

SOLOMON ISLANDS



A SITUATION ANALYSIS OF CHILDREN, WOMEN & YOUTH

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LIST OF ACRONYMS

ARH	Adolescent Reproductive Health
ARH	Acute Respiratory Infection
AusAID	Australian Agency for International Development
CCC	Christian Care Centre of the Church of Melanesia, Solomon Islands
CEDAW	(United Nations) Convention on the Elimination of All Forms of Discrimination against Women
CPRF	Community Peace and Restoration Fund
CRC	Convention on the Rights of the Child
DSW	Department of Social Welfare
EPI	Expanded Program on Immunization
EU	European Union
FSC	Family Support Centre
HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HTC	Honiara Town Council
IDP	Internally Displaced Person
IPPF	International Planned Parenthood Federation
IMR	Infant Mortality Rate
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MEHRD	Ministry of Education and Human Resources Development
MHMS	Ministry of Health and Medical Services
NACC	National Advisory Committee on Children
NCD	Non-communicable Diseases

NCW	National Council of Women
NPC	National Peace Council
NGO	Non-Governmental Organization
NZAID	New Zealand Agency for International Development
RAMSI	Regional Assistance Mission to the Solomon Islands
RRRT	Regional Rights Resource Team (a UNDP project)
RTC	Rural Training Centre
SARS	Severe Acute Respiratory Syndrome
SCF	Save the Children Fund
SIBC	Solomon Islands Broadcasting Corporation
SICHE	Solomon Islands College of Higher Education
SID	Solomon Islands Dollar
SIG	Solomon Islands Government
SIPPA	Solomon Islands Planned Parenthood Association
SISEEE	Solomon Islands Secondary Entrance Examination (as in MEHRD, 2004)
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNDP	United Nations Development Program
USP	University of the South Pacific
WHO	World Health Organization

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EXECUTIVE SUMMARY

This report is an update of the Solomon Islands Situation Analysis of Children and Women in Solomon Islands, 1998. Since 1998, Solomon Islands has experienced a series of economic and political crises that have had profound repercussions for children, youth and women. During the crisis many achievements of the past were undone, and most development assistance projects were terminated or suspended. This report was prepared after the achievement of peace and stability, when the country was in the process of developing and improving services and infrastructure to meet the needs of the people and reduce inequalities.

The major challenge facing Solomon Islands is the high cost and administrative difficulty of delivering services to a largely subsistence population that is dispersed across many islands that have minimal infrastructure and transport links. The concentration of administration, economic activity and services in the capital, Honiara, have resulted in high levels of rural to urban migration that have overburdened urban services and fostered tensions between groups. Despite being more developed than its surrounds, Honiara's economy is small and slow growing, and cannot provide anywhere near enough employment opportunities to meet the demand.

The major concerns for children, youth and women are under-resourced health services and schools, especially in rural areas, scarcity of cash earning opportunities for both men and women, and scarcity of employment opportunities and lack of career structures for youth. The status of women in Solomon Islands tends to be low, as are contraceptive prevalence levels. This contributes to high fertility levels that stretch the capacity of rural people engaged in subsistence to provide for their families. Domestic violence is widespread, as are sexually transmitted infections, and girl children and the disabled tend to be disadvantaged compared with healthy boys. At the time of writing very few cases of HIV/AIDS had been confirmed, but Solomon Islands is regarded as having the preconditions for an HIV/AIDS epidemic, and health authorities and NGOs are actively promoting HIV/AIDS awareness and safe sex.

Solomon Islands is a signatory to CRC and has established a National Action Committee for Children to address CRC issues. It has also adopted the principles of CEDAW. National capacity to address CRC and CEDAW issues is constrained by limited resources, however, and local NGOs working to address these issues also tend to be under-resourced.

UNICEF's five Medium-Term Strategies are highly relevant to Solomon Islands as they coincide with some of the areas of greatest need. Prioritisation of these five strategies is also compatible with partnering with other donors and local organizations that are addressing other aspects of issues of importance to children, youth and women. Achievement of the Millennium Development Goals, to which the Solomon Islands Government is committed, would also greatly improve the situation of children, youth and women.

INTRODUCTION

This report is an update of the Solomon Islands Situation Analysis of Children and Women in Solomon Islands, 1998, prepared by the Government of Solomon Islands and UNICEF (Government of Solomon Islands and UNICEF, 1998). Since 1998, Solomon Islands has experienced a series of economic and political crises that have profound repercussions for children, youth and women, and also for strategies and interventions to address their needs. During the crisis many achievements of the past were undone, and most development assistance projects were terminated or suspended.

Peace was restored to Solomon Islands by a regional intervention force in 2003, but many of the causes of tension were still present in mid 2004 when this report was prepared. It is important to understand these causes because they will continue to threaten the wellbeing of children, youth and women unless substantial progress towards their reduction is made in the very near future. It is thus timely to take stock of the situation again and review and revise previous recommendations and priorities. Strategies to guide interventions also should be reviewed and adapted to changing socio-economic and political circumstances.

The 1998 Situation Analysis provided a broad overview of socio-economic conditions in Solomon Islands, and identified numerous issues for children, young people and women. It pointed out that *'the well-being of the country's women and children is directly linked to the vitality and resilience of the rural sector and its sustainable development'* and stressed the importance of recognising *'the strengths and the "wealth" of the country located in its cultural and national resources'* (Government of Solomon Islands and UNICEF, 1998: 92).

The 1998 report also drew attention to the emergence of 'absolute poverty' in Solomon Islands.

'Structural reform and economic rationalism have been supported by aid agencies and loan packages made conditional upon good governance and reduction of government expenditure. It is now increasingly important for planning and policies to identify areas of inequality and groups who are experiencing poverty. Low-income families in urban areas and young people are emerging as the first generation of Solomon Islanders who are living in absolute poverty' (Government of Solomon Islands and UNICEF, 1998: 83).

The main areas identified as needing attention included:

- a broad spectrum of health issues for children and women;
- problems of inequity and access to education;
- domestic and other violence against children and women;
- exploitation of children and homeless children;
- inequities in formal and informal employment of women;
- vulnerability of young people in urban areas and their elevated risk of engaging in substance abuse, unsafe sex and juvenile delinquency;

plus a range of issues arising from rural/urban disparities and the inadequacy of urban services for the burgeoning urban population.

The important role of NGOs in contributing to the development of Solomon Island children and women, and the role of churches in promoting activities that support children and women and foster the participation of women in community activities were also emphasised in the 1998 Situation Analysis.

Recommended strategies to facilitate and support interventions included:

- strengthening collection of both quantitative and qualitative data to facilitate identification of needs and targeting and monitoring of interventions;
- defining poverty and identifying vulnerability;
- monitoring the social impact of economic reform; and
- monitoring the impact of inflation and deflation on household security

Research carried out in 2004 found that only limited progress has been made in addressing the main areas listed above, and all are still in need of attention. Moreover, there was an absolute deterioration in the situation of children youth and women in the period of civil conflict that occurred between 1998 and 2003, known as *The Tensions*¹ (UNDP, 2004: vii). During *The Tensions* it became very apparent that there were few mechanisms to protect these vulnerable groups from becoming victims, either directly or indirectly.

Since 1998 there has been some progress in defining poverty and monitoring economic and social impacts, much more is needed, along with practical approaches that address these issues. The 1999 census provided an update of population and socio-economic data, and reports such as the report on the Convention on the Rights of the Child (SIG and UNICEF, 1998) and UNDP's Human Development Report (UNDP, 2002) have focused attention on economic and social disadvantage.

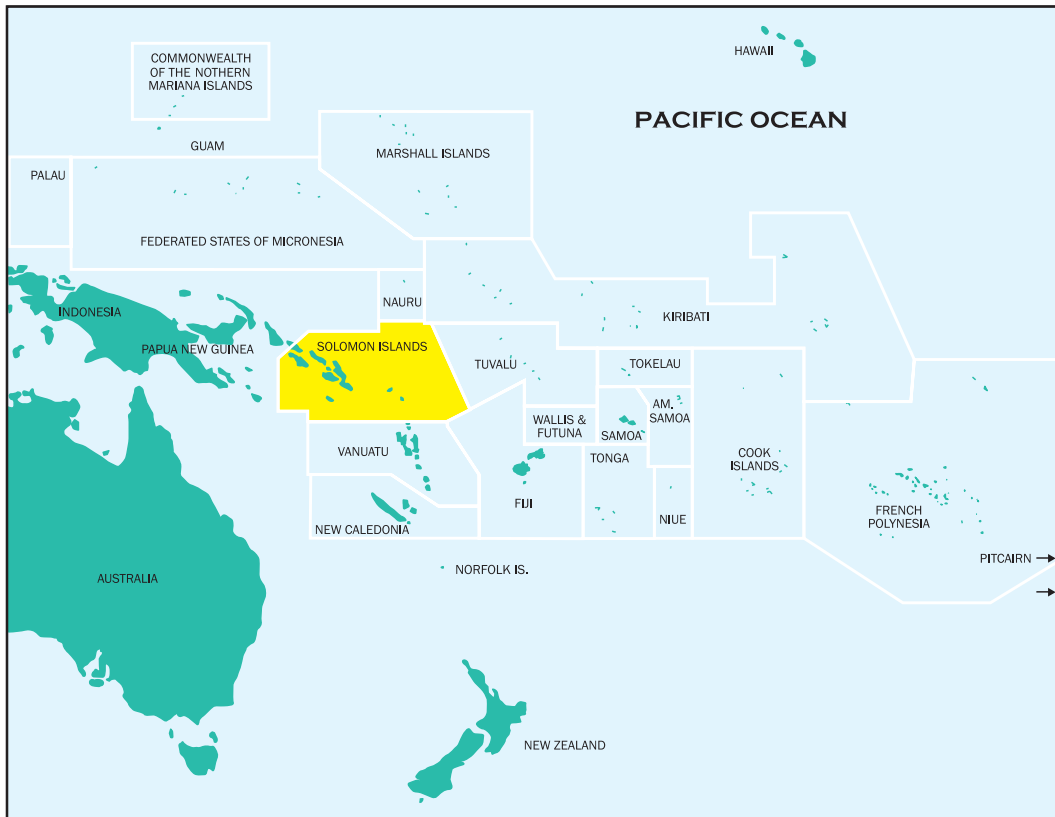
Solomon Islands has joined other Pacific Forum countries in making a commitment to achieving the United Nations Millennium Development Goals (MDGs). This includes using internationally standardised millennium development indicators to monitor progress towards the achievement of these goals. All eight MDGs are related in some way to the lives of children, youth and women, while some goals have a very direct impact.

This report begins with a brief description of the causes and impacts of the events in Solomon Islands between 1998 and 2004. Part Two reviews current key issues for the three target groups, focusing on changes since 1998 and highlighting areas of need. Part Three suggests some strategic approaches and proposes list of priorities for intervention, with special reference to UNICEF's five priorities for 2003-2007.

It is recognised in this report that there is enormous variation between different parts of Solomon Islands. Because of time and financial constraints it was impossible to visit all parts of the country during preparation, but the writer was able to make brief visits to western Choiseul, Gizo and Tulagi. While this report uses examples from these places to illustrate the contrast between Honiara and the provinces, it should be remembered that every district and village has its own particular issues and concerns.

¹As most of the conflict was between two ethnic groups, some people in Solomon Islands refer to it as *ethnic tension*. However, Pacific Islands Forum Secretariat (2004:1) points out "The fact that the conflict erupted between two ethnic groups does not in itself make it an ethnic conflict. A closer analysis points to a number of long-standing issues, including poor governance and a struggle over resources." *The present report therefore follows the example of the 2004 report 'Emerging Priorities in Preventing Future Violent Conflict' prepared by UNDP with the support of the Department of National Unity, Reconciliation and Peace and the National Peace Council (NPC), and uses the term The Tensions.*

PACIFIC ISLAND COUNTRIES



SOLOMON ISLANDS





PART 1
OVERVIEW

1.1 Definitions

The 1978 Solomon Islands Constitution is consistent with the Convention on the Rights of the Child (CRC), defining a 'child' as up to 18 years. The Juvenile Offenders Act of 1972 defines a 'young person' as aged 14 to 18 years. (NACC, 1998: 17). As of mid 2004, however, legislation to enable enforcement of children's rights and child protection had been drafted but not yet approved by parliament. In practice, therefore, the concept of child tends to vary for purposes such as health care, marriage, imprisonment and protection (NACC, 1998: 17). Moreover, it was sometimes overlooked altogether during the recent civil conflict, when children as young as eight years served as front-line combatants and young girls were forced to accommodate the sexual requirements of militants (UNICEF/SIG, 2003: 10).

This report also considers the situation of youth. In Solomon Islands youth is defined as unmarried persons aged 18 up to age 30 (NACC, 1998: 18). The only age-related legislation affecting those over 18 appears to be that prohibiting of the sale of alcohol to anyone under age 21, while CRC addresses only those up to age 18 years. Nonetheless some of the issues discussed in this report relate to young people who are over 18, as they tend to be the most disadvantaged and vulnerable group in Solomon Islands and are targeted by many donor, NGO and community initiatives.

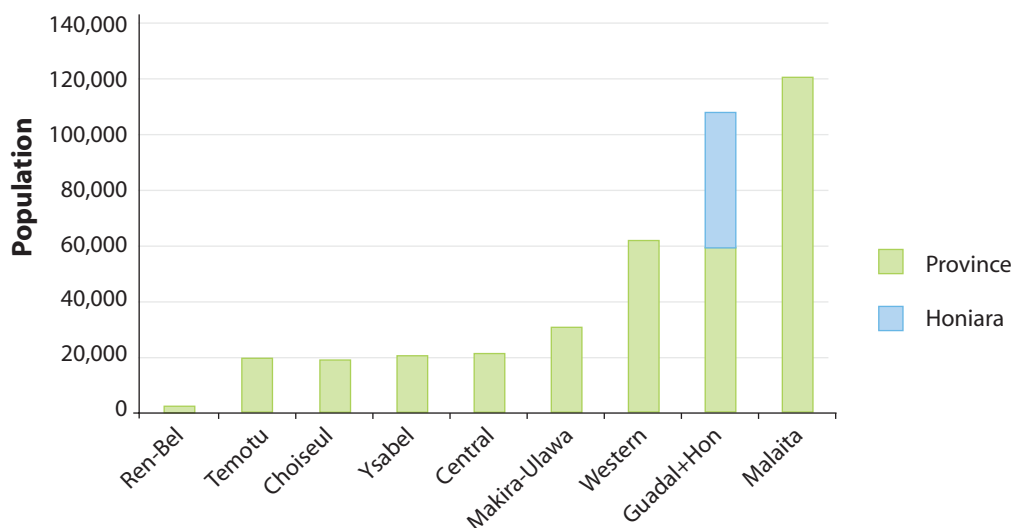
1.2 The underlying causes of tension

The underlying cause of tension is disparities in population distribution and levels of economic development. The Solomon Islands has experienced continuing rapid population increase since the 1960s. The average annual growth rate of over 3.4% per annum between 1970 and 1986 was one of the highest ever recorded in a country that did not have significant immigration. The 1999 census showed that the total population of the Solomon Islands had reached 409,000 and was still increasing rapidly (Solomon Islands Government, 2002).

