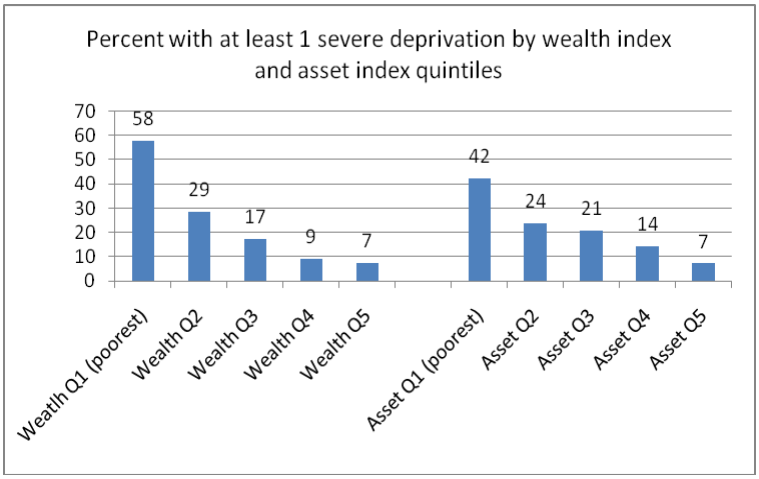
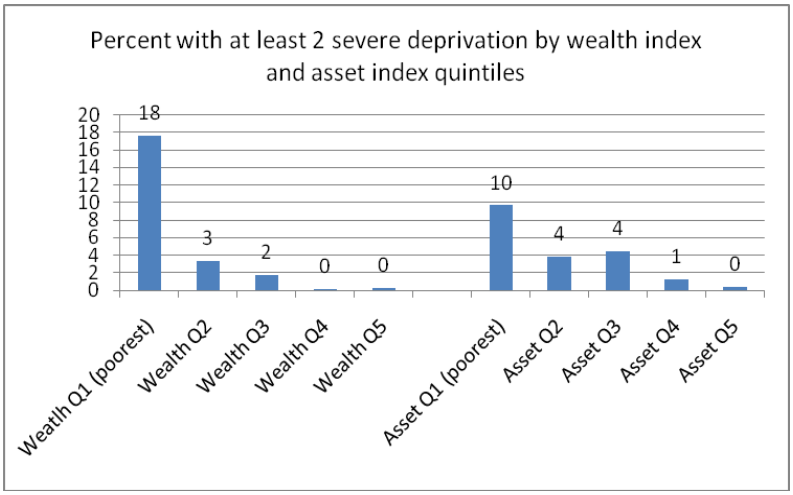


Figure 4 Per cent with at least 2 severe deprivations by wealth and asset index quintiles



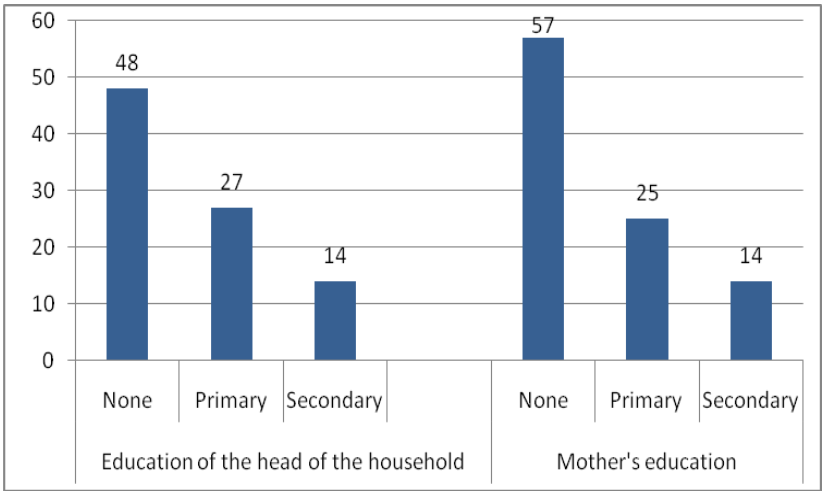
Source: MICS 2007

Mothers' education

The other characteristics that are strongly related with children's deprivation are the education status of the mother and the education status of the head of the households. More than half of all children (57%) are severely deprived if they have a mother with no education

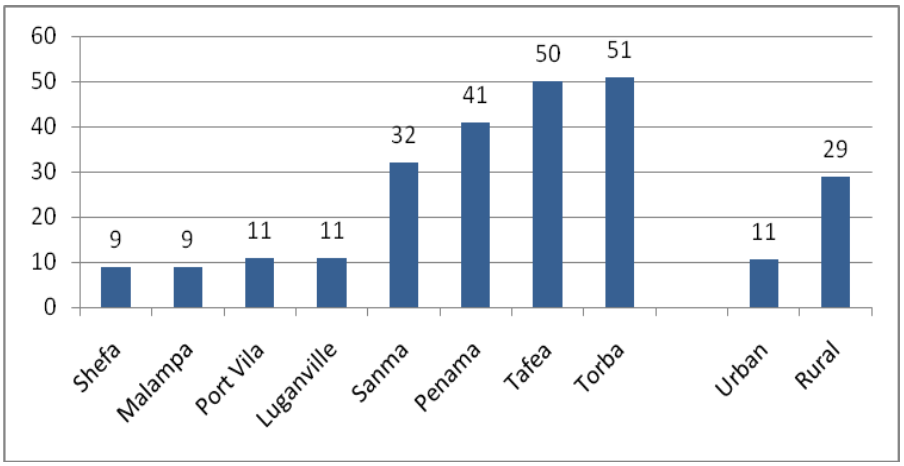
while relatively few (14%) children are severely deprived if their mother has a secondary school education. A similar pattern is seen for children based on the education level of the head. (These are illustrated in Figures 5 and 6 below). It would thus seem that not only is parent's education (mothers in particular) critical to children's wellbeing, but educational information regarding children's wellbeing is also critical.

Figure 5 Per cent of children with at least 1 severe deprivation by education of head of household and mother's education



Source: MICS 2007

Figure 6 Per cent of children with at least 1 severe deprivation by region



Source: MICS 2007

Deprivation by region

Children's deprivation, both moderate and severe, also differs widely depending upon where they live. The particular type of deprivation experienced by a child also differs depending upon the area of residence.