Although the 1999 census indicated that the average annual growth rate had slowed to an average of 2.8% per annum between 1986 and 1999, it is still the highest in the Pacific region and sufficient to double the population every 25 years. If the population continued to grow at that rate it would reach half a million by 2007 and one million by 2032.

A key characteristic of the population is uneven distribution between provinces. Figure One shows that Malaita had much the largest population, larger than Guadalcanal and Honiara combined. The land area of the provinces also varies considerably. In 1999 overall population densities were highest in Central (35/sq km), Malaita (29/sq km) and Temotu (22/sq km). Guadalcanal (excluding Honiara) had only 11 people per sq km and all other provinces had 10 people or fewer (Solomon Islands Government 2002a: 6). Actual population densities are higher because most settlement is confined to the habitable areas on the coastal fringe. The interior of Guadalcanal and Malaita especially comprises rugged mountain terrain.

Figure 1. Population distribution by province



Source: Solomon Islands Government, 2002.

While Solomon Islands still has large areas of under-utilised land, the provinces have received only limited assistance to help them develop local industries. Most modern sector activities, most wage employment and the best facilities and services are located in Honiara and northern Guadalcanal. The scarcity of wage opportunities in the provinces means that most people continue to rely heavily on subsistence cultivation, while the main sources of cash are from primary production, including copra, cocoa and vegetables, and exploitation of natural resources of timber and fish (Solomon Islands Government, 2003: 59). Living standards therefore tend to be lower in the provinces, while schools, health centres, community infrastructure, transport, communications and other services tend to be very under-resourced compared with those in Honiara.

Increasing population densities and rural/urban disparities, and especially lack of employment, have caused many rural people to drift to Guadalcanal in the hope of sharing in the benefits of modernisation. As numbers of internal migrants increased so did the resentment of Guadalcanal residents, fuelling tension and eventually leading to outbreaks of hostilities. The underlying cause of conflict between ethnic groups is thus largely a power struggle caused by uneven development (Pacific Islands Forum Secretariat, 2004: 1-2).

1.3 Fertility and mortality

The principal cause of the high population growth rate is sustained high fertility. The total fertility rate (TFR²) in 1999 was estimated as 4.8 children per women. As shown in Annex One, Table One, it ranged from 5.4 in Malaita to 3.4 in Honiara (Solomon Islands Government, 2000a: 107). Although fertility appears to have been declining steadily since the mid 1970s (McMurray, 1989: 45), it is still the highest in the Pacific. Moreover, it is possible that the breakdown of health and family planning services and rape of many women during The Tensions could have contributed to an increase in fertility since 1999, especially among adolescents.

² TFR – effectively the average number of children a woman would bear if the current fertility rate prevailed throughout her reproductive lifetime.

Box 1. Just how fast is the population increasing?

It is estimated that about 35 new babies are born each day in Solomon Islands. This means that each week the total population increases by around seven classrooms full of children, or the equivalent of an average primary school. Each year it increases by the equivalent of more than 50 schools.

While fertility is high, mortality also remains high in Solomon Islands. The infant mortality rate (IMR) was estimated as 66 per thousand live births for the period preceding the 1999 census. The exact figure is uncertain, however, as this estimate was derived from census data that clearly understated both births and infant deaths, and adjustment is inevitably subjective (Solomon Islands Government, 2000a: 86-108). What can be said with certainty is that infant mortality is substantially higher than it should be, and almost certainly increased during The Tensions as a consequence of breakdown of health services, including less supervision of deliveries and reduced immunisation coverage. Infant mortality is estimated to be up to 5 per thousand lower in Honiara than in the provinces (Solomon Islands Government, 2000a: 107).

Adult mortality also remains high, with an average life expectancy of only 60.6 years for males and 61.6 years for females. One positive sign is that in 1999 Solomon Islands seems to have left the group of only a few countries in the world where female life expectancy is less than that of males. Since women naturally tend to outlive men and shorter average life expectancies for women are found only when conditions are extremely harsh, this increased survival of women suggests some improvement in their living conditions and treatment in society, if only better access to health services. Even so, average life expectancy for both men and women is close to the lowest in the Pacific region. It almost certainly reduced still further during The Tensions, because of conflict, breakdown of health services and reduced control of malaria. Once again, life expectancy is longest in Honiara where facilities and living conditions are best, and shorter in the provinces (Solomon Islands Government, 2000a: xiii). (See Appendix One, Table Two). There are unlikely to be marked improvements in life expectancy in either Honiara or the provinces until there are substantial improvements in health services and malaria control, nutrition and general living standards.

1.4 The events of 1998-2003

The five years 1998-2003 were marked by severe escalation of civil unrest, caused, as discussed above, primarily by regional disparities in economic and social opportunity. The simmering tension erupted in late 1998, and then several times in the following years until in mid 2003 on-going problems with law and order and widespread violent conflict forced the Government of Solomon Islands to request neighbouring countries to help restore peace.

The Regional Assistance Mission to the Solomon Islands (RAMSI) arrived in Solomon Islands in late July 2003. Its mandate was to restore law and order and provide assistance to restore the economy, remaining for up to 10 years if necessary. Initially RAMSI comprised a force of around 2,250 personnel,

the majority from Australia, with others from Cook Islands, Fiji, Kiribati, Nauru, Papua New Guinea and Tonga. Almost 2000 were military personnel and around 250 were police (Oxfam, 2003: 1). By mid 2004 the number of police and army had been reduced and around 17 technical advisers had been added, with more technical assistance planned for the future (Pacific Islands Forum Secretariat, 2004).

At the time of writing, the RAMSI intervention was widely regarded by Solomon Islanders and others in the Pacific region as having been very successful in restoring law and order. Thousands of weapons have been surrendered and most leaders of local militia forces have capitulated and agreed to cease hostilities. Most of those responsible for the worst violations against their countrymen are in prison. While the Solomon Islands community in general appears to be greatly relieved and satisfied with the intervention so far, restoring law and order is only part of RAMSI's mandate, and only the first step in solving the Solomon Islands' problems. A greater challenge, the reduction of the underlying economic and social disparities responsible for The Tensions, remains on the national agenda. Whether or not the present period of peace becomes permanent and there can be a marked improvement in the situation of children, youth and women will depend on the extent to which RAMSI and the Solomon Islands government address these issues in the near future

1.5 Displaced people

A major impact, on children and women especially, was displacement of people. At least 35,000 people were displaced and more than 8,000 jobs were lost due to closure of businesses (IDP, 2004: 2). Many of the displaced were people from outer provinces who had drifted to Guadalcanal and Honiara in search of better services, but others were long-term residents who had become permanent residents of Honiara. Some Malaitans had lived for so long in Honiara that when fear of reprisals drove them back to their birthplace they found they had lost all rights to their traditional land and property and were unable to resettle. They therefore had no choice but to return to Honiara, where they were at risk of losing both life and property (personal communications, Honiara, July 2004).

In addition to those who were displaced, unknown numbers of people died during the conflict, and there was significant disruption of lives and livelihoods through suspension of wage and salary payments, loss of property and buildings, and loss of access to schools and health services (UNICEF/SIG, 2003: 2).

Large-scale population displacement and loss of life has impacted on children, youth and women, both directly, on those who were displaced, and indirectly on those who had to share their meagre resources with displaced *wantoks*³. The impact of displacement on average household size at the time of the 1999 census is shown in Table One. Many more people were displaced in the periods of the tension that occurred after the census.

³ Literally 'one talk', implying one language and a common culture. May include kin and friends.

Table 1. Average Household size, 1999 (persons)

Province/urban area	Without displaced	With displaced
Guadalcanal	5.6	6.3
Malaita	6.3	8.3
Honiara	6.4	9.2
All Solomon Islands	6.0	7.9

Source: Solomon Islands Government, 2000a: 64.

Box 2. Testing the limits of traditional coping mechanisms

'The *'wantok* system' that had provided the 'safety net' in Solomon Islands has been stretched to a level where its continuation may be at risk...(especially)...in towns and urban centres and where families' livelihoods depend on salaries. There is already evidence that there are people who are engaging in out-of-the-ordinary activities to put food on the table, and this is causing conflicts in homes and communities'.

(UNICEF/SIG, 2003: 2-3)

1.6 The impact of trauma

The extent of traumatising of the population is unknown. A poll of Honiara people attending markets and other meeting places in 2004 found that the families of 85 per cent of men and women had been directly affected, with 75 per cent of men and 73 per cent of women suffering direct personal trauma, including rape, death of family members, violence, intimidation and being held up at gunpoint. The Family Support Centre, a Honiara NGO that assists victims of violence and trauma, reported an increase in its clientele from 71 in 1997 to an average of 200 annually from 1998-2001 to 676 in 2002. Some of the violence was perpetrated within families to demonstrate allegiance to the militia (Pacific Islands Forum Secretariat, 2004: 35-36). There are no data on the impact on other provinces.

It is difficult to overstate the psychosocial impact of this trauma on the people of the Solomon Islands. It is by no means confined to displaced people and victims of rape, violence, family disintegration and other horrors. People throughout the country have experienced severe undermining of their sense of personal security and their confidence in the future. Many have lost friends and/or relatives and have seen their communities disrupted. Others have been affected by the failure of health and education services, non-payment of government salaries during the crises, and by failure of transport and marketing services that in turn have resulted in the collapse of key industries like copra, cocoa, forestry and fishing. Although not directly involved in The Tensions that affected the eastern

provinces, residents of Choiseul and Shortland Islands have had their lives threatened by intermittent incursions from Bougainville, and they too live with anxieties about personal security.

For many people in Solomon Islands the stress caused by The Tensions manifests in subtle ways, such as apathy, inertia, lack of motivation, low self-esteem and apparent inefficiency. Outsiders working in Solomon Islands who encounter these symptoms need to think very carefully about the causes. It should never be assumed that they are simply personal deficiencies that can be tackled by stricter management and endless repetitive training.

Various donors including UNICEF and Save the Children Fund have supported trauma counselling workshops and related activities since the end of The Tensions. This is much needed assistance to the Solomon Islands community, but it is important that these activities are carefully coordinated to prevent confusion and duplication and to ensure accurate targeting to achieve maximum benefit.

1.7 The way forward

Since RAMSI, there has been a great deal of donor activity in all the key areas that affect community livelihoods and impact on children, youth and women. Many projects, both large and small have, been designed and implemented, and discontinued initiatives have been revised and reactivated. Generally, different donors continue to focus on particular sectors. AusAID's Community Peace and Restoration Fund (CPRF) has provided a flexible fund of \$SID 40 million to support a wide range of small-scale community based initiatives, most in education, water and sanitation, health, small road works, women's projects, youth projects and agriculture (CPRF, 2004). Many partnerships between donors, government and NGOs have been formed. The way forward involves continuing and strengthening these initiatives, and responding to community needs. As discussed in more detail in Part Three of this report, partnering and collaboration and swift implementation are essential to ensure that all needs are met and a return to unrest is avoided.



PART 2

THE ISSUES

2.1 Economic and social diversity and inequality

The major issue underlying all others that impact on the lives of children, women and youth is diversity and inequality between provinces and districts within Solomon Islands. As well as being the underlying causes of The Tensions at the national level, these factors also have an on-going and very direct impact on the lives of everyone in the community, including the three target groups.

There is a vast difference between Honiara and every other place in terms of services, quality and quantity of facilities, communications, other urban services and size. The second level 'urban' centres, Gizo and Auki, are tiny compared with Honiara, and their facilities are minimal by comparison. Third level centres are not really urban centres at all. For example, Taro, the provincial headquarters of Choiseul, is only a village by northern Guadalcanal or Malaita standards.

Village settlements also vary enormously throughout the country, depending on their location in relation to the coast and urban areas. Those near an urban area or in an accessible coastal area might have a substantial population and be well served with facilities and communications, while those in remote places in the interior or on isolated stretches of coast may have almost nothing. Variation occurs both within and between provinces. Some of the villages situated only a few miles from Honiara in the rugged mountainous interior are among the most isolated and inaccessible in the whole of Solomon Islands.

The persistence of inequity is responsible for the drift of population to urban areas in search of education, employment and opportunity. This movement not only increases the potential for civil conflict but also hampers the development of rural communities by shifting the focus to modern enclaves and away from the traditional values of self-sufficiency, local-development and identification with the land (Solomon Islands Government and UNDP, 2002: 12). It is a particular problem for young people who have expectations of formal employment, and so may not acquire the skills of village life and, if they do not obtain it, may find themselves marginalised from household production systems.

There was widespread disruption of economic activities during The Tensions. Of particular importance to children and women outside Honiara was the collapse of the copra industry and other agricultural enterprises. This removed the principal source of cash in rural areas for school fees, transport and non-subsistence needs. Since the cash flow was dramatically reduced, other income generating activities such as trade stores and selling market produce were also restricted by lack of community purchasing power. Some of the formerly well-off communities in logging and fish canning areas were especially disadvantaged, because their people had stopped gardening, so those without cash reserves had no access to food when incomes were suspended during The Tensions (Solomon Islands Government, 2003: 9).

Local economic conditions are inextricably linked with the situation of children, youth and women. Among the many factors determined by household income levels in Solomon Islands are capacity to pay for children's education, capacity to access health facilities and the status of women, which in turn influences the number of children they will bear.

As recognised in the National Economic Recovery, Reform and Development Plan, 2003-2006, the key to improving living standards is to generate activity and self-employment opportunities in rural communities (Solomon Islands Government, 2003). Decentralising development would also help to arrest the drift to urban areas.

While not all donors are directly involved in economic development *per se*, it is most important that there is coordination between economic and social development. Interventions to improve health and education services and legislation to protect children and women will have only a limited impact on lives unless they are accompanied by strategies to improve household income. Sometimes relatively simple interventions are all that is needed to have a substantial impact on income earning potential at the local level and facilitate improvements in living standards, as illustrated by the example of Choiseul Province in Box Three.