Table 7 provides a picture of the nature of deprivations by region. (The discussion that follows again excludes information deprivation.) While Torba has the highest percentage of severe deprivation of all regions, this is primarily because of how poorly it fares on the

measure of shelter deprivation. That is, in this province many households - almost half - have floors that are coral or earth, not cement. Torba has many children who are not adequately immunized (health measure, discussed in more detail earlier), but so do other regions. It also fares relatively badly on education measures, although this is a small sample size. Food poverty in Torba is at 11.0 per cent, which is just above the rural average. We have seen that in expenditure poverty measures Torba as a province also fares poorly.

The province that is arguably the worst off in the above analysis is Tafea, which fares poorly on all the measures, except food deprivation. In rural areas, Sanma fares worst on food poverty, and Penama is another province characterized by poor shelter conditions. Urban areas, particularly Port Vila, have the highest incidence of food deprivation. Health deprivations are also, surprisingly, higher in both urban areas, although the rural average is significantly reduced by the extremely low level of health deprivation in Malampa.

Table 7 Prevalence of seven severe deprivations by region and residence

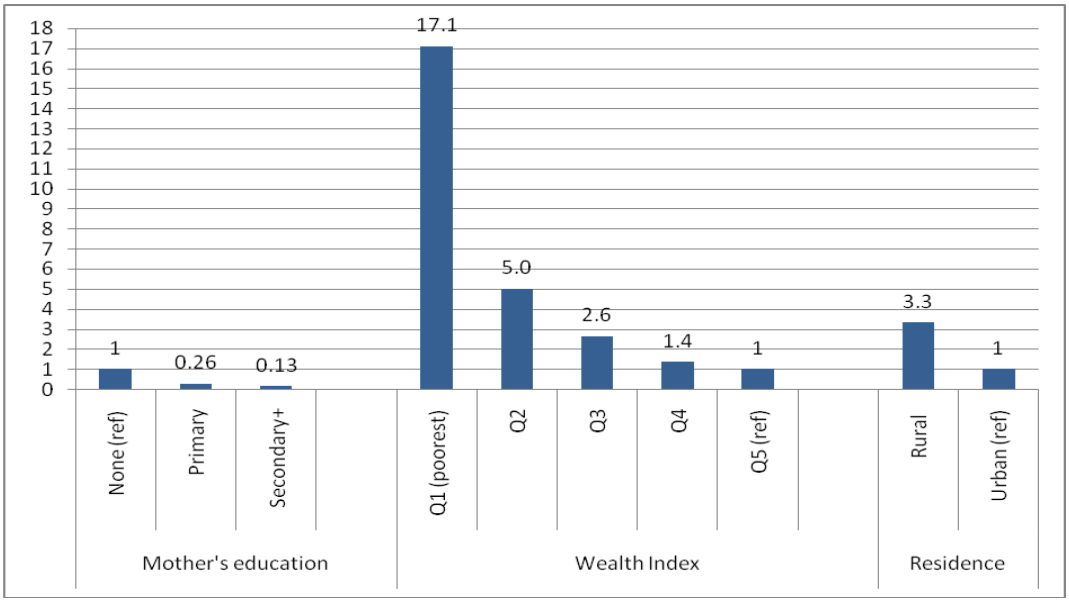
	Shelter	**Sanitation**	**Water**	***Information***	**Food**	**Education**	**Health**
Region	**%**	%	%	*%*	%	%	%
Torba	41.6	(4.6)	(5.6)	*81.7*	*11.0*	(10.4)	*18.2*
Sanma	10.7	(9.2)	10.9	*63.0*	*13.2*	*2.8*	*19.2*
Penama	37.3	*0.0*	(5.5)	*73.6*	*8.9*	*6.8*	*18.9*
Malampa	*3.3*	*0.0*	*3.9*	*66.4*	*9.2*	*0.7*	*2.9*
Shefa	*0.5*	*0.5*	(4.4)	*34.1*	*5.7*	*3.7*	*16.7*
Tafea	29.5	7.9	21.3	*69.8*	*10.0*	12.8	*22.5*
Luganville	(3.2)	(3.1)	*0.0*	*12.5*	(16.1)	*3.1*	*26.1*
Port Vila	*0.9*	*0.5*	*1.3*	*5.9*	21.1	(4.3)	*24.6*
Residence							
Urban	(1.5)	(1.2)	*0.9*	*7.7*	20.3	4.0	(25.0)
Rural	16.7	3.7	9.2	*62.4*	9.5	5.5	(15.4)

Source: MICS 2007. Notes: Entries in *italics* are based on fewer than 25 unweighted cases; figures in parenthesis () are based on 25-50 unweighted cases.

Likelihood of children experiencing deprivation

Roughly one quarter of all children (male or female) are likely to suffer one severe deprivation, and about 5 per cent of all children suffer at least two severe deprivations (not including information). The household characteristics that are strongly associated with the likelihood of children's deprivation are the wealth quintile of the household, and if the child lives in a rural area. Mothers' education again is another important Figure 7 highlights regional differences.

Figure 7 Odds ratio of children having at least 1 severe deprivation by selected background characteristics



Source: MICS 2007
Note: all differences are significant at the 1 per cent level with the exception of Q4 with Q5 which is significant at the 10 per cent level

Child survival and equity

Table 8 shows the infant mortality rate - the probability of dying before the first birthday - and the under-five mortality rate - the probability of dying before the fifth birthday. The national rate for infant mortality is 25 deaths per 1000 live births and under-five mortality is 30 deaths per 1000 live births.

Table 8 Under-5 and infant mortality rates and their correlates

Background Characteristics		Infant Mortality Rate	Under-five Mortality Rate
Sex	Male	25	29
	Female	25	31
Area	Urban	23	27
	Rural	26	32
Mother's education	None/Primary	28	34
	Secondary+	12	14
Wealth index	Poorest 60 %	27	33
	Richest 40 %	22	26
National		**25**	**30**

Source: Table CM.1, pg 17, MOH and UNICEF 2008

Mothers' educational status has the strongest relationship with infant and child mortality rates. Infant and child mortality rates amongst mothers with secondary education are less than half of those experienced by mothers with lower education.

Mortality rates are higher amongst infants/children born into poorer households, as well as higher amongst rural households. Child and infant mortality rates have not been examined by region. Given the small sample size of the MICS, it is not possible to calculate these rates by region. However, the Vanuatu Millennium Development Goals Report 2005 (UNDP, 2005) cites large regional differences for 1999. Infant mortality rates are highest in Torba, with 39 deaths per 1000 live births. This is almost double the rate experienced in Shefa, of 21 per 1000 live births. Tafea has the second highest rates at 34 per 1000 live births. Penama and Malampa are close to Shefa (23 and 24 respectively), and Sanma (at 29 deaths per live births) fares in the middle. Again for under 5 mortality rates, the pattern is identical: the remote regions have the worst outcomes (Torba followed by Tafea), Shefa the best (followed by Penama and Malampa, with Samna's outcomes in the middle.)

4. The Pillars of Child Wellbeing

Vanuatu has made significant gains in human development over the past fifteen years, with the country's HDI (Human Development Index) increasing from 0.425 in 1998 to 0.693 in 2007 (UNDP 2009). This improved Vanuatu's ranking from 140/177 to 126/182. However, in the previous section it was evident that relatively large numbers of Vanuatu's children suffer from deprivations in health or sanitation. Infant and child mortality rates have remained relatively high since 1996 (although improvements were made in the five years from 1990 to 1995). This section will discuss further some 'pillars' of wellbeing for children, namely nutrition, health, education, child protection and social protection, These areas are 'pillars' of children's wellbeing as they not only indicate a child's present state of wellbeing, but are also the building blocks for the child's future development, be it physical development, resilience, or emotional and social development.

Ideally, it would be possible to trace a line of causality from policy, programme design, resource allocation through to children's outcomes. This is not possible here, for a number of reasons: including limitations on data on programmes, specific funding and resource allocations, and in some cases, absence of national budget allocation to this area (such as income protection schemes or child protection schemes).

In Vanuatu, education and health are the two main service delivery areas relevant to children's wellbeing. Government expenditure on education as a proportion of the budget has been consistently high for many years, at around almost a quarter of all expenditure. Nevertheless, education outcomes measured in terms of net enrolment rates have remained poor, even by Pacific Island standards. Health expenditure has maintained an average of over 10 per cent of total expenditure over the last five years and is focused on primary health care. However it is recognised that health outcomes also remain poor in comparison with countries of similar income level (and health expenditure levels are also not high in comparison to other PICs).

Aside from sectoral policies (noted later), the Government has overarching policy statements that relate to children's wellbeing in these core areas. The Government's strategic direction for the country is set out in its *Priorities and Action Agenda* 2005-2016 (PAA). Policy goals and strategies are elaborated upon in the Planning *Long, Acting Short: Action Agenda for 2009-2012* (PLAS). The PLAS sets out three priority areas for children, namely: quality education for all, investing in a healthy Vanuatu and strengthening security and the rule of law (child protection).

Another key national policy is the recent National *Children's Policy 2007 – 2011* (NCP), which was developed in response to the 2002 United Nations 'World Fit for Children. (The latter was adopted by the government of Vanuatu in 2007.) The vision of the NCP is to: "invest in children now to ensure communities, churches and the nation at large can enjoy a peaceful and rewarding life now so that the future generation of Ni-Vanuatu will have a healthy, happy and productive life." The Policy Statement outlines the Government's support to address health, education and safety issues affecting children in Vanuatu. This is accompanied by the *Monitoring and Evaluation Framework for the Vanuatu's Children's Policy 2007 – 2011*(MEF) which was developed in 2008 to assist the National Children's Coordination Committee to monitor the implementation of the Children's Policy. The MEF covers six programme areas: Legal framework; Advocacy; Education; Health and nutrition; Environment; and Children with disabilities.

Nutrition

Adequate or appropriate child feeding plays an important role for optimal growth of children. Contrary to this, inadequate and inappropriate breastfeeding and complementary feeding practices lead to poor health and malnutrition of children which again hinders their proper physical growth and mental development (MOH and UNICEF, 2008).

The direct policies in this regard are the *Vanuatu National Food and Nutrition Policy 2000*, which was reviewed and re-launched in 2006, and the *Vanuatu National Breastfeeding Policy* (1997, updated 2005), also relaunched in 2006. The Nutrition Policy aims at increasing consumption of local food and targeting a reduction of underweight children (0-5 years), as well as the promotion of breastfeeding. The breastfeeding Policy contains 15 statements that support and promote breastfeeding. The *Public Health Act* is also important, as it addresses the protection of water resources and controls sanitation to prevent epidemics and communicable diseases (UNICEF 2007a).

The *Vanuatu Baby Friendly Initiative* is an example of a programme that works to support mothers and infants in establishing breastfeeding immediately after birth and continued support networks in communities. Vila Central Hospital and Lenakel Hospital are working towards certification as baby friendly hospitals (UNICEF 2007a).

The *NCP* explicitly articulates the need and goals to strengthen existing health policies, including food and nutrition policy, breastfeeding policy and EPI (expanded programme on immunization) policy and other relevant policies, protocols and procedures that could improve children's health, nutrition and well-being. The *MEF* of the *NCP* calls for the nutrition and breast feeding policies to be updated by 2011. It also proposes by 2011 to update and integrate the nutrition component of the school health curriculum and the co-ordination and strengthening of integrated food and nutrition programmes at the provincial and national levels within the Government (GOV 2008).

Additional targets include the supply of safe and potable water in 70 per cent of schools by 2011 and also to improve health staff and children's knowledge and skills on nutrition through education programs and materials. At present only 47 per cent of primary schools have access to piped water (MOE, 2007).

Unfortunately the high-level government policies such as the *Priorities and Action Agenda* and the Vanuatu Ministry of Health's Health Sector Policy (2009-2015) do not mention child nutrition as specific goals, indicators, or policy areas. The absence of prioritizing child

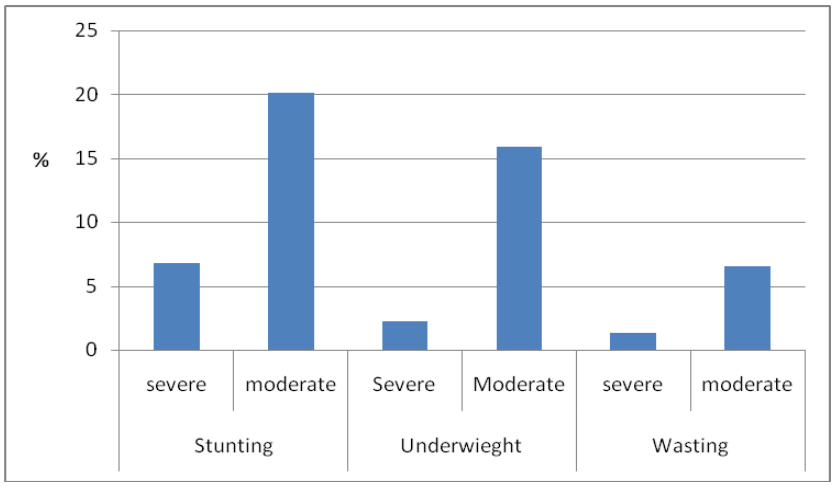
nutrition specifically at the highest level may not be in the best interests of improving outcomes, particularly given the current outcomes (as discussed below).