Box 3. Economic development and donor assistance in Choiseul, July 2004

Choiseul is one of the furthest provinces from Honiara. The Choiseul Provincial Government promotes economic development and income opportunities and provides schools, health facilities, water and sanitation, but salaries of government officials are paid from Honiara. Generally the provincial government has capacity only to provide for basic needs, while all 'extras' and some basic needs come from donors. The Provincial governments cannot deal directly with donors to obtain assistance but must apply through the central government. A major issue is that centrally planned activities do not always trickle down to provinces but 'get lost somewhere'. Because of their remoteness, and the high cost of travelling to Honiara, provincial officials feel they are sometimes powerless to negotiate effectively.

Provincial officials said that when donors do provide assistance they sometimes do what they think is best rather than asking the communities what is most needed, and cited the example of a jetty construction project. The community asked for a jetty to be constructed in a location where it would be heavily used, but instead the donor built the jetty on an unpopulated island, believing this would stimulate economic activity there. Because of local issues that were not understood by the donor, that jetty is almost never used and there still is no jetty where it is most needed.

They also feel that donors tend to 'think big' but forget the simple things. Providing people with simple things like petrol, kerosene and tools enables them to help themselves. Providing simple assistance to get activities started should be higher priority than major projects such as construction of roads that will be hardly used until economic activity is well established.

In mid 2004, Choiseul Province was in urgent need of simple assistance to resurrect the copra industry, the main form of local income generation. Copra is a complete industry that provides employment for youths, women and men and can be started quickly because the raw material is already abundant, whereas it takes more time to establish new crops. Copra dried in the open air is no longer marketable, so to restart the industry the Province needed about 1000 oil drums to make into driers. Although this assistance was requested in 2003 and a ready market for copra is available, the province was still without drums.

A major issue for Choiseul province is sustainability. There has been a tendency in the past to take the cheapest, 'quick fix' approach to provision of basic services rather than considering sustainability. This has led, for example, to reliance on petrol generators rather than installing solar power, which is costly to install but has minimal running costs. Water is a major concern on some islands as they lack streams, but few buildings have rainwater tanks and well-maintained gutters and downpipes because of lack of access to assistance to meet high installation costs.

Logging is another example of a short-term, unsustainable approach to development. Overseas logging companies have been able to plunder Choiseul timber resources because there has been negligible local investment in developing a local timber industry. Local communities need capital and technical assistance so they can invest in portable sawmills and harvest and process timber locally and sustainably to generate secure incomes. It is widely recognised by the people of Choiseul that logging is more than simply an environmental problem. They say it also has negative affects on entire communities because the people who earn royalties tend to become lazy and give up self-help activities. Easy money from selling logs contributes to drinking, quarrels, and other social problems and the money is usually wasted. Nurses reported that some of the worst nutrition is found in logging areas where people subsist on rice, noodles, tinned fish and meat because they no longer bother to grow their own food.

2.2 Health

2.2.1 Health overview

Health in the Solomon Islands is characterised by high levels of infectious diseases, including malaria, respiratory diseases and water-borne diarrhoeal diseases. There is also evidence of a gradually increasing prevalence of non-communicable diseases (NCDs). The association of NCDs with changes in diet and lifestyle habits is clearly demonstrated by their higher prevalence in the most modernized and urbanised localities, including Honiara (MHMS, 2004a).

Among the major determinants of population health are water quality and sanitation. The 1999 census found that 69 per cent of households had access to a safe water supply, ranging from a low of 42 per cent in Guadalcanal to 95 per cent in Honiara Municipal area. Overall 52 per cent had piped water of some sort, 22 per cent used rivers and streams while 16 per cent used water tanks. Access to safe sanitation was much lower, with only 23 per cent of households reporting that they had a 'modern

toilet', only 8 per cent in Temotu and ranging up to 88 per cent in Honiara. Most of those who lacked modern facilities used the bush or beach (Solomon Islands Government, 2002: x ii).

Lack of adequate water and sanitation contributes to a high national rate of diarrhoea, and also to the high prevalence of stunting and underweight among children. In 2002 the Community Peace Restoration program funded 92 water and sanitation projects – mostly water tanks – but these projects were disrupted by The Tensions (UNICEF/SIG 2003: 17-18).

The Ministry of Health and Medical Services (MHMS) identified the following as the key issues in health in Solomon Islands in 2004:

- Malaria;
- High maternal mortality;
- High infant morbidity and mortality;
- Increasing NCDs, including diabetes, hypertension, renal problems, cardio-vascular problems, tobacco related and other cancer, and psychiatric illness;
- Increasing STI & the threat of an HIV/AIDS outbreak;
- Emerging diseases including SARS, zoonotic infections such as avian influenza, and dengue fever;
- Other established endemic diseases including tuberculosis, acute respiratory infections (ARI), diarrhoea, malnutrition, leprosy, skin diseases and yaws;
- Vaccine-preventable diseases: measles, diphtheria, pertusis, polio, tetanus, tuberculosis, hepatitis B.

(MHMS, 2004a)

The persistence of leprosy, yaws and tuberculosis and other infectious diseases that are readily controlled by modern medicine reflects limitations of the health system. These include both an absolute lack of facilities, and also a lack of capacity as many of the facilities that do exist lack sufficient expertise and/or resources to meet the needs of their clients.

The rights of children to survival and health are incorporated into the goals of the health system. Maternal and child health services are geared towards safe motherhood and reduction of infant mortality and morbidity (MHMS, 2004b: 11). Since children and women make special demands on health services, indicators of maternal and child health also reflect the state of health services. Annex Two presents key indicators of the state of maternal and child health. Box Four presents an example of the risks faced by mothers as a consequence of limited maternal child health (MCH) capacity in the provinces.

Box 4. Nancy's story

When Nancy and her husband married they went to live in Western Province. They tried hard to bear a child to please their relatives, but Nancy miscarried nine times. The last miscarriage involved a late *in utero* death. With great difficulty Nancy managed to deliver the dead child, but was unable to deliver the placenta. After many hours she became exhausted and the risk of septicaemia was increasing rapidly, but as there was no doctor on hand and the only available nurse did not have the skills or resources to help her, she was taken to Seghe Airport to wait overnight for one of the infrequent planes to Honiara. By this time she was very ill and her life was in danger, but a miracle occurred and she managed to deliver the placenta just before the plane arrived. If she had not done so she may not have survived the trip to Honiara.

Nancy now has two healthy children, both delivered prematurely by Caesarean section in Honiara. She is lucky that her family were able to afford to support her stay in Honiara so she could have supervised pregnancies and Caesareans. Women with similar complications but fewer resources would certainly be childless, if not dead.



2.2.2 The impact of The Tensions on health services

Basic health services were severely disrupted during The Tensions, and health status indicators deteriorated as a consequence of reduced services and shortages of medical supplies. For example, there was an estimated 20% increase in malaria cases in Honiara in 2000-2002, compared with an 80% reduction in the period 1995-1999 (UNICEF and Solomon Islands Government, 2003: 16). The causes of this deterioration were sometimes complex and not always directly related to MHMS activities, as shown in Box Five.

Box 5. The impact of The Tensions on malaria control

Before The Tensions, malaria control in one province was said to be progressing well, as the prevalence had fallen as low as 20 per 1000. In July 2004 an overseas NGO that had provided assistance with malaria control reported that the prevalence rate in their project's catchment area appeared to have returned to its previous level of around 350 per 1000. Among the factors alleged to have caused this reversal were apathy of staff because of irregular pay and job insecurity, utilisation of funds for unscheduled purposes, and the export of locally manufactured mosquito nets to Honiara where they could be sold for \$30 each as compared to only \$10 in the province for which they were intended. Both of the latter were responses to economic hardship. It was also believed that because medical supplies were perceived as irregular and limited, needles were being re-used to take blood samples for slides.

Fees for medical services had to be introduced to supplement the government budget and sustain basic services. Although the fees were generally only a few Solomon Island dollars per service, this acted as a considerable deterrent to use of health services by people who had little or no access to cash. In addition, non-payment of salaries during the crisis demoralised health workers and caused emigration of some doctors, leaving health facilities understaffed. Some programs such as integrated management of childhood illnesses were suspended (UNICEF/SIG 2003: 16).

In remote areas services were likely to be reduced because of lack of supplies and lack of transport. As described in Box Six, below, this included mobile clinic 'satellite' services that provided essential MCH and expanded programme of immunization (EPI) coverage. There were also problems with maintaining the cold chain for vaccines and regular supplies of essential drugs, and most reproductive health services were suspended. Other casualties of The Tensions were record keeping and maintenance of facilities and equipment.

Box 6. Health services in Taro, western Choiseul, July 2004

Taro is the provincial centre for Choiseul. Although not directly involved in the conflicts of 1999-2003 because of its remoteness, Taro has experienced frequent incursions of fugitives from the conflict in neighbouring Bougainville, Papua New Guinea. As Choiseul's health services are managed and resourced from Honiara, they have been impaired by administrative and supply difficulties.

Taro District Hospital is the principal facility for the 20,000 residents of Choiseul province. Other health facilities in the province have nurses, and sometimes beds, but no doctors. As Taro is located on a tiny island, Taro Hospital is accessible to non-Taro residents only by air and boat. It has 20 beds, one doctor, four registered nurses, several unregistered nurses, two

administrators, a public health programme, X-ray and laboratory facilities and a laboratory technician.

Taro hospital averages 10 deliveries per month, but cannot perform Caesarean sections. In practice its activities are confined to those of a clinic, as it lacks capacity to handle major birth complications, severe illnesses and any form of surgical intervention. All such cases are referred to Gizo Hospital, which can be reached only by infrequent air flights that are unaffordable for most residents, or by outboard powered boat. The boat trip takes around six hours, even on a calm day, and can be longer and very dangerous in rough seas. Patients sometimes die en route, and some are unable to attempt the trip at all because their families cannot afford the auxiliary costs of caring for them in Gizo. Deaths of critically ill patients, including mothers with delivery complications, often occur.

Before The Tensions, Taro Hospital provided satellite clinics in outlying villages two or three times a week, but since The Tensions satellite clinics have become infrequent, mostly because of shortages of fuel for the boat used to reach outlying areas. As a consequence, timely MCH services are generally available only to those mothers who can afford the boat trip to Taro. This reduction in satellite antenatal care and reliance on clients' capacity to afford transport means that some mothers may not come to the hospital to give birth. Other important aspects of primary health care that also have had to be neglected include nutrition and hygiene education and family planning.

Taro Hospital has experienced difficulties in maintaining the cold chain for vaccines because there is no continuous electricity supply and there have been shortages of the kerosene necessary to keep the kerosene refrigerator running. Although deliveries of vaccines and other medical supplies are said to be more regular since RAMSI, the facility lacked several essential drugs and also baby health record books when it was visited in July 2004. Since communications are poor, there have been occasions when mothers and infants from outlying villages have paid the costs of boat travel to Taro Hospital only to find that no vaccines were available at that time.

Difficulties in the work environment and limited capacity to meet clients' needs have undermined staff morale, along with concerns about security, irregular salary payments and insufficient accommodation for those relocated from other parts of the province.

Restoring health services to their pre-Tensions levels is no simple matter. Since virtually all health services in the country were affected in one way or another, restoration poses a substantial logistic problem. The particular needs of each facility must be assessed and appropriate action must be taken in each case, while at the same time the existing level of services is maintained and upgraded as necessary. One factor adding to this problem is limitations with the health information system.

2.3.3 Health information systems

Accurate and comprehensive information about the health system and its clients is an essential basis for running any health system, but until now has not existed in Solomon Islands. At the facility level, health staff trained to prioritise service delivery may have little understanding of the health system as a whole and tend not to appreciate the importance of information. This means they may not keep records as carefully and completely as necessary, and may not be timely in submitting their reports. In Solomon Islands, health data collection is not hierarchical, and facilities at all levels submit monthly reports. Data are seldom collated at the district level, while pooling of data at the Ministry level may mean that information is lost at local facility level and health personnel may not receive much feedback for their efforts. Up until the time of writing, allocation of resources was not based directly on reports submitted by facility staff. In addition, at the time of writing the MHMS did not employ an epidemiologist, so the data collected were under-utilised for monitoring and planning.

For some years the Reproductive and Child Health Division of the MHMS has maintained a separate database system from that used by the rest of the Ministry, in an effort to meet its own needs for data to monitor MCH. Although these data relate to the pre-Tensions period and also suffer to some extent from the problems noted above, they do provide a reasonable picture of the status of MCH. Some of these tables are presented in Annex Two.

AusAID has now provided assistance to develop a new health information system for the Ministry as a whole, but the Reproductive and Child Health Division will continue to use its own separate data management system. At present the two systems are not compatible, but the objective is that eventually they will be integrated at some level.

2.3.4 Under registration of births

A major and on-going limitation affecting delivery of MCH services in Solomon Islands, as well as in most other Pacific countries, is incompleteness of birth registration. When some births are not registered, precise information on the target population for interventions such as EPI are lacking. It is thus impossible to cover all eligible children or to calculate accurate indicators of coverage.

Registration of births is a legal obligation in Solomon Islands that is almost never enforced. Birth registration is performed by the Electoral Commission, a division of the Department of Home Affairs. There is no fee for registering a birth, but a small payment is required to obtain a certificate of registration. Improvement of birth registration is a priority for a number of ministries represented on the National Advisory Committee on Children (NACC, see Section 2.8), including Health, Education, Police and Justice and Home Affairs, as well as the National Statistics Office that is responsible for demographic estimates.

Whereas few births are registered, many are recorded by the health system. In practice, nurses are usually the first to be informed of an impending birth and the first to record details, but obviously they can only record the births that they are told about. MHMS staff estimate that health professionals are aware of 90 per cent of all births and record details of at least 75 per cent, but this varies depending on the extent of health coverage in particular districts.

The universal dilemma as regards increasing birth registration is that mothers who do not utilise health facilities are unlikely to come into contact with any other type of facility or source of registration, so attempts to enforce birth registration seldom achieve much improvement. As improvement of birth registration is not a 'top down' but a 'bottom-up' activity, the key strategy being to increase the perceived value and utilisation of registration data at the local level.