Similarly, a lack of policy focus and resource allocation to sanitation and water as basic social services, particularly in the rural areas, will not assist progress in related children's outcomes.

Child outcomes, disparities and gender equality

Figure 8 shows that nutrition outcomes in Vanuatu have much room for improvement. The percentages of moderate malnourishment are particularly high, given that Vanuatu is a country with good food security for its population.

Figure 8 Percentage of children aged 0-59 months who are severely or moderately undernourished



Source: Data from Table NU.1, pg 22, MOH and UNICEF 2008.

Nationally approximately two per cent of children under five years of age are severely underweight and 16 per cent moderately underweight. Stunting is the worst of the nutrition outcomes, with seven per cent of all children severely stunted and 20 per cent moderately stunted.

By region, Torba and Sanma have the highest percentage severely underweight (4% and 3.6% respectively); Port Vila and Sanma have the highest percentage of severely stunted (9% and 10% respectively), and Port Vila and Penama have the highest percentage of severely wasted children (3% and 2.5% respectively), followed by Sanma at nearly two per cent.

However, there is no discernable pattern across regions for all nutrition measurements. For example, Torba has the highest incidence of severely underweight children, yet has the lowest incidence of stunting (severe and moderate). Malampa, for example, a province that fared well in 'deprivation measures', ranges from having the highest incidence of moderate stunting (23%) to average or better relative outcomes on other measures. Shefa, however, performs fairly well on all measures. It is not immediately apparent why a region should perform well/badly on one outcome and differently on another, particularly as food security is not a problem generally in rural areas. (Wasting measures chronic or long-term conditions, underweight is an acute or short-term measure, so differences in food security over time, if any, would be evident in these measures.) In addition, there does not appear to be any

specific relationship between per capita regional health spending[12] and any of these regional nutritional outcomes.

Differences are most apparent and consistent by mother's education – there are better nutrition outcomes for children with mothers who are more educated. Notably, unlike the deprivation measures in chapter two, there are no significant differences by wealth quintiles.

The age pattern of the children shows a noticeable similar trend in nutritional status: Children under 6 months have the lowest rates of poor nutrition status in all indices; and a higher proportion of children aged 12-23 months are undernourished according to all the three indices in comparison to those who are younger and older than this age range. Infant's nutritional status is the best, which is likely due to adequate feeding of children while being breastfed. Those at 12-23 months faring the worst is likely due to this being an age at which many children cease to be breastfed and are exposed to contamination in water, food and the environment, or experience inadequate complementary feeding (MoH and UNICEF, 2008). While gender outcomes may be different in different age groups, there is no single trend in outcomes by gender (such as girls disadvantaged as compared with boys). At some ages, girls fare better, in others, boys have better outcomes. Differences are in any event small in any particular age group.

Most of the population is reliant on subsistence agriculture. There is also some fishing and poultry rearing in traditional subsistence farming). This appears to provide adequate food security to the population, although it appears that many families may not consume adequate protein.

The *Vanuatu Plan of Action for Food and Nutrition 1997 – 2001* notes that dietary food energy is supplied mainly by starchy products particularly in the rural areas. In urban areas, the consumption of rice has risen partly because of the availability of rice and also because of its lower price compared to the traditional root crops consumed as staples, with the overall protein availability in Vanuatu decreasing by about 7 per cent from 1972 to 1992. The decline in the consumption of meat, fish and other seafood was attributed to the decline in the availability of animal protein by 12 per cent during the same period (UNDP and SPC 2005).

The data does not show a relationship between nutritional status and wealth quintile of the child's household. This indicates that poor nutrition is unlikely a result of 'affording' to be adequately nourished. Thus it appears some children suffer from malnutrition not due to lack of food but due to lack of awareness of good nutrition and balanced diets with sufficient quantities of vitamins, proteins and micro-nutrients (MoH and UNICEF 2008). Therefore, concerted efforts are needed to raise people's awareness and conscious about the importance of children's and mother's health and nutrition.

Breastfeeding practices appear to be relatively better than overall nutrition practices, as the youngest infants (many exclusively breastfed) have better overall nutrition status than older groups. About 40 per cent of the children aged 0-5 months are exclusively breastfed and considered to be adequately fed. Continued breastfeeding at ages 9-11 months and related positive nutrition outcomes were significantly higher in rural areas.

[12] Per capita regional spending based on total population (not specifically children) and regional government health expenditure.