The most cost effective way of improving birth registration in Solomon Islands appears to be to ensure that MCH care extends to every mother and establish a system of information sharing between the health information system and the Electoral Commission. At present the minimum catchment area for a rural health clinic is 1500, but where population densities are low, as in mountainous and remote areas of Guadalcanal and Malaita and other thinly populated areas, this may mean that some people are effectively too remote from a facility to use it. Reviewing and allocating health facility catchment areas on the basis of physical accessibility rather than only a particular population size could make a substantial contribution to completeness of birth recording.

The Reproductive and Child Health Division of MHMS has proposed using the Family Health Card to increase birth recording, improve monitoring and also strengthen primary health care. This strategy, first piloted in Choiseul in 1993-94, involves nurses making an annual visit to each household in their catchment community. During this visit they update family records, observe general household health and take the opportunity to give advice on topics such as nutrition and hygiene. This approach has been shown to be an important public health initiative that gives nurses an insight into household health conditions while facilitating interventions and monitoring.

As of July 2004 the Family Health Card-based monitoring was being re-introduced into pilot sites in Makira and Guadalcanal with World Bank assistance, while UNICEF was supporting piloting in Ysabel. UNFPA is also providing some support for this strategy. If the pilot interventions prove effective, there will be a need for careful coordination of donors and MHMS strategies and a concerted effort to establish the system in every province.

Senior MHMS personnel commented that many of the nurses charged with delivering primary health care have only ever received medical training. Training nurses in the philosophy and delivery of primary care would be crucial to ensure the effectiveness of the Family Health Card strategy. Health personnel would have to have the skills to practice primary health care. They would also need high level communication skills to ensure that this intervention is perceived by householders as welcome assistance rather than as an unwelcome intrusion into privacy.

2.3.5 Reproductive Health and Family Planning

The benefits of family planning are not well understood by Solomon Islands communities. Misconceptions about family planning, religious, cultural and traditional norms and beliefs have prevented many people from making informed decisions and choices about their reproductive life and hence family planning acceptance tends to be low (MHMS, 2001: 18).

Increased support for reproductive health and family planning services in Solomon Islands is of crucial importance for several reasons, including: to protect the community from HIV/AIDS and other STIs; to enable couples to plan their fertility; to enable women to enjoy the reproductive health that is their right; to reduce the incidence of adolescent pregnancy; and to address the critical national issue of rapid population growth. In addition, family planning to delay and space births can save the lives of both women and children

Reproductive health and family planning services are available from MHMS facilities throughout the country, from a weekly clinic at the Honiara Town Council Health Centre and from an NGO, the Solomon Islands Planned Parenthood Association (SIPPA). A national family planning coverage survey conducted in 1996 estimated the coverage rate at 19 per cent (MHMS, 2001: 18). Table Two presents estimates of national family planning prevalence derived from MHMS records.

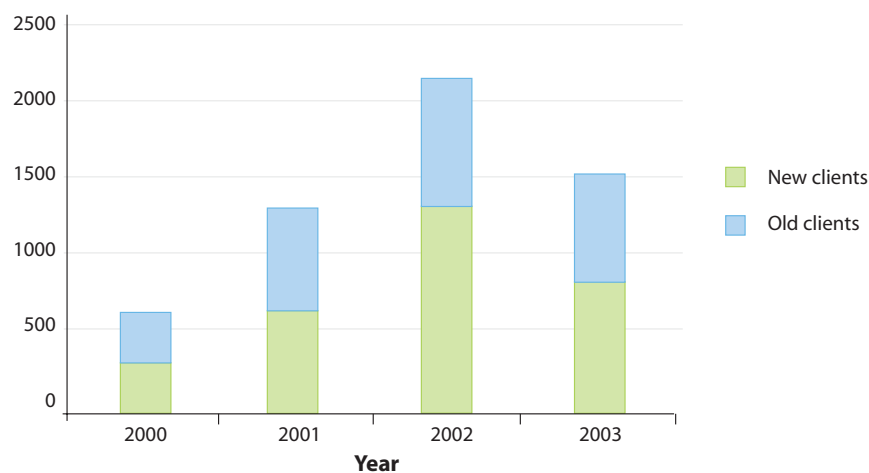
Table 2. Family Planning Coverage Rate (%) 1997-2000 by Province

Province	1997	1998	1999	2000*
Western	12.5	*8.2	9.1	3.3
Malaita	*10.2	*11.3	3.9	11.1
Guadalcanal	*7.1	9.5	5.8	0.0
Choiseul	13.0	14.5	15.0	5.0
Makira	12.5	6.9	9.0	6.1
Ysabel	14.0	16.0	11.4	5.9
Temotu	22	*12.3	13.5	13.4
Renbell	*3.3	5.3	2.5	2.8
Central Is	*6.0	*15.7	19	14.5
Honiara	*5.6	5.6	2.7	4.0
Solomon Islands	10.6	10.5	9.2	6.7

Source: Reproductive and Child Health Division & HIS, MHMS*

SIPPA is supported by several international agencies, including the International Planned Parenthood Federation (IPPF) and Family Planning Australia. Adult clients pay an annual membership fee of \$SID 6.00 and young people pay \$SID 5.00. Fees may be waived in the case of very needy clients. SIPPA is currently receiving support from MHMS and donors to operate an Adolescent Reproductive Health clinic. SIPPA maintains separate family planning statistics from MHMS and records method mix. Its coverage in 2000-2003 is shown in Figure Two.

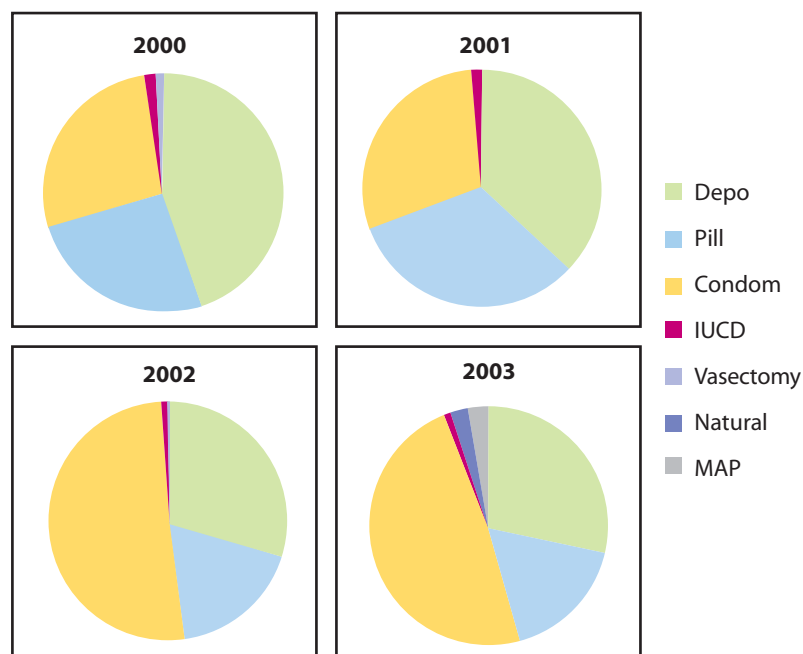
Figure 2. Number of clients attended by SIPPA, 2000-2003



SIPPA statistical data base, 2004

The rise in numbers of SIPPA clients in 2002 was alleged to have occurred because the Honiara Town Council Clinic ran out of contraceptive supplies. Although these data were not available by gender, SIPPA staff reported that more than 95 per cent of adult clients were female.

Figure 3. Methods chosen by SIPPA clients, 2000-2003



SIPPA statistical data base, 2004

Figure Three shows the methods selected by SIPPA clients in 2000-2003. The growing importance of condom is clearly evident, with Depo Provera generally almost twice as popular as the contraceptive pill. In 2003 the 'morning after pill' (MAP) became available, and natural family planning methods were recorded for the first time.

SIPPA also engages in advocacy, with trained staff providing community education at meetings organised by peer educators, and offers reproductive health education for teacher trainees at SICHE. SIPPA also has 17 Community Based Educators working in Choiseul, 30 in Western, 10 in Malaita, and 20 each in Ysabel and in Makira Ulawa. One of its most popular activities is radio-slots in which short dramas are used to highlight reproductive health issues. SIPPA also supports Community Based Distribution.

2.3.6 Access to reproductive health services

Ensuring easy access to reproductive health services is an essential part of any strategy to fight sexually transmitted infections (STIs) and HIV/AIDS and reduce teenage pregnancy. Table 3 shows a significant incidence of STIs in most provinces. As these figures are derived from health centres it is possible that lower rates in some provinces, including Malaita, could reflect limitations on access to health services.

Table 3. Sexually Transmitted Infections, by province, number of cases and incidence rate per 1000 population, 1996-1999

PROVINCE	1996	1997	1998	1999
Western	273 (4.6)	307 (4.9)	340 (5.4)	330 (5.3)
Malaita	304 (3.0)	26 (2.1)	177 (1.4)	290 (2.4)
Guadalcanal	194 (3.0)	228 (3.8)	355 (5.9)	281 (4.7)
Choiseul	117 (5.7)	87 (4.3)	98 (4.9)	131 (6.5)
Makira	149 (4.9)	240 (7.7)	148 (4.8)	182 (5.9)
Ysabel	46 (2.3)	91 (4.5)	50 (2.4)	87 (4.2)
Temotu	136 (7.3)	70 (3.7)	280 (14.8)	203 (10.7)
Renbell	53 (22.6)	45 (18.9)	62 (26.1)	45 (18.9)
Central	63 (2.9)	70 (3.2)	77 (3.6)	94 (4.4)
Honiara	647 (10.5)	726 (14.8)	928 (18.9)	687 (14.0)
Solomon Islands	1983 (4.8)	21975 (5.4)	2515 (6.3)	2328 (5.7)

Source: HIS, MHMS

In principal, reproductive health services in Solomon Islands are available to anyone who is able to attend a health facility. The reality is that accessibility tends to be highly variable, as it is determined not only by the presence of facilities, clinic times and contraceptive supplies, but also by a host of subtle factors that are more difficult to address. These include clients' perceptions of the friendliness or unfriendliness of local staff, the degree of confidentiality of service delivery, the likelihood that others in the community will observe clients using services and stigmatise them, and community attitudes to the use of family planning by various types of client and their family.

Many reproductive health facilities do not offer sufficient privacy for patients to give them confidential access to counselling, examination and other services. In addition, the required follow-up, back-up

and referral systems are not always in place to ensure quality care and services are provided to men, women and young people in the communities (MHMS, 2001: 18).

Most MHMS facilities are multi-purpose, with reproductive health services only one of the responsibilities of the nursing staff, so it is difficult for such facilities to offer the special support and confidentiality for reproductive health services. Continual staff training, community advocacy and customisation of buildings is necessary, and this can severely tax capacity when the MHMS is already overburdened with the tasks of restoration and reconstruction.

The Adolescent Reproductive Health (ARH) collaboration between MHMS and SIPPA demonstrates that good results can be achieved when there is capacity to make reproductive health clinics client-friendly. The ARH clinic is located at the SIPPA premises in Honiara, and supported by UNFPA via SPC, with one MHMS staff member seconded to work at the clinic with SIPPA staff. This facility has proved popular with adolescents, largely because it offers a mixture of activities – table tennis, darts, TV, an attractive recreation room and printed reproductive health information for self-paced learning – along with friendly and youthful staff, a separate entrance from the adult family planning clinic and a supportive atmosphere. A total of 912 young people attended this clinic in the six months January-June 2004. Although these figures were not available by gender, staff reported a much better gender balance for young than for adult clients, and even a tendency for more males than females to attend.

Staff at the ARH facility spoke of their work with enthusiasm, and suggested ways of improving service delivery even more, including more training and motivation of the Community Based Educators in the provinces; installation of condom vending machines in strategic locations; and conducting research to obtain greater insights into sexual behaviour and the factors determining use of contraception.



2.4 Education

2.4.1 Primary and secondary education

Two of the most important characteristics of education in Solomon Islands are that it is neither free nor compulsory. These two factors are at the core of low participation rates and high rates of early discontinuation up to secondary level. Add to this limited school capacity, low morale and, in some cases, low levels of skills of teachers, along with an overall shortage of funding to develop the education sector, it is not surprising that the education sector has difficulty meeting the needs of the community.

Formal education is the responsibility of the Ministry of Education and Human Resource Development (MEHRD). There are six levels (grades) of primary education and six levels (forms) of secondary education, with a few schools offering a seventh form as a transition to tertiary education. Fees are charged at some private primary schools, including some run by churches, but generally there were no fixed fees at government primary schools at the time of writing. In practice most primary schools charge at least a small fee to help with operation costs, while parents must also meet any costs of transport, uniforms and educational materials. This may be perceived as a significant burden by families with limited access to cash (Solomon Islands Government and UNDP, 2002: 48). Fees are charged by virtually all secondary schools and range from \$SID 500 for the cheapest community high schools up to well over \$SID 1000 at some national secondary schools (Solomon Islands Government and UNDP, 2002: 57).



At the end of Grade Six (end of primary school) all students sit for the Solomon Islands Secondary Entrance Examination (SISEEE), a test in English, mathematics and general studies (science and community studies). Of around 10,000 candidates a year, 58% gain sufficient marks to progress to secondary school. The rest are permitted once chance to repeat Grade Six and resit SISEEE, or are 'pushed out' of school. The distribution of successful SISEEE candidates between national and provincial secondary schools and community high schools depends on the mark attained. Other examinations determine progression to Form Four and Form Six (MEHRD, 2004: 15).

Table 4. Children aged 5-18 years attending school, 1999 (per cent of total)

Province	Male %	Female %
Choiseul	63.0	64.0
Western	65.0	66.0
Ysabel	67.0	65.0
Central	60.0	53.0
Rennell Bellona	73.0	71.0
Guadalcanal	43.0	40.0
Malaita	52.0	46.0
Makira Ulawa	67.0	64.0
Temotu	65.0	58.0
Honiara	69.0	66.0
All Solomons	58.0	54.0

Source: Solomon Islands Government, 2002a: xiv.

The combined effect of fees and examinations is that the average participation rate for ages between 5-18 years, when most children should be at school, was below 60 per cent in 1999 (Table Four). It can be assumed that these percentages declined during The Tensions following the census, and were in a phase of recovery when this report was prepared. Table Four also shows that overall participation rates are lowest in Guadalcanal and Malaita. This is largely a reflection of the geography of these provinces, where it can be very difficult to provide access to schooling for remote communities.

Lack of access to schooling manifests as low secondary school participation rates, especially for girls. While the overall disparity between girls and boys in participation rates does not appear great, Table Five shows that girls tend to become increasingly disadvantaged at higher levels of education, not only in the larger provinces with inaccessible interiors but also in Honiara. Even if girls are not 'pushed out' by the Grade Six examination, many parents whose capacity to pay school fees is very limited are likely to perceive secondary education as less useful to girls than boys. For Solomon Islands as a whole, the ratio of boys to girls at the different levels of education are 1:0.95 at primary level; 1:0.74 at secondary level and 1:0.67 at tertiary level (calculated from Table Five).

Table 5. Enrolment ratios⁴ by province, 1999

	Primary		Secondary		Tertiary	
	Male	Female	Male	Female	Male	Female
Choiseul	84.6	86.7	25.5	22.6	2.7	2.9
Western	88.7	88.7	28.2	26.3	2.4	1.1
Ysabel	87.6	84.0	41.0	33.5	4.6	1.9
Central	85.7	78.0	26.2	15.4	2.0	0.9
Renbel	106.0	94.5	33.5	17.6	2.9	1.3
Guadalcanal	56.8	53.6	26.0	18.9	2.1	1.3
Malaita	68.9	63.5	27.5	17.3	2.4	1.4
Makira/Ulawa	97.8	94.3	25.3	19.0	3.5	2.0
Temotu	90.3	83.2	23.5	18.1	5.7	3.8
Honiara	91.8	88.9	72.5	56.5	13.4	12.2
All Solomons	78.2	74.6	33.6	24.8	4.9	3.3

Source: Government of Solomon Islands and UNDP, 2002: 92

The example of Poroporo Village in Box Seven illustrates some of the causes of low enrolment ratios in remote areas.

Table Five shows that there are very substantial inequalities in access to secondary education in the provinces as compared with Honiara. This is largely because there are several secondary schools in Honiara so local students attend as day pupils, thus avoiding the higher fees charged by boarding school.



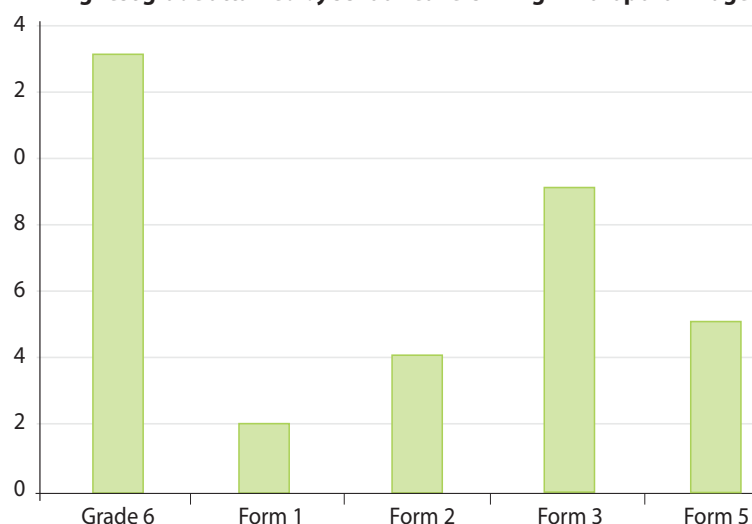
⁴ The enrolment ratio is the number enrolled as a percentage of the target school age population. As some enrolled students are older or younger than the target age, ratios in excess of 100% can occur.

Box 7. Limitations in access to schooling in Poroporo Village

Poroporo village primary school is an old and leaky leaf-material hut, staffed by one trained teacher with two untrained assistants. During the Bougainville crisis the school was closed for a year while villagers hid in the forest. Although the security of Poroporo was not directly affected by the tension in Guadalcanal from 1999-2003, the school closed again in 2002 because the teacher was not paid.

Poroporo students wishing to progress to secondary school have to board in another village or at the Choiseul Bay Secondary School. Few Poroporo families can afford this because the main source of income is copra and the copra industry has been disrupted by The Tensions. The chart below shows the results of a survey of school attainment among Poroporo Village school leavers, conducted by the Saeka Community association, which is a registered Rural Training Centre that provides short practical courses to help school leavers and other community members establish income generating projects. The table shows clearly the effect of poor access to secondary schools and grade progression examinations. Since the community objective is to retain its young people in the village, some parents question the utility of five or six years of secondary schooling.

Highest grade attained by school leavers living in Poroporo village



Source: Saeka Community, 2001

Even when students do obtain access to secondary school, they do not necessarily get the best possible level of service. The example of Choiseul Bay Secondary School, one of 16 provincial secondary schools, in Box Eight illustrates some of the main issues, concerns and needs at secondary level.

Box 8. Choiseul Bay Secondary School

Choiseul Bay Secondary School is the largest secondary school in the province. It is a boarding school catering for around 300 pupils, who are drawn from throughout Choiseul and from some other provinces too. The annual fee is \$SID 860 per year. This substantial fee is a major cause of early discontinuation, along with a common perception among parents that education is of little use when few school leavers can expect to obtain formal employment.

There have been minor curriculum changes over time and there has been another curriculum review in 2004, but school staff still believe that further major changes are needed to make the school curriculum less academic, more practical and more appropriate for the majority of pupils. In particular there should be more opportunity for pupils to learn skills to ensure their livelihoods and to enable them to use the land and natural resources, such as agriculture, mechanics and carpentry.

Some of the teachers commented that an exclusively academic education gives a false impression to parents and raises their expectations when in reality there are few jobs for the young people who acquire academic skills. At the same time they were concerned that many girls, and parents of girls, think their only options are marriage and motherhood. They emphasised the importance of raising awareness of the value of education for women and encouraging girls to participate in employment. They were also concerned that there is no provision for sex education in the school curriculum while parents seldom instruct their children in these matters.

The main items on the teachers' wish list were:

- A more balanced curriculum with a better balance of practical skills and academic skills
- Counselling service and career advice to encourage students to think about and plan for their future. The counselling services that existed in Solomon Islands schools in the 1980s have been discontinued.
- Better school infrastructure and a budget for maintenance budget. At the time of writing the school has been without electricity for a year because the generator broke down. This means no evening activities, including the discontinuation of supervised homework sessions. Electricity would also enable the school to provide students with computer training.
- Better accommodation for staff and students, and better staff conditions so they are happier and perform better.
- More sports facilities and sports development for both boys and girls, including an all weather surface so games such as netball, volleyball, basketball can be played - since the big sports field is a swamp most of the time.
- More linking of school activities with income generation. This means acquiring more basic tools and production facilities, such as a carpentry workshop, so there can be vocational training with production of items and goods for sale. This would encourage young people to go into self-employment and also would supplement school resources so that such facilities could be improved.

2.4.2 Tertiary Education

Table Five (pg 38) shows that while tertiary enrolments are at reasonable levels for both boys and girls in Honiara, in some provinces they are very low. In Central Province only one in every 50 boys and one in every 100 girls is enrolled in tertiary education. Low tertiary enrolments are primarily due to their concentration in Honiara, unaffordability of access and low secondary school continuation rates.

One of two major tertiary educators is the Solomon Islands College of Higher Education (SICHE) established in 1985 and offering a range of certificate and diploma courses relating to professional employment, and bachelor level courses in teaching and business. The other major tertiary institution is the University of the South Pacific (USP) Centre in Honiara, where most USP courses are available as assisted distance learning courses. There is some support for overseas study in the form of Solomon Island Government or third country scholarships. The majority of scholarship holders attend USP in Suva, or the university or a technical institute in Papua New Guinea. A few attend universities in Australia or New Zealand (Solomon Islands Government and UNDP, 49-50).

SICHE experienced major financial problems during the tension, and as the sole national tertiary education institution, is to be the subject of a restructuring and development programme as part of the Education Strategic Plan of 2004-2006. This includes resuming regular payments to staff and students and restoring the college infrastructure and reorientating its programmes to meet the specific needs of government, private sector and rural communities.

The Solomon Islands Human Development Report of 2002 states that whereas only 10 per cent of operational costs in the 1999 recurrent expenditure on education were allocated for primary education and 20 per cent for secondary education, 70 per cent went to SICHE (Solomon Islands Government and UNDP, 2002: 54). This seems astonishing given that there were more than 80,000 students enrolled in primary schools and more than 15,000 in secondary schools, but only around 2000 enrolled at SICHE (Solomon Islands Government and UNDP, 2002: 49, 91-92). Funding inequities of this magnitude could certainly account for many of the problems of the primary and secondary education sectors and support the case for a major restructuring of the education system.

2.4.3 Education sector reform

The need for reform of the formal education sector has been recognised in Solomon Islands and in recent years considerable effort has gone into making plans to achieve this goal. The Education Sector Investment and Reform Programme began in 1999/2000 with a series of studies and consultations to prioritise issues and provide the basis for the first Education Strategic Plan, 2002-2004. The bulk of funding to implement this plan was to be provided by the World Bank and the European Union (EU). Tension and breakdown of law and order between 1999 and 2003 led the World Bank to withdraw and the EU to restrict its support to emergency funding to maintain services. At the same time community capacity to pay school fees was reduced, further limiting resources. School infrastructure deteriorated because of lack of maintenance, and capacity to offer schooling declined because of lack of educational

materials, poorly trained teachers, inadequate inspection and supervision by both MEHRD and the provinces, and declining staff morale because of irregular payment of teachers and concern about the general situation (MEHRD, 2004a: 3-5).

Since the RAMSI intervention commenced in July 2003, the EU and NZAID have formed a partnership with MEHRD to implement the Education Sector Reform Plan. This led to the production of the Education Strategic Plan 2004-2006. The main emphasis of the Plan is on basic education, curriculum reform and increasing the availability of practical and vocational subjects in schools.

The immediate goal of the Strategic Plan is to maintain the delivery of education services during the post-conflict rehabilitation period, 2004 to 2006. The long-term goals are to plan and implement a 15-year strategy to:

- Provide equitable access to quality basic education for all children in Solomon Islands;
- Provide access to community, technical, vocational and tertiary education that will meet individual, regional and national needs for a knowledgeable, skilled, competent and complete people;
- Manage resources in an efficient, effective and transparent manner.

(MEHRD, 2004a: 12).

Two key objectives, which would have a major positive impact on continuation rates if implemented, are to phase out the SISEEE and to introduce Community Standard Financing (a fixed ratio for sharing education costs between government and the community)⁵. The specific objectives of the Plan are set out in Annex Two.

Although most of the issues for education raised above will be addressed eventually if the Plan is fully implemented, it is likely to be several years or more before there is significant progress in tailoring education to suit the priorities of the Solomon Island community and making fees at secondary level affordable. Sustained commitment from both government and donors will be needed to achieve the transformation of education to something that is better adapted to community needs and affordable. Achieving this transformation is fundamental to improving the situation of children and youth, however, and should remain a priority for donors and donor partnerships.

2.4.4 Non-Formal Education and Rural Training Centres

Because of the past lack of emphasis of technical and vocational education in the Solomon Islands secondary curriculum and high early discontinuation rates, non-formal education has played a key role in developing skills for self-employment and income generation. Non-formal education includes Community Development, Adult Education, Basic Education, Informal Education, Adult Basic Education and Non-formal Youth Education. It includes all ages, from early childhood to adults. Most women's groups, churches and NGOs are active providers of non-formal education. (Solomon Islands Government and UNDP, 2002: 52).

⁵ It is proposed that fees will be charged according to a formula, with the state and parents each paying a percentage of costs. The ratios most commonly mentioned in reports and discussions are 90:10 (i.e. 90 per cent state, 10 per cent parents) at primary level, 70:30 at lower secondary level and 50:50 at upper secondary level. At the time of writing, however, fee levels had not been set.

Non-formal education for youth is particularly important to meet the needs of youth who have been 'pushed out' of the education system or for whom secondary education is unaffordable, but they are not available to all because of a tendency for international donors to work mostly in urban areas (Solomon Islands Government and UNDP, 2002: 53).

There are 41 Rural Training Centres (RTCs) in Solomon Islands, 21 of which are residential while others are village based, such as Saeka Community (see Box Seven). Most are owned and operated by church groups. Fees generally range from about \$SID100 to \$SID1500 a year. The curricula include motor mechanics, electronics, agriculture, building and joinery and home economics, and complemented by small enterprises operated by the students. Some RTCs provide graduating students with a few basic tools to help them start their own enterprises. In 2001 more than 1000 students were enrolled in RTCs (Solomon Islands Government and UNDP, 2002: 54, 57).

Community based non-formal ways of acquiring knowledge and life skills are particularly important to people who have both a strong spiritual and physical attachment to their land and lack resources to participate in higher levels of formal education. (Solomon Islands Government and UNDP, 2002: 54, 57). By assisting with income generation they have the capacity to make a major contribution to the welfare of children youth and women.

2.4.5 Early childhood development

Early childhood development is defined as encompassing development from birth up to age three, pre-school education for ages from 3-5 and preparatory education for ages 6-8 years (UNICEF, 2004). The essence of early child development is the development of children's learning skills to better adapt them to the school environment and to the modern world. Human capacity to learn is at its peak in the early years of childhood. Skills and learning approaches acquired at that time stay for life, and by the time children reach school entry age of around six years their learning habits are already established.

The importance of early childhood education is recognised by MEHRD, and there is growing interest in the development of increasingly younger children. It is also recognised that in view of the financial constraints of the education sector, it can only be achieved by formation of partnerships between donors and community groups. In Solomon Islands it is neither affordable nor desirable to provide early childhood development education by adding another layer of formal learning institutions for young children. A community-based early childhood education programme was established in 1993, outside the school system with New Zealand assistance, and since then most early childhood educational opportunities have been provided by church or community groups (MEHRD, 2004: 25).

Even though most responsibility for early childhood development education is likely to remain with communities, it is very important that the scope and purpose of early childhood education is clearly defined and understood for each of the three levels. The MEHRD Education Strategic Plan points out that preparatory classes delivered in primary schools by inadequately trained teachers with few resources and an undefined curriculum have sometimes been found to undo the benefits of community-based early childhood learning. It proposes strengthening the programme through assessment of teachers



and monitoring of training, and with a view to merging preparatory classes into early childhood education, which will be transferred to community groups by 2008 (MEHRD, 2004: 25).

Substantial technical assistance will be needed to meet this objective. At present SICHE trains only about 15 early childhood teachers each year, whereas the target population for early childhood education is around 60,000 (Solomon Islands Government, 2002). Self-help kindergartens run by parents risk floundering unless they are assisted with the development of teaching skills and resources. Although the government need not be responsible for costs and salaries, formation of partnerships between MEHRD, donors and community organizations would facilitate sustainability and maintenance of standards. This includes provision of advisors to help communities establish playgroups and preschools and to provide training in appropriate methods and activities.