Table 9 Child nutrition outcome and its correlates: Child malnourishment

Percentage of children aged 0-59 months who are undernourished, Vanuatu, 2007

		UNDERWEIGHT		STUNTING		WASTING			
Background Characteristics		**Weight for age: % below -2 SD***	**Weight for age: % below -3 SD**	**Height for age: % below -2 SD****	**Height for age: % below -3 SD***	**Weight for height: % below -2 SD*****	**Weight for height: % below -3 SD**	**Weight for height: % above +2 SD**	**Number of children**
Sex	Male	18.3	1.9	23.4	7.0	7.0	1.1	2.4	620
	Female	13.4	2.5	16.6	6.6	5.9	1.6	2.3	580
Region	Tafea	11.4	1.7	17.7	6.9	1.1	0.6	2.9	175
	Shefa	12.7	0.6	16.5	5.1	5.7	0.0	1.9	158
	Malampa	15.7	2.8	23.1	6.5	4.6	0.9	1.9	108
	Penama	21.8	0.8	21.0	3.4	7.6	2.5	3.4	119
	Sanma	19.6	3.6	22.3	8.9	11.6	1.8	0.9	112
	Torba	19.0	4.0	15.1	3.2	8.7	0.0	0.8	126
	Port Vila	13.3	3.2	22.3	10.4	7.6	3.2	3.6	278
	Luganville	23.4	1.6	16.9	7.3	9.7	0.8	3.2	124
Area	Urban	15.2	2.9	21.3	9.8	7.9	2.8	3.5	402
	Rural	16.1	2.0	19.9	6.1	6.1	1.0	2.1	798
Age	< 6 months	2.2	0.0	3.0	0.0	0.4	0.0	3.0	80
	6-11 months	6.4	0.9	4.1	1.8	6.3	1.8	4.5	137
	12-23 months	26.0	3.4	25.9	7.3	14.3	2.4	1.9	275
	24-35 months	17.9	2.4	20.5	7.9	4.1	0.5	2.2	244
	36-47 months	11.3	1.4	20.9	7.4	3.9	1.3	0.0	253
	48-59 months	16.8	2.9	28.7	10.2	3.7	1.2	4.2	211
Mother's education	None	21.0	3.1	26.9	12.1	7.9	1.9	5.8	90
	Primary	17.3	2.5	20.1	7.0	6.5	1.5	1.9	709
	Secondary	11.6	1.3	18.1	4.9	5.9	0.9	2.2	399
	Non-standard	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Wealth index quintiles	Poorest	18.1	4.6	23.2	9.9	6.1	1.0	2.3	226
	Second	20.5	2.0	18.4	5.0	9.0	0.8	0.9	233
	Middle	13.5	0.3	20.9	5.0	5.0	1.5	4.2	212
	Fourth	12.3	0.8	18.9	5.3	4.7	1.1	1.5	225
	Richest	13.0	3.4	19.2	9.5	**6.9**	2.9	3.1	304
Mother tongue of head[§]	Bislama	16.3	1.9	23.1	14.1	6.5	1.8	4.6	184
	Other Language	15.9	2.2	19.8	5.9	6.5	1.3	2.0	1013
National		**15.9**	**2.2**	**20.1**	**6.8**	**6.5**	**1.3**	**2.3**	**1200**

* MICS indicator 6; MDG indicator 4; ** MICS indicator 7; *** MICS indicator 8; (*) Per cent count has been suppressed as the figure is based on less than 25 unweighted cases; [§ Missing] cases 3. Source: Table NU.1, pg 22, MOH and UNICEF 2008.

Vanuatu's children generally experience high levels of moderate and severe malnourishment, in all geographic regions and all economic quintiles. This again highlights the importance of national programmes and policies to improve nutrition education and outcomes.

Health Outcomes

The geographic characteristic of Vanuatu, with a scattered population throughout many islands, presents a tremendous challenge for resource allocation, health facility distribution and service delivery. Available data (2005) indicates that about 20 per cent of the population does not have access to health services. Some health indicators show improvement in recent years, such as improved prenatal care and attendance at births by trained health workers.

National Laws, policies and programmes

The Ministry of Heath's *Health Sector Policy 2009-2015* aims to improve MDGs, improve access, quality and capacity to deliver services. Primary health care is the pre-eminent concern. The MOH intends to track a number of indicators as measures of progress. Other program indicators, such as TB and malaria, also remain in place. Relevant indicators include: infant mortality rate, number and causes of maternal deaths by province, proportion of deliveries attended to by skilled attendants by province, under 5 mortality by cause, proportion of people with access to safe water and proper sanitation in rural communities.

Young child health outcomes, related care and correlates

A major concern with the findings for health indicators is the wide distribution of outcomes between children in different areas, specifically urban versus rural communities. (This mirrors the limited access to health services in the rural areas.)

Malaria remains the priority health issue, with a reported incidence of 111 per 100,000 in 2006. The main strategy to prevent malaria is the introduction of insecticide-treated nets, with 68 per cent of households having at least one long-lasting, treated net (MICS 2007). Tuberculosis, dengue fever, hemorrhagic fever, filariasis, viral hepatitis, typhoid and measles are other communicable diseases that affect children. The Ministry of Health has run awareness campaigns for the past 20 years to try to eradicate communicable diseases.

The reliance on solid fuel use for cooking is also a concern for health outcomes (children and adults). At present, over 95 percent of rural households use solid fuels for cooking (mostly wood), and most (94%) on an open stove with no chimney or hood. This increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung diseases, cancer and tuberculosis, low birth weight, cataracts and asthma (MoH and UNICEF, 2008).

The 2007 MICS found that 14 per cent of children under 5 had suffered from diarrhoea in the previous two weeks, which is usually attributed to poor hygiene because of sanitation and water-related diseases in poor housing and living conditions. Only about half (53.7 per cent) of these children had received oral rehydration treatment (ORT) while the other half had no treatment. The sample size of cases in the MICS is too small to adequately describe regional and other differences, but differences in incidence of diarrhea or treatment according to household characteristics such as urban/rural or by mother's education, seem small. This would indicate a lack of consistent public health information on the benefits of ORT, given the widespread findings on treatment (or lack thereof) of diarrhea.

With regard to pneumonia, few mothers/caretakers (7.6 per cent) could recognize two danger signs of pneumonia (difficulty breathing and fast breathing), but most (72.3 per cent) would take their child to a health facility if the child developed a fever. Mothers' opinions on whether a child should be taken to a clinic in other circumstances varied widely amongst the regions, but not consistently between regions on all health matters. Some differences are

illustrated below; however, the low total percentage of all mothers with adequate knowledge of pneumonia is perhaps the most notable feature of this chart.

The geographic constraints to service combined with severely limited human and material resources are key challenges. The lack of trained nurses and doctors is one example of constraints: The Vanuatu Centre for Nursing Education graduated 21 nurses in 2007 and a further 27 are expected to graduate in 2010, which does not fill the gap of leaving nurses and demand. There is no doctor training in Vanuatu and the country is reliant mostly on expatriate doctors. The costs of health services are also a barrier to adequate health care, where the Vt200 contribution fee is unaffordable for many people (ADB, 2009b). With annual population growth, increasing life expectancy and nearly half the population under 20 years, increasing strains are being placed on health care services. There is a high demand for maternal and infant care and treatment for childhood diseases, plus increased demand for elderly care as the life expectancy increases. Changes in diet and occupation, rural-urban migration, exposure to foreign influences and other factors have contributed to increasing incidence of certain health problems such as diabetes and sexually transmitted infections (ADB, 2009).