Aside from the question of what should be taught in early childhood development facilities and how to teach it, a major issue to be considered in is how to reconcile cultural attitudes and needs with early childhood development. In Solomon Islands, as in every country in the world, children are reared in particular ways so that they fit comfortably into the society that surrounds them. The introduction of new approaches to early childhood development can change the relationship between children and society. It is therefore crucial that these approaches harmonise with culture and society. While there are clear benefits to be had by fostering pro-active and dynamic approaches to learning among young children to help them cope with modernisation, such initiatives must take account of community values and proceed at a pace that is acceptable to communities. In this regard it is essential for donors assisting in this area to consult with communities and ensure that any technical assistance provided is sensitive to community values and objectives.

2.5 Children's Rights

Although children are highly valued by traditional Solomon Island society, like children everywhere, they are given only what adults believe is good for them. When adults have only a limited understanding of children's needs and rights, children may not receive sufficient care and stimulation to ensure their physical and mental development, including adequate nutrition and access to health and education services. They may also be compelled to undertake more household work than is compatible with satisfactory physical and psycho-social development (UNICEF/SIG, 2003: 15). Children's views are seldom sought and they do not participate in decision making in the family or community. Nor is the principle of best interests of the child as legally defined in the Separation and Maintenance Act always observed (UNICEF/SIG, 2003: 12).

While attitudes to children are gradually changing as radio and other media outlets become more influential, still a concerted plan of action is needed to raise awareness of the needs of young people and to involve them in decision making. Donor support for activities such as a Youth Parliament would contribute to increased awareness of children's and youths needs and rights, among both the young people themselves and also the general community. This would also help to enhance the self-esteem of young people and guide their energies into constructive participation in community activities

A key issue in regard to children's rights is the absence of legislation to enforce child protection and rights. As indicated above, legislation has been drafted to support CRC and was receiving review and consideration as this report was being prepared. Expediting this legislation and ensuring it is enforced is a crucial step towards improving the situation of children and young people.

2.6 Children with special needs

2.6.1 Homeless children

There are an unknown number of homeless children and young people living on the streets of Honiara. This is partly because of the breakdown of family and community safety nets that have been overtaxed by deteriorating economic conditions and civil unrest. As these children have no regular parental care and there is no source of state care their only source of assistance is church organizations and NGOs, which are generally seriously under-funded. The Church of Melanesia's Paterson House has provided emergency shelter and food for up to 100 homeless children and deserted wives at various times, but even though it was extending its premises in mid 2004, it does not have adequate capacity to sustain this level of occupancy. The Catholic Church's Don Bosco Society Centre, established in 1999/2000, focuses on youth in conflict with the law. The Family Support Centre and several other NGOs also assist homeless youth. Most, however, including displaced children from Malaita and other provinces living in Honiara, receive no support (UNICEF/SIG, 2003: 15).

Homeless children are extremely vulnerable to sexual and other exploitation, and have a high risk of engaging in substance abuse and unsafe sex. They also are a potential source of criminal activity and further civil unrest. Until now there has been no reliable data on the prevalence and nature of commercial sexual exploitation of children, but UNICEF-funded research on this topic was being undertaken in the second half of 2004. Although there does not seem to be any well-organised sex industry, and prostitution is illegal (UNICEF/SIG, 2003: 20), it appears that sexual exploitation and abuse of young people are not uncommon, and homeless youth are among the most vulnerable.

Since The Tensions there appears to be an increase in drug and substance abuse among homeless young people (UNICEF/SIG, 2003: 20). The Sisters of the Church of Melanesia has provided counselling for children involved in armed conflict and counselling in drug abuse, and workshops in personality development, teenage problems and skills training for parents and chiefs. At the time of writing there were also a number of other initiatives taking place to provide counselling, but much more assistance of all types is needed for homeless young people.

2.6.2 Disabled children

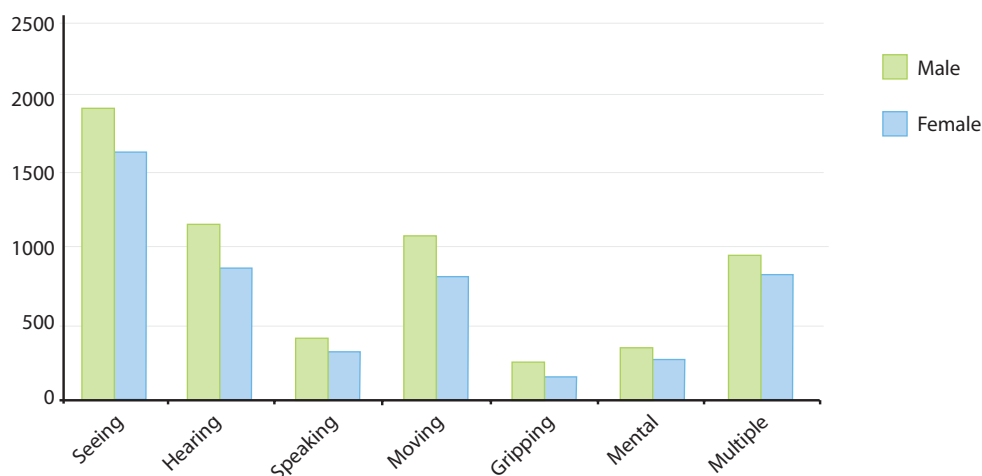
Table Six shows that in 1999, 2.7 per cent of the Solomon Islands population was classed as disabled. This has probably increased as a result of injuries sustained during The Tensions. Figure Four plots the number of cases of male and female disabled according to type of disability. It can be seen that there are more males than females in all categories, including with multiple disabilities. The most common type of disability is visual impairment. Although the degree of impairment was not specified in the census, it is worth noting that only a very few Solomon Islanders wear spectacles, and there is generally no eye testing in schools. It seems likely that regular eye testing of school pupils and provision for visual correction where necessary could reduce both learning difficulties and the numbers reporting as visually impaired.

Table 6. Disabled population, 1999

Province	Disabled as % of total population	Disabled aged 0-18 (number)
Choiseul	2.8	124
Western	2.9	494
Ysabel	2.3	136
Central	2.5	101
Rennell Bellona	5.5	37
Guadalcanal	2.7	365
Malaita	2.9	787
Makira Ulawa	2.6	231
Temotu	3.5	135
Honiara	1.9	187
All Solomons	2.7	2597

Sources: Solomon Islands Government, 2002: 170; National Statistical Office

Figure 4. Disabled population by type of disability, 1999



Source: Solomon Islands Government, 2002a:170

There are some services for the disabled in Honiara, but generally the disabled are not well catered for because of insufficient understanding and awareness of their needs. A Community Based Rehabilitation approach has now been adopted. The objectives of this approach include:

- Promoting equal rights and the equal participation of people with disabilities in school, work, leisure and political activities within their communities;
- Training of rehabilitation aides;
- Early identification, detection and referral of disabilities;
- Improved supply and distribution of essential adaptive equipment;
- Better coordination between government, NGOs and churches; and
- Promotion of national and community awareness of disability.

(Solomon Islands Government and UNDP, 2002: 38)

The National Youth Policy prioritises skills development for disabled youth, including participation in sports, music, art and formal and informal employment (Solomon Islands Government, 2000). In 2002 the Styvenburg Vocational Training Centre, assisted by the Red Cross, introduced skills training for disabled youth. In another initiative, a crèche facility for the disabled has been established with EU micro-project funding and assistance from local businessmen. It has three trained special needs teachers and provides for around 100 disabled children, of whom about 25 regularly attend. The building where the crèche is conducted is used for community extension activities in the evenings, including music, art, and literary meetings for the general public. There are plans to set up similar facilities in some provinces.

There are also moves to provide special assistance to enable disabled students to attend normal schools and enter the workforce. One such initiative is for teaching aides to learn sign language so they can assist deaf children in classrooms and avoid disrupting children who are not hearing impaired. The policy is to place disabled children in mainstream education whenever possible. Some local businessmen have agreed to employ disabled workers. A group of deaf adolescents have been successfully employed in a furniture factory where they assist with the production of parquet flooring and the manufacture of firewood blocks from sawdust.

Despite these initiatives substantially more assistance for the disabled is required. This includes technical assistance to provide training, such as workshops for parents on how to care for and assist disabled children, and how to develop their physical as well as mental capabilities. A support group for parents of disabled children is also needed, along with training and development of disabled youth leaders.

A particular problem for the disabled in Solomon Islands is transport. Wheelchairs are unsuited to rough rural terrain and even the streets of Honiara and other centres where footpaths are uncommon. One donor has provided a vehicle with a wheelchair elevator, but there is a need to explore other ways of assisting mobility-impaired people.

2.7 Issues for Youth

Most of the problems confronting the youth of the Solomon Islands relate to the challenge of acquiring appropriate life skills and an opportunity to find employment of some kind. In traditional Solomon Island society, roles were pre-determined, but in the semi-modernized cash economy of today success in finding work or self-employment of some kind is fundamental to the development of self-esteem and community acceptance. As population growth outstrips economic growth and diversification, it becomes increasingly difficult for young people to find their place in society.

As discussed above, the education system established during colonial times emphasised the acquisition of formal academic skills for white-collar employment. Increasing population numbers have resulted in the current situation where the number of vacancies in this sector are nowhere near sufficient to meet the demand for employment of school leavers. Although the MEHRD is now in the process of revising school curricula to provide more opportunities for students to acquire vocational skills, there are still few wage employment opportunities in either white collar or any other type of employment. Young people who have already left school but have no work experience are severely disadvantaged if they have to compete with more experienced workers.

Table Seven shows the overall percentage of the working age population in each province in paid work, unpaid work and unemployed. It can be seen that everywhere except Honiara less than 30 per cent of the labour force are in paid work. The first four columns of this table relate to all workers, but it is well known that school leavers are more likely to be unemployed or engaged in unpaid work than are older

workers. Moreover, females are more likely to be unable to find paid work. Column Four shows the percentage of females as a percentage of all paid workers aged 19-25. It can be seen that generally only about one third of the youngest paid workers are female.

Table 7. Employment status of population aged 14 and over, 1999 (per cent)

Province	Paid work	Unpaid work	Looking for work	Females as % of all paid workers aged 19-25
Choiseul	23.0	47.0	8.0	30.0
Western	35.0	42.0	8.0	32.0
Ysabel	22.0	56.0	6.0	29.0
Central	28.0	49.0	6.0	31.0
Rennell Bellona	13.0	52.0	21.0	25.0
Guadalcanal	19.0	56.0	11.0	34.0
Malaita	12.0	52.0	15.0	38.0
Makira Ulawa	13.0	56.0	11.0	34.0
Temotu	12.0	46.0	19.0	40.0
Honiara	44.0	9.0	8.0	35.0
All Solomons	23.0	45.0	11.0	34.0

Sources: Solomon Islands Government, 2002: 170; National Statistics Office

Among the strategies being introduced to assist youth is MEHRD's increasing emphasis on vocational education, discussed in Section 2.4.3, and the increasing emphasis of donors and NGOs on encouraging self-employment. It is clear, however, that radical changes in the approach will be needed in schools if young people are to be well prepared to create their own job opportunities. This will also need to be supported with substantial assistance, including access to credit, development of business skills and some form of on going advice and assistance for new entrepreneurs. There have been various attempts to offer such assistance, including a micro-credit scheme for graduates of Rural Training Centres and the National Youth Entrepreneurship Award Scheme, but both were discontinued (Hassall and Associates, 2003: 67).

It is interesting that most of the young people interviewed for this report said they had not given much thought to their future career and possible sources of employment. It seemed that since they did not expect to have the opportunity to choose they had decided that there was little point in making any plans. They just seemed to assume that they would have to do whatever work they could find.



Box 9. Teenage life in a village

A group of teenage boys interviewed in Taro said they had left school at the end of Grade Six because their families could no longer afford their school fees and also because there did not seem to be any point in staying at school since they would never get the opportunity to use the skills they had learned. They now help their parents in their gardens occasionally or do other odd jobs to help out here and there, but as there are already enough workers in their families they feel that their help is not really needed. Occasionally they fill in time by playing soccer or other sport, but mainly they just hang around in groups chewing betelnut. Most do not have access to a radio, cassette or CD player, and there is no TV, video or DVD entertainment in the village because there is no electricity.

Only a few boys in the village have obtained semi-regular wage employment, including one who assists in the Telecom office, several who work in the family trade store, and one or two who help out on building projects, but most do not have any wage work. They said they quite enjoy their lives and don't think much about the future, but they also said that without some sort of work they feel as if something is missing from their lives. They like going around with girls, but just laughed when asked when they thought they would be able to afford to get married. Discussing the same topic, a group of parents said that since there is no work for young people, parents usually have to continue to support young couples if they conceive a child and are obliged to marry.

A commonly expressed view in both in Honiara and in the provinces is that young people should stay in their home villages as drifting to urban areas is likely to prove fruitless. Most provinces are implementing various strategies to encourage youth to stay in their villages, ranging from setting up youth centres and sports activities in rural areas to developing local employment opportunities for young people. Some are acquiring land for young people to establish their own agricultural enterprises, and others are involving young people in community land development schemes. A key requirement is to establish a credit scheme that is viable in the Solomon Islands cultural context (Hassall and Associates, 2003: 67) and is also backed up by training and assistance with business development and management. Most informants for this report believed that there is lots of potential for young people to earn good incomes in rural areas. What they said is needed is appropriate education, appropriate attitudes and appropriate assistance to get them started.

Youth is a transitional time when needs vary enormously. While some young people may be well supported by their families and have no difficulty finding a job and making the transition to adulthood, others may be in need of very substantial assistance. Stigmatisation of those who appear to be 'failing' may discourage them from seeking the assistance they need. Donor support for youth development is much needed in Solomon Islands, but must be provided sensitively in ways that encourage participation without risk of discrimination or stigmatisation. For example, a new Youth Sports complex being developed by a group of donors will offer a wide range of sporting activities and education programs to all youth, both male and female, rather than fostering sport elitism (Personal Communication, British High Commission). Another example of a balanced approach is the Adolescent Reproductive Health Clinic, discussed in Section 2.3.7. In addition to reproductive health services, this clinic offers a range of recreational and educational activities that attract young people to the centre while concealing their interest in reproductive health.