As noted above, access to health care is not evenly distributed, and access to hospitals, in particular, is far greater for those living in urban areas. The two referral hospitals are, unsurprisingly, in the (two) urban areas of Port Vila and Luganville. Data from the National Health Accounts (2005 base line) show a total of six hospitals with 480 beds in Vanuatu. This was a ratio of 2.16 beds per 1000 population, a high ratio of beds compared to other Pacific Islands.

Child Protection

Child protection in Vanuatu is addressed in a number of recent policy documents by the Government of Vanuatu and through partnerships with NGOs. As mentioned above, the *National Children's Policy 2001 – 2011* includes legislative reform to expand protection of children's rights. The recent *Vanuatu Child Protection Baseline Research 2008 National Report* (UNICEF and Republic of Vanuatu, 2009) provides a benchmark on Vanuatu's standing in terms of respect for the rights of the child and human rights. The project included three components – development of a legislative and regulatory framework, institutional stocktaking and indicators of societal behaviour.

The main Government legislation that covers child protection is the *Family Protection Act 2008*, which commenced in March 2009. Developing and presenting the *Family Protection Bill* in Vanuatu was fraught with difficulty. Once the Bill was passed by Parliament it was considered potentially unconstitutional and was subject to several hearings in the Supreme Court. This experience is an example of the challenges presented in developing child protection laws while engaging the legal tradition of customary systems and customary law. On the positive side, both customs and law agree that children are special and worthy of special love, care and attention. On the other side, certain customary practices are arguably inimical to the child's best interests. An example of this is the customary practice of requiring children to provide labour and services to the family or community (UNICEF, 2008). Ultimately, consultation and cooperation with the Council of Chiefs enabled the passing of the bill.

Birth Registration

One of the targets identified in the child protection baseline research is to have implemented an effective birth registration system at 50 per cent by 2009 and 70 per cent by 2012 (UNICEF and Republic of Vanuatu, 2009). Vanuatu has a low rate of birth registration, where only around a quarter of all children are registered nationally. Rates of registration vary between province, with Tafea having the lowest registration rates (12.5 per cent), and Luganville the highest at over 40 per cent. Children born into the richest quintiles are more likely to be registered than those born into poorer families (40.9 per cent versus 13.3 per cent).

Early Marriage

Nationally, about 7 per cent of women in Vanuatu are married before the age of 15, and nearly a quarter are married before 18 years old. Early marriage or child marriage (i.e. marriage of a girl or adolescent before attaining physical and mental maturity) impacts girls in a number of ways. It leads to early pregnancy and motherhood and deterioration of health; and it deprives girls of the opportunities of basic education, skill development and self reliance (MoH and UNICEF, 2008).

The practice of early marriage differs widely by region. Marriage before 15 is most prevalent in Penama and Shefa (12 per cent and 10 per cent, respectively), and lowest in Torba (1 per cent). While there are no other substantial differences in the per cent of women married before the age of 15 by other background characteristics, the per cent of women 15-19 that are currently in union is particularly high for women in the poorest and second poorest wealth quintiles (21% and 27% respectively). Almost half of all the current 'early' or young married women are found in the poorest households. Regional differences are again noticeable in marriages of women between 15 and 19 years, ranging from 8 per cent in Torba to 32 per cent in Tafea.

Early marriage may be encouraged for daughters' protection, family honour and social obligation. (MOH and UNICEF, 2008) The MICS report suggests that poverty is the most common cause of early marriage. However the regional variations seen here suggest that while it is the poorest who marry young, this is still only likely to occur in areas where it is culturally a tradition or culturally accepted. (Torba may be a poor province, but girls nevertheless tend not to get married young.)

There is evidence to suggest that girls who marry at young ages are more likely to marry older men and consequently are more likely to become widows at early ages. The MICS survey supports this: it indicates that 32 per cent of the currently married females aged 15-19 were married with men 10 or more years older than them while 10 per cent of women aged 20-24 are currently married or in-union with men who are 10 years older or more.

Orphanhood

The MICS survey shows a small percentage of Vanuatu's children, around three per cent, are orphans. Orphans are disproportionately found in households headed by females and they are also overrepresented in households with less than three members (although the sample size is less than 25 cases).

As indicated in the child protection baseline survey results, cultural factors have an impact on child protection in Vanuatu. It is a cultural norm for children to respect and obey their elders without question and it is a sign of disrespect if a child questions or speaks out against what

their elders say or do, including parents or chiefs. Vanuatu is very dependent on an extended family system, where a child may be given away to another family or families may exchange children in custom style adoptions, which is an accepted cultural practice to strengthen family commitment or family ties. This system (traditional, rural) exists alongside growing urban (and more developed) communities. While urban communities may not participate in such traditions, there is a cultural acceptance for the traditional system.

Education

Basic education is not compulsory in Vanuatu and enrolments and attendance are among the lowest in the Pacific. As with health, the dispersed population presents a major challenge to service delivery and per unit costs in this sector. In 2007, the Government of Vanuatu spent 25.8 per cent of its total budget on education, or about six per cent of GDP. While the proportion of budget allocation is high (and has been historically), outcomes such as enrolment rates and access to secondary schooling, remain poor and have in fact declined since 2005. The net primary school attendance ratio is just over 80 per cent, reducing to 46 per cent for junior secondary school and decreasing to only around 10 per cent for senior secondary school. Less than 90 per cent of children who commence primary school reach Grade 6.

The biggest constraint to education enrolment has been the cost of school fees and associated costs. However there are significant additional constraints, including location and travel, cultural constraints to school enrolment, such as children's contribution to subsistence agriculture, and parents who question the utility of school and its curriculum. A lack of qualified teachers, and poor school infrastructure and facilities also contribute to poor outcomes. Another complexity in the Vanuatu Education sector is its commitment to bi-lingual instruction, with both Anglophone and Francophone primary and secondary schools. About 63 per cent of children attend Anglophone primary schools (2005), and there are proportionately more teachers using English as the language of instruction (67%). Most secondary schools (70%) are Anglophone. The language of instruction in ECE is either vernacular or Bislama (MOE 2007).

Notably, the government has recently announced its Universal Primary Education initiative. This will commence in 2010 and reduces and phases out all school fees for primary school by 2012.

Child outcomes, disparities and gender equality

Nationally, 80 per cent of boys and girls attend primary or secondary school. By region, Tafea has the lowest net attendance ratio at 70 per cent and Malampa has the highest net attendance ratio at 93 per cent. Substantial differences are observed by mother's education and wealth index quintiles. While 61 per cent per cent of children whose mothers have no education are attending primary or secondary school, nearly 90 per cent of children whose mothers have secondary or higher education are attending primary or secondary school. Also, net school attendance ratio increases from 73 per cent in the poorest wealth quintile to 89 per cent in the richest wealth quintile. Gender parity remains good for secondary schools, with more girls enrolled at junior secondary school, but slightly fewer in senior secondary school.

As mentioned above, school fees have been the major cause of low school enrolments. Associated costs are also a feature – clothing, food, transport. Other reasons for low enrolment and attendance are the long distances required to travel to the nearest school, the poor quality of teaching and inappropriate curriculum, and poor condition of school buildings

and facilities. Cultural traditions and *kastom* are also noted as reasons for low enrolment and attendance rates, as priority is given to domestic and agricultural tasks and duties for the family (ADB, 2009b, p. 94). Outcomes for primary enrolment should improve dramatically with the recent fee elimination initiative, and it will remain to be seen to what extent other factors influence primary education outcomes.

The focus in the immediate future is on achieving MDG goals in primary school, but government has already noted its intention to consider extending the policy to years 7 and 8 in the future. The challenges for improved education in Vanuatu are, however, large, and go further than primary school. The situation in secondary schools is a future challenge – with low enrolments, few schools and places, and much higher costs and constraints for attendance. Aside from the high cost of fees, secondary schools are located on fewer islands. For most provincial students, attendance involves travel and much higher associated costs, and many students need to live away from home while attending school.

Social Protection

Government social spending does not extend to cover social protection schemes (such as pensions, for example). Vanuatu is still assumed to be a country where strong social networks, family and kinship ties will take care of those who are unable to care for themselves.

An important institution, nevertheless, is the Vanuatu National Provident Fund (VNPF), established in 1986. The VNPF is a compulsory saving scheme with contributions made by both the employer and employee, and covers all civil servants and employees in the private sector. That is, it covers all those in formal employment, in turn estimated at about 20% of the working age population of 114,000, (or about 24,000).

Those employed in the formal labour market have additional avenues of social protection. Reforms in the recent Amendments to the Employment Act 2008 included increased generous benefits for severance, maternity and sick pay: Severance pay increased from 2 weeks to 8 weeks for every year of employment, reduced the qualifying period for severance pay from 10 years to 1 year; decreased the eligibility from 6 months to 3 months employment to receive maternity pay; and increased annual and sick leave from 12 working days after 1 year of employment to 21 days for each type of leave (ADB, 2009c).

Conclusions

Vanuatu, like other Pacific Islands, is challenged in that it has ‘low economic density, rapidly growing population, great distance from neighbouring centres of economic activity, and acute divisions from being sea-locked and remote (World Bank 2009). In particular, Vanuatu faces significant challenges to improve children’s outcomes. Despite the recent development of broad policy on children’s issues (the National Children’s Policy and its associated monitoring framework), and the commitment to free universal Primary Education, key policy elements for children’s wellbeing are notably absent in high-level policy statements and strategies.

The development of a high level national policy on children’s wellbeing appears to face challenges on a number of fronts. The NCP has now laid out a national and multidimensional policy for children, but the real task of implementing policy as with many other national policies is a different challenge, and one that is not yet achieved. While it may be true that the overarching policy on children is relatively new, and thus the process toward implementation

is still in an early stage, there are examples of other policies that have been in place for a long time, and it is not evident if these have been implemented successfully or not (such as nutritional policy).

Vanuatu currently does not provide resources and funding for national programmes to support children, such as family income support schemes, nor for child protection, such as adoption or residential care, protective services or family support services. As noted earlier, Vanuatu is quite progressive and advanced in recognition of rights for children and women, but articulated rights or policy are far more advanced than social service delivery can actually provide. For example although in principle in the national disability policy and education policy there is agreement that all disabled children should have access to education, there is no knowledge of the extent of children who are disabled or excluded, to inform a strategy for addressing the issue.

Gender issues and potential disadvantages for children are not clear from these studies, and this should be investigated further. At face value, gender parity seems good and there is not strong evidence of disadvantage to girls as children: not in education, health or nutrition status. However, this may shift for older girls. Nearly a quarter of all girls are married before 18 years of age, (and are likely to soon become mothers and disproportionately likely to marry older men and become young widows). A relatively significant number of girls (7%) are married before the age of 15 years.

Women and older girls are also disadvantaged in terms of accessing the formal employment market and formal employment is predominantly male. In Vanuatu, the only forms of institutionalized social security are through formal employment (VNPF, labour laws). Land rights, critical to subsistence in rural Vanuatu, are mostly passed on through males. And women still have little representation in the political sphere. So it is not clear that gender parity in earlier years facilitates improved opportunities for women and older girls.

Vanuatu society may be caring and provide support to disadvantaged community members, but an examination of children's wellbeing and outcomes clearly establishes the need for government to provide basic services and social supports. There are some notable absences of programmes and resource allocation, in particular in regard to basic services such as water and sanitation.

There are also a number of specific policy gaps in this regard, such as the lack of a single coherent policy to address child and maternal wellbeing; the lack of priority targeting of child nutrition; water and sanitation policy. Possibly the most important policy gap, however, is the lack of an articulated need to address poverty and disadvantage, in Vanuatu generally and for children specifically.

References

ADB (2009a) Vanuatu: Country Partnership Strategy (2010 – 2014).

ADB (2009b) *Vanuatu: Economic Report 2009: E*conomic Assessment, *Country Partnership Strategy (2010 – 2014)*, Draft for Consultation, August 2009.

ADB (2009c) Vanuatu Economic Report Executive Summary, Accelerating Reform.

ADB (2009d), Key Indicators for Asia and the Pacific 2009, Asian Development Bank, Manila.

Abbott, David; Pollard, Steve (2004) *Hardship and Poverty in the Pacific*, ADB, Pacific Development Bank.

AusAID (2009) *Pacific Economic Survey: Engaging with the world*, Commonwealth of Australia 2009: Canberra, http://www.AusAID.gov.au/publications/pdf/Pacific_Economic_Survey09.pdf.

AusAID (2009a) *Annual program performance report for Vanuatu 2007 – 2009*, Australian Government, Canberra, October 2008.

AusAID (2005) *Australia-Vanuatu Joint Development Cooperation Strategy 2005-2010*, Australian Government, Canberra, March 2005.