There are many reasons why the expansion of opportunities for youth must continue to be a national priority. Along with the obvious economic and social benefits of facilitating the full participation of youth in community life, there are serious risks associated with not facilitating their participation. This includes the major risks that marginalised youth are especially vulnerable to unsafe sex (Solomon Islands Government and UNICEF, 1998: 33). They also are less likely to act on health messages, and less likely to use contraception. Those who are pushed into the sex industry or are victims of child abuse risk being at the front-line of a possible HIV/AIDS epidemic.

2.8 Coordination of children and youth activities

Solomon Islands places high importance on children's welfare. In 1993 the National Advisory Committee on Children (NACC) was established to oversee children's issues. NACC comprises representatives of key relevant ministries, NGOs and donors. When first convened, NACC was coordinated by Save the Children Fund (SCF) but is now coordinated and chaired by the Department of Home Affairs, which became responsible for children's issues when the Ministry of Women, Youth and Sports was disbanded in 2002. SCF remains as a member of NACC and is one of the most active donors supporting children's rights issues. NACC meets regularly to monitor the situation of children, report on the implementation of the CRC and advise government on children's issues.

In 1995 the Solomon Islands Government ratified CRC, and in 1996 drafted the 'Solomon Islands Policy, Strategy and Outline Plan of Action for Children' (National Advisory Committee on Children and UNICEF, 1998: 107). This document was subsequently revised and in mid 2004 was with Cabinet awaiting endorsement. NACC oversaw production of the 1998 Situation of Children and Women in Solomon Islands (Solomon Islands Government and UNICEF, 1998) and the first report on two years implementation of CRC (National Advisory Committee on Children and UNICEF, 1998). Although delayed by The tensions, the very comprehensive CRC report was eventually presented in Geneva in 2003 (Children's Division, 2004: Forward).

One of the mechanisms used by NACC to facilitate implementation of initiatives and to liaise with donors is a series of task forces. *The Child Survival Task Force* is chaired by MHMS, *The Child Development Task Force* is chaired by MEHRD, and *The Child Protection Task Force* includes the Ministry of Police, Justice and Legal Affairs and the Department of Social Welfare in the MHMS. Even with the task forces, an on-going issue for NACC is lack of capacity to undertake basic monitoring and coordination activities relating to children.

The Children's Division of the Department of Home Affairs established in 2003 would seem to be an appropriate Division to undertake such activities, but as of mid 2004 it comprised only a single officer with no operating budget. He was responsible for developing, monitoring and coordinating child-related programs as well as acting as the secretariat for NACC. Consequently, up until then neither NACC nor the Children's Division had been able to compile essential working documents, such as an inventory of donor activities relating to children, or conduct impact assessments of budgetary, policy and legal initiatives (UNICEF and Solomon Islands Government, 2003: 6).

The objectives of the Children's Division's Draft Plan of Action for 2004 are:

- institutional strengthening,
- strengthened administration, management, reporting and monitoring,
- promotion of policies and legislation,
- advocacy, publication, sensitisation and lobbying on children's rights,
- introduction of CRC and child abuse prevention into the teachers' training curriculum,
- establish a children's centre in Honiara,
- poverty alleviation,
- set up NACC's in each province,
- HIV/AIDS advocacy. (Children's Division, 2004).

NACC and the Children's Division also are prioritising birth registration, not only for reasons of health coverage and monitoring, discussed in Section 2.3.4 above, but also because proof of age is essential for the enforcement of child protection laws. Although the most effective strategy to raising the level of birth registration appears to be to extend MCH services and increase collaboration between Ministry of Health and the Electoral Commission, NACC and the Children's Division could support and assist the MHMS and the Electoral Commission to fund and implement this strategy through the *Child Survival Task Force*.

The Children's Division has no possibility of achieving this substantial list of objectives with mid 2004 staffing levels. In addition, the workload of the Children's Division will be much increased when the Children's Rights Bill and Child Protection Bills are passed. There is thus an urgent need to review NACC and Children's Division protocols and develop capacity to ensure that these important structures are properly equipped to monitor and oversee the implementation of children's issues. Donors could provide valuable assistance in this regard.

The Department of Home Affairs has a separate Youth Division responsible for overseeing youth issues. The National Youth Policy of 2000 prioritises many key youth issues, including raising participation rates in education, provision of employment opportunities and provision of opportunities for sport and recreation and life skills development, as summarised in Annex Three (Solomon Islands Government, 2000). To date there has been no comprehensive funding or development of action plans to achieve these objectives. The main challenges regarding youth development are to activate the National Youth Policy, coordinate donor activities and guide donors to areas of greatest need so that these issues can be addressed. Also of crucial importance is extending youth activities beyond Honiara so that they reach young people in the provinces and help stem the drift to Honiara.

2.9 Issues for Women

Throughout the Solomon Islands, women are generally regarded as having lower status than men and the shift to the nuclear family structure is said to have promoted men's control of the family unit (Solomon Islands Government and UNICEF 1998: 35). In Malaita and some other communities in the eastern part of the country, the marriage contract involves purchase of the women with a payment of bride price. Purchased brides become the property of the husband, who is presumed by the community to have acquired the right to control all aspects of his bride's life. Throughout Solomon Islands, women have little say in family decision-making. Even where land is inherited matrilineally, as in Guadalcanal, decisions as to the management and allocation of the land still tend to be made by men, and female landowners are not expected to oppose the wishes of their menfolk.

Women's activities have become increasingly associated with child bearing and caring for the family, and their work as producers and resource managers has tended to be devalued (Solomon Islands Government and UNICEF, 1998: 35). This lack of a voice in decision-making leaves women vulnerable to exploitation and abuse, while their inferior status may deny them equal access to education and employment. Women who are disempowered in this way also tend to be unable to participate in decisions about reproduction and family size and/or to protect their children, especially girl children, from exploitation and abuse.

The low status of women contributed to their vulnerability during The Tensions. Many young girls and women were raped or forced to prostitute themselves to the militia. Sexual exploitation of young girls is alleged to have increased after the Peace Agreement, because some ex-militants received large compensation payments, and/or wages if they were recruited to the police force, and so obtained the means to utilise sex workers (UNICEF and SIG, 2003: 10).

The Tensions left many women burdened with unplanned pregnancies, and many more socially dislocated and severely traumatised. It is notable that suicide is said to be becoming increasingly common among unmarried women, and one in 20 maternal deaths reported for the period 1997-2002 were attributed to suicide (MHMS, 2001: 16, 27). Many women lost their husband or other family members who might have provided them with support. Some men were killed but there was also an increase in the rates of separation and divorce. Some husbands rejected wives who had been sexually used by other men, or else simply found new partners. Women who had married and gone to live with men from other provinces tended to be particularly vulnerable if they lost the support of their husband's family but lacked the resources to return to their own family. At the time of writing there were still large numbers of severely traumatised and economically and socially dislocated women in Solomon Islands.

Solomon Islands ratified CEDAW in May 2002, but three months later the Ministry of Women, Youth and Sports was disbanded, and women's affairs became the responsibility of the Department of Home Affairs. Scarcity of current data as a consequence of civil unrest has limited capacity to monitor progress in women's development over the past five years (UNICEF and Solomon Islands Government, 2003: 4).

Domestic violence is widespread in Solomon Islands, with both women and children at risk of physical, emotional and sexual abuse. A study of CSEC and CSA being implemented in Solomon Islands at the time of writing is expected to provide a detailed insight into the current situation as regards these behaviours. At the time of writing, however, there were no state-supported social workers in Solomon Islands and the only source of assistance were NGOs and church-based organizations, all of which suffered from extremely limited resources in view of the demand for their services. As noted in 1.5, the Family Support Centre (FSC) is the main source of counselling and legal services to victims of violence and abuse, and also provides awareness raising workshops targeted at different groups within the community. The National Peace Council activities include education to reduce domestic violence, promoting women's rights and involving women in community meetings, but does not provide refuge or support services.

A key determinant of the status of women is access to paid employment. The 1999 census data show that women were very under-represented in formal wage employment as compared to men (Solomon Islands Government, 2002). Table Eight shows that in every province female workers are much less likely than males to be in paid employment.

Table 8. Males and females in paid employment as percentage of working age males and females, 1999.

Province	Male	Female
Choiseul	31.0	14.0
Western	45.0	24.0
Ysabel	32.0	12.0
Central	39.0	17.0
Rennell Bellona	20.0	5.0
Guadalcanal	24.0	13.0
Malaita	18.0	8.0
Makira Ulawa	17.0	8.0
Temotu	18.0	7.0
Honiara	54.0	32.0
All Solomons	31.0	15.0

Source: Solomon Islands Government, 2002: xii.

However, the informal and self-employment activities of women make a major contribution to the economy. The collapse of the copra industry during The Tensions removed the major cash earning opportunity for rural men, and increased the importance of women's economic activities in rural households. This is illustrated by the examples in Box Ten, showing how women are earning cash and taking much of the responsibility for keeping children at school.

Box 10. The economic contribution of women in Taro Village

One woman started a bakery eight years ago and has baked continually since then, employing several other women to assist. Her activity has paid her family's school fees and allowed her to build a small rest house. As of July 2004 she was outlaying more than \$SID 2000 per year in school fees. Initially she used a gas cooker but as supplies of gas were unreliable she switched to kerosene. She still has difficulty is getting regular supplies of kerosene.

Another woman in the village spent 10 years making malaria nets until her sewing machine broke down. She said the village needs someone who can repair sewing machines and other small motors. The women said there is lots of potential to get young girls involved as there is a good market for the machine made items. They believe the most important thing is to establish a small loans scheme so women can purchase a sewing machine and materials to start their business.

Some women who live on adjacent islands and sell their produce at the Taro market take huge risks to earn money. As boat crossings depends on the tides, they sometimes paddle their canoes to Taro in the middle of the night, usually with their children with them, risking

crocodiles and sometimes, rough seas. Frequently the source of this high level of motivation is to earn cash to pay for children's education. Women said that even educated men tend to be less concerned with children's education than are their wives and the main responsibility for school fees rests with the women.

Despite the importance of women's economic contribution, there is still a tendency for families to prioritise sending boys to school before girls, even when it is recognised that the boys may not be able to find work. Including training in small business management and self-employment into the school curriculum would help to make it more relevant to both boys and girls, assist those girls who go into self-employment and encourage enrolments of girls at higher levels.

2.10 Women's networks and organizations

Women's groups are strong in Solomon Islands, with networks including both secular and church groups. Women are usually the main workers in the church organizations. It is important for donors to recognise that as they have comprehensive networks and are deeply rooted within communities, church groups often are the organizations most able to implement community level projects. Table Nine shows that more than 90 per cent of Solomon Islanders are affiliated with a church. Not all churches are active in all provinces.

Most church organizations are active in a range of community affairs, including rights advocacy, vocational training and income generation, and offer their assistance to everyone in need, regardless of religion. In Solomon Islands, collaborating with a church group in project implementation does not imply that a donor is promoting or aligning with a particular religious denomination.

Table 9. Religious affiliation, all Solomon Islanders, 1999 (per cent)

Churches	%
Church of Melanesia	32.8
Roman Catholic	19.0
South Seas Evangelical	17.0
United Church	10.3
Seventh Day Adventist	11.2
Christian Fellowship	2.4
Jehovah's Witnesses	1.8
Customary beliefs	0.6
Other religions	4.2
None or not stated	0.5
Total	100.0

Source: Solomon Islands Government, 2000: 39.

The Mother's Union, based in the Church of Melanesia, is involved in a range of life skills training, income generation and other projects to benefit women and communities, including advocacy of family spacing, and is taking an active part in restoration and peace advocacy (Mothers Union, 2004, Appendix B: 2). The other major churches all have organizations that engage in a similar range of activities to support communities and promote development, including Caritas in the Catholic Church. The United Church's Girls' Brigade provides education for women, training in skills for income earning and awareness of womens' and girls' rights. This includes raising awareness of sexual abuse, and providing sex education and counselling to help prevent teenage pregnancy. Another church-based organization, the Pacific Stars Club, provides similar training and life-skills education for youth, both male and female.

2.10.1 The National Council of Women (NCW)

The National Council of Women is the Honiara-based, secular, umbrella organization for women's organizations throughout the Solomon Islands. Its central purpose is to promote women's development and welfare, including employment and income generation, education, advocacy and rights. NCW has received grants and project funding to support a variety of activities to benefit women, including income generation, life skills training and workshops on women's rights that directly support CRC and CEDAW. It works closely with *Vois Blong Mere* on advocacy and media organization for women, and with provincial Women's Development Officers as well as the church-based women's organizations.

NCW is currently seeking support to reinstate the Women's Leadership Desk that operated with UNIFEM assistance during the early 1990s. A major function of the desk officer will be to help women to contest positions of public office. Female representatives in provincial and national elections could potentially have an enormous positive impact on governance and bring about major improvements in the situation of women and children. In July 2004 NCW was negotiating with UNDP to locate the



Regional Rights Resources Team (RRRT) legal officer in the NCW premises. This would make her more accessible to women and enable her to assist women with legal matters including violence and abuse of children and women.

Despite the national importance and high profile of NCW, only the administrative assistant was salaried as of mid 2004, while all other workers are volunteers, including the President. In 2004 NCW received a Government grant of \$SID120,000, but in the preceding three years there was no government funding at all. The 2004 Government grant comprised the main source of support for the Honiara office and National Women's Week activities, so the surplus remaining for distribution to provincial women's organizations was only \$3-5,000 per province. In view of this it is hardly surprising that some members of provincial women's groups perceive NCW activities as largely confined to Honiara and of little benefit to women in the provinces.

In fact, NCW personnel were fully aware of this criticism, but until now have been prevented from addressing it by the inevitable lack of capacity, staff shortages and personnel changes that occur when there are no resources to fund regular staff positions. At the time of writing, NCW was preparing a strategic plan, the core of which is to obtain funding to support the placement of a salaried provincial coordinator in each province. If this can be implemented with donor support, NCW capacity to assist women's organizations in the provinces will be substantially augmented.



PART 3

STRATEGIES

3.1 Strengths and associated risks

Although The Tensions inevitably weakened some organisational structures, there are currently a number of strengths in Solomon Islands that should enable the effective implementation of development assistance programmes. At the same time, each of these strengths is associated with certain risks that could easily prevent effective implementation if certain provisions are neglected. It is crucial that donors take account of these strengths and risks when formulating strategies. Some of the main strengths and associated risks are as follows:

- **Strength:** Since RAMSI there has been a positive national climate of change, progress and problem solving in Solomon Islands.
- **Risk:** If changes are insufficiently far reaching, problems are not solved within a reasonable time frame and expectations are not met there could be re-emergence of tension.