Bazeley, P. and B. Mullen, (2006) *Vanuatu Economic Opportunities Fact-Finding Mission*, On behalf of AusAID and NZAID, July 2006.

Bellamy, Carol (2005) The State of the World's Children 2005: Childhood under threat, UNICEF: New York.

Coulter, F., F. Cowell and S. P. Jenkins, (1992), "Equivalence Scale Relativities and the Extent of Inequality and Poverty", *The Economic Journal*, Vol. 102, No. 414 (Sep., 1992), pp. 1067-1082.

Fajth, G and Holland, K. "Poverty and Children: A Perspective." UNICEF DPP Working Paper, 2007, http://www.unicef.org/socialpolicy/index_45998.html.

Government of Vanuatu (2010) *Vanuatu Budget Statement 2010*, Volume 1 and Vanuatu *Budget 2010*, Volume 3.

Government of Vanuatu (2009) *Planning Long, Acting Short*: *The Government's Policy Priorities for 2009-12.*

Government of Vanuatu (2008) *Monitoring and Evaluation Framework for the Vanuatu Children's Policy 2007–2011.*

Government of Vanuatu (2007) *National Children's Policy 2007–2011.*

Government of Vanuatu (2006) *Priorities and Action Agenda 2006 – 2015*: *An Educated, Healthy and Wealthy Vanuatu"*, June 2006.

ILO (2009) Decent Work Country Programme Vanuatu, April 2009.

IMF (2009) *Vanuatu: 2009 Article IV Consultation* – Staff Report; Public Information Notice on the Executive Board Discussion; and Statement by the Alternate Executive Director for Vanuatu, IMF Country Report No. 09/166, May 2009, Washington, D.C.

Ministry of Education (2009) *Vanuatu Education Road Map* (VERM), draft, November 2009.

Ministry of Education (2009a) *Vanuatu National Early Childhood Care and Education Policy 2010-2015*, draft 2009.

Ministry of Education (2008), *Vanuatu Education Sector Support Action Plan* (VESAP).

Ministry of Education, (2007) *Digest of Education Statistics 2007*.

Ministry of Education, (2006) *Vanuatu Education Sector Strategy* (VESS), Working Draft, December 2006, Ministry of Education.

Ministry of Health, Vanuatu (2009) *Health Sector Policy2009-2015*.

Ministry of Health, Vanuatu and UNICEF (2008) Multiple Indicator Cluster Survey, 2007 Final report: *Monitoring the Situation of Children and Women*.

Ministry of Health, Vanuatu and UNICEF, Multiple Indicator Cluster Survey Data, 2007 (MICS 2007).

Ministry of Health, Vanuatu (2007), Vanuatu National Health Accounts Team, *Vanuatu National Health Accounts 2005*, MOH July 2007.

NZAID (2008) "Launch of NZ's Pacific Development Strategy", NewZAID No. 47, June 2008, http://nzaid.loudmouth.net.nz/index.php?id=201 [accessed 29 October 2009].

Pacific Institute of Public Policy, (2009), *Mobile revolution in Vanuatu*, http://www.pacificpolicy.org/.

Pacific Islands Forum Secretariat (2009) *Vanuatu, Disability Country Profile*, http://www.forumsec.org/pages.cfm/sustainable-development/social-policy/disability/country-profiles/vanuatu-disability-country-profile.html.

Prasad, B. and P. Kausimae, (2009) *Analysis of Social Policy Dilemmas in the Solomon Islands and Vanuatu*, (UNRISD).

Republic of Vanuatu (2008) *The Family Protection Act 2008*, January 2008, http://www.paclii.org//cgi-bin/disp.pl/vu/legis/num_act/fpa2008206/fpa2008206.html?query=fpa2008206 [accessed 29 October].

UNDP (2010) Website for Human Developmentt Report, http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_VUT.html [accessed 04/02/2010].

UNDP (2009) Website for Millennium Development Goals, http://mdgs.un.org/unsd/mdg/Data.aspx, Accessed 03/102/2009.

UNDP (2009) The Millennium Development Goals Report, United Nations: New York.

UNDP and Government of Vanuatu (2008), *Country Programme Action Plan (CPAP) 2008-2012*, p5.

UNDP: Asia Pacific Human Development Report 2008.

UNDP and the Secretariat of the Pacific Community (2005), Vanuatu Millennium Development Goals Report – 2005.

UNDP: Pacific Human Development Report 1999.

Townsend, P. et al. (2003) Child Poverty in the developing world, Policy Press: Bristol.

UNICEF and Republic of Vanuatu (2009) *Vanuatu Child Protection Baseline Research 2008*, National Report, April 2009, UNICEF Pacific: Suva.

UNICEF (2008) Legislative Reform and the Convention on the Rights of the Child (CRC) in the Pacific, A Sub-Regional Meeting, August 2008.

UNICEF (2007) Global Study on Child Poverty and Disparities 2007-2008: GUIDE, September 2007, UNICEF: New York.

UNICEF (2007a) Vanuatu *Country report: "Plus 5" Review of the 2002 Special Session on Children and World Fit for Children Plan of Action*.

UNIFEM & UNDP Pacific Centre (2007) Translating CEDAW into Law: CEDAW Legislative Compliance in Nine Pacific Island Countries, May 2007: Suva, http://www.iknowpolitics.org/files/Chapter_Vanuatu.pdf.

Vanuatu National Statistics Office (2009) *Social Statistics: Demographic Indicators* (Site: http://www.spc.int/prism/country/vu/stats/SOCIAL/DEMOGRAPHY/demog-sum.htm), Accessed 11 January, 2010.

Vanuatu National Statistics Office (2009a), 2008 GDP Estimates, and Rebasing, Preliminary Results, November 2009.

Vanuatu National Statistics Office, ADB, UNDP (2008) *Analysis of the 2006 Household Income and Expenditure Survey: Report on the Estimation of Basic Needs Poverty Lines and the Incidence and Characteristics of Poverty in Vanuatu*, VNSO, ADB and UNDP.

Vanuatu National Statistics Office (2007), Vanuatu 2006 HIES Preliminary Report.

Vanuatu National Statistics Office (2006a) Agricultural Census 2006.

World Bank (2009a) *World Development Indicators (2009).*

World Bank (2009b) *Pacific Island development in 3D: Key Findings and Policy Advice from World Development Report 2009 and other Reports*, World Bank, 2009.

World Bank (2009c) *Pacific Youth Literature Review*, World Bank, 2009.