- **Strength:** Solomon Islands still has abundant natural resources and the human resources to utilise them to support productive and sustainable lifestyles.
- **Risk:** Unsustainable mass exploitation of forests and fisheries, rather than sustainable locally-based industries, and continuing population growth at current rates could undermine these advantages.

- **Strength:** There is widespread awareness of problems at the community level and enthusiasm to tackle them.
- **Risk:** People could become discouraged if successes at the community level are too meagre.

- **Strength:** Currently there is a great deal of donor interest and funding is available for many project activities.
- **Risk:** Too many projects and lack of donor coordination could exceed national and local capacity to absorb and utilise assistance.

3.2 Strategic approaches for UNICEF

3.2.1 Coordination and partnering with other donors and local organizations

It is crucial that UNICEF continue to coordinate and partner with other donors and local organizations, including NGOs and churches, to avoid duplication of activities and ensure that all recipient needs are met. This should include harmonising specific activities as well as more general project coordination. UNICEF's five Medium Term Strategic Priorities are highly relevant to Solomon Islands and should continue to form the basis of UNICEF's program, but as they inevitably overlap with some activities of other donors and local organizations, coordination is essential. Donor and community partnerships and cooperation are the most effective mechanism to ensure comprehensive coverage of recipient needs without duplication.

3.2.2 Targeting and focus

In the present climate of change and large-scale assistance, it is essential that donors correctly identify the stakeholders and beneficiaries of each activity, and target them directly. This means including mechanisms in each project to enable activities to reach target communities in the provinces, rather than assuming that this will be done by already-overburdened Honiara Ministries. At the same time, it is essential to work through Government so that needs are addressed in order of national priority. To avoid confusing and burdening Government and communities with too many programs and projects, each donor should focus on only one or two activities per province and no more than one activity in each community.

3.2.3 A balance of structural assistance and community level practical assistance

Restoration requires both kinds of assistance. Donors tend to specialise in large-scale structural assistance, such as reinstating and improving health and education information systems and promoting civil registration, because only they have the capacity to take on large structural projects, and perhaps also because they assume that small practical projects will be taken care of by local institutions. While it is essential to implement both types of project, sometimes large-scale structural assistance does not appear to bring any obvious benefit to local communities, especially since such activities tend to be based in Honiara. A balance between large structural projects and small-scale, practical projects that have obvious benefits to outlying communities, such as providing and maintaining sewing machines, tools and solar panels, ensures that primary stakeholders receive some immediate benefit and are resourced to undertake self-help activities.

3.2.4 Community consultation and simplicity

It is crucial that donors consult with communities and listen carefully to their needs. Often the underlying causes of major problems are relatively simple factors, such as shortages of kerosene or petrol, lack of tools or lack of capacity to repair small engines. Addressing these simple needs sometimes brings better short-term results and improves morale more than formulating large and complicated projects. Addressing small needs also facilitates self-help development. Consultation and participatory research to identify community needs brings additional benefits by raising awareness of needs and increasing motivation – on both sides – community and also donor.

One problem that can occur even when there has been adequate in-country consultation and even when the project design is appropriate is that the project may not be implemented as intended. Sometimes this is because project personnel have been inadequately briefed or because they simply do not understand community needs or how to operate in particular communities. Donors should be alert to this risk and incorporate monitoring and feedback mechanisms to prevent inappropriate implementation.

3.3 Other considerations in the delivery of development assistance

With the attainment of peace, many donors have resumed or increased assistance to Solomon Islands and there has been a proliferation of strategies and plans to repair damage and reactivate development strategies. While this assistance is extremely valuable and greatly appreciated by the Solomon Islands community, it is also placing heavy demands on the capacity of government and local organizations to absorb and utilise assistance. A particular concern is how to make best use of the available development assistance.

Two aspects of this problem were mentioned numerous times by informants interviewed for this report. The first can be thought of as ‘it is necessary to walk before running?’ Solomon Islands has many needs but limited capacity to implement projects because of understaffing, limited record keeping, a backlog of work from The Tensions, and the need to simultaneously restore and improve services. Does this limited capacity mean that only small, easily managed projects should be funded and more complicated projects deferred, even though big projects are needed to sustain small projects? Should lack of capacity be used as an excuse to defer important activities?

A second aspect of the dilemma relates to coordination and prioritisation. The importance of delivering assistance at the community level is widely recognised, but government and other organizations based in Honiara now have limited capacity to deliver assistance to outlying communities. On the other hand, when donors deal directly with rural communities they do not necessarily deliver assistance to the most needy groups. In reality the assistance often reaches those groups who are most articulate, best at lobbying and best at writing project proposals rather than those who are most in need. Only the centrally based agencies are in a position to see the whole picture and able to prioritise assistance, but as their capacity tends to be limited, working through them may result in delays and apparent reductions in efficiency. What is the best approach?

These questions are very complex and there are no easy answers. It is essential to keep them in mind when considering how best to address the issues and priorities outlined in this report. What is clear is that building national capacity to manage and monitor development assistance is fundamental to the effective utilisation of development assistance to assist children, youth and women in Solomon Islands in the post-Tensions period.

3.4 Suggested activities to address UNICEF regional priorities:

UNICEF’s five Medium-Term Strategies are highly appropriate in Solomon Islands as they coincide with some of the areas of greatest need. Prioritisation of these five strategies is also compatible with partnering with other donors and local organization that are addressing other aspects of relevant issues. The strategies and suggested activities to address them in Solomon Islands are as follows:



3.4.1 Promoting girls' education

Among the principal causes of lower school participation rates and higher early discontinuation rates for girls than for boys in Solomon Islands are:

- Lack of local capacity to pay school fees
- Lower status of females as compared to males
- Education not being perceived as relevant to women's lives

Curriculum reform to make education more relevant for the lives of all Solomon Island students is already underway in Solomon Islands. One of the most effective ways for UNICEF to help to strengthen this initiative would be to support the promotion of income opportunities for women, including providing technical assistance to teach marketable skills, basic management and bookkeeping, and facilitating small credit schemes. Promotion of income-earning opportunities for women will both help to raise their status while increasing their income so they can afford to pay for girls to continue to higher classes. As a number of other donors and local organizations are involved in promoting income generation and employment, it is especially important for UNICEF to observe 3.2.1, above, and form partnerships and coordinate with others when supporting income generation activities.

UNICEF also could play a valuable role by collaborating with other donors to ensure that adequate provision is made for education of disabled children.

3.4.2 Integrated early childhood development

The modern world demands less passivity and more self-help in learning than was necessary in a traditional setting. These skills can be acquired properly only if they are instilled from early childhood. Early childhood development encompasses both development of very young children and pre-school education for children up to age 8 years. UNICEF's Integrated Early Childhood Development Programme seeks to address all aspects of early childhood development by linking immunization and child health interventions with education interventions.

MEHRD has the objective of handing early childhood education back to community groups by 2008. This will increase the need for assistance to support communities, including increasing the number of graduates in early childhood education from SICHE. There is also a need for technical assistance to help parents set up their own community pre-schools and also to develop skills in early childhood development. This could include assistance to set up community-based 'play groups' to promote early child development. This approach has the added benefit of fostering a pro-active approach to learning among both parents and children.

UNICEF could provide technical assistance to support training of sufficient numbers of Solomon Island trainers, with an appropriate mix of regional and linguistic backgrounds, to travel to communities to conduct workshops on how to set up community groups to promote child development and teach parenting skills for child development. These activities could be linked with existing programmes of life skills education, rights awareness, National Peace Council activities and other relevant programmes currently being implemented by NGOs and churches.



UNICEF could augment its focus on integrated early childhood development, which encompasses immunization and child health, by providing increased support for community health education initiatives. This could be via the proposed Family Health Card public health initiative discussed in Section 2.3.4. This initiative offers a strategy to increase birth registration while providing more community education on health, including child nutrition and environmental health awareness.

3.4.3 Immunization plus

It is essential that UNICEF continues to pursue its strategy to strengthen and improve the Cold Chain and support regular supplies of vaccines. Among the main factors preventing 100 per cent immunisation coverage in Solomon Islands are numerous relatively simple problems at the local level. They include:

- Shortages of petrol for outboards preventing regular 'satellite' health clinics being conducted in outlying villages
- Shortages or late ordering of kerosene and gas for refrigerators causing breakdowns in the Cold Chain and vaccine spoilage
- Demoralised staff not retaining and/or applying skills

Factors vary between communities, so consultation and careful analysis are essential to accurately identify constraints and improve coverage in each catchment area.

Under-registration of births is also a contributing factor, although perceived by health workers in Choiseul and Western Province, at least, as much less important than the above factors. Supporting birth registration as part of a public health initiative, as discussed in Sections 2.3.4 and 3.4.2 above, will ensure that efforts to promote more comprehensive birth registration in the long-term occur as part of the short-term objective to fully immunise every child, rather than requiring a separate initiative.

3.4.4 Fighting HIV/AIDS

The strategies necessary to fight HIV/AIDS in the Solomon Islands are similar to those needed in every other Pacific country, especially more education and awareness-raising throughout the community; easier and more confidential access to condoms, including for young people; and negotiation with communities to find ways of circumventing conservative attitudes that otherwise prevent them from addressing serious problems that are sensitive or confronting.

Despite having a national HIV/AIDS policy, Solomon Islands appears to be lagging behind some other Pacific countries as regards its strategies to combat HIV/AIDS and other STIs, while clearly having a very high level of risk. For example, some secondary school pupils reported that they had never received any information on HIV/AIDS at school, and few HIV/AIDS awareness posters are evident except at health facilities.

Since HIV/AIDS prevention is being addressed by a major United Nations regional programme, The Global Fund, UNICEF could adopt a complementary role to ensure that gaps in this regional strategy are filled. Coordinated survey and participatory research at the community level are important to

identify these gaps, including coordination with life skills training activities. Support for rights awareness education, especially rights of women and children, is essential underpinning for the HIV/AIDS strategy. Other strategies to improve the status of youth by increasing employment and other opportunities will also contribute to the fight against HIV/AIDS, since better integration into the community increases the likelihood that youth will receive and act on health messages to protect themselves from STIs.

3.4.5 Protecting children from violence, exploitation, abuse and discrimination

A major cause of exploitation and discrimination against children is poverty. Violence and abuse of children are also associated with poverty to some extent, but are principally endemic practices that exist simply because they are not prevented. All of these practices are sustained by lack of law enforcement.

Solomon Islands is a signatory to CRC and already has legislation drafted to support CRC implementation. Passing of this legislation needs to be expedited, and supported with immediate dissemination of information to increase community awareness of children's rights. Also important is support to victims and their families to enable charges to be pressed; more enforcement of legislation by police; and increasing numbers of successful prosecutions. This includes support for the Social Welfare Division, MHMS, and the Family Support Centre to increase their capacity to provide support.

UNICEF support for National Youth Policy related activities to empower youth and promote youth



rights could include facilitating Youth Parliaments and similar meetings, and promoting greater participation of youth in community development. These activities also could be linked with the National Peace Council consultations, life skills education and other relevant activities that are currently taking place throughout Solomon Islands. Partnering with SCF is important in this regard.

Strategies to increase income-earning capacity and promote self-help employment opportunities for school leavers would complement CRC implementation and provide acceptable income-earning opportunities for unemployed youth who might otherwise be forced or enticed into exploitive situations. Activities that empower youth and enhance their sense of self-worth also contribute to peace and social stability. In implementing these activities UNICEF should pay particular attention to ensure that strategies are appropriate and simplicity is not neglected (see 3.2.4). For example, some school leavers are currently prevented from applying vocational skills learned at schools and rural training centres by their lack of appropriate tools of trade. Their need is thus not for ambitious programmes of further training but simply the capacity to acquire a few tools.

3.4.6 Millennium Development Goals

Finally, UNICEF and all other donors should continue to keep the United Nations Millennium Development Goals (MDGs) in mind. At present, Solomon Islands has a low rating on most of these indicators. Any activity that contributes to their improvement, especially activities relating to reduction of poverty and inequality, is important and worthy of donor attention.

PART 4

ANNEXES

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ANNEX 1: MCH HEALTH STATISTICS

**Table A1.1 Major causes of infant death,
1994, 1997 and 1999 (per cent).**

Cause	1994	1997	1999
Complications of birth	32.6	13.6	42.9
Pneumonia	8.7	34.6	9.5
Malaria	13.0	3.7	14.3
Diarrhoea	13.0	7.4	9.5
Meningitis	4.3	12.3	7.1
Others	28.4	28.4	16.7

Source: RH Division, MHMS

**Table A1.2 Major causes of child death (1-<5 years),
1994, 1997 & 1999 (per cent)**

Cause	1994	1997	1999
Malaria	41.7	33.3	25.0
Pneumonia	16.7	12.8	16.7
Diarrhoea/Dysentery	16.7	10.3	16.7
Accidents	8.3	7.7	7.9
Meningitis/Septicaemia	8.3	5.1	16.7
Others	8.3	30.8	17.0

Source: RH Division, MHMS

Table A1.3 National EPI Coverage Rates (%) for 1995-2000

Year	BCG	Hep B 3	DPT 3	POV 3	Measles	Tetanus Toxoid 2 plus boosters
1995	77.0	69.0	69.0	69.0	68.0	71.0
1996	73.0	72.0	72.0	72.0	72.0	71.0
1997	73.0	72.0	73.0	73.0	67.0	54.0
1998	72.0	72.0	69.0	69.0	64.0	55.0
1999	64.0	62.0	62.0	60.0	59.0	50.0

Source: RH Division, MHMS

Table A1.4 Antenatal care coverage by province, 1996-2000.

PROVINCES	1996	1997	1998	1999	2000
Guadalcanal	69.1	66.0	72.4	52.1	34.0
Western	79.6	79.8	73.3	74.5	69.7
Malaita	84.8	70.6	72.8	73.6	104.2
Temotu	58.8	53.8	48.4	60.2	51.6
Central Island	64.4	55.1	73.6	68.9	70.7
Choiseul	55.1	59.4	61.7	65.2	56.1
Isabel	63.0	54.6	60.4	68.8	63.2
Makira	52.1	66.4	71.7	56.2	70.4
Honiara	90.3	78.0	80.5	68.8	55.2
Renbell	29.6	46.5	38.5	31.1	56.4
Solomon Islands	74.4	68.9	7.19	65.9	66.8

Source: HIS, MHMS

Table A1.5 Postnatal care coverage (%) by, province 1996-2000

PROVINCES	1996	1997	1998	1999	2000
Guadalcanal	18.4	28.8	31.8	26.0	14.0
Western	49.6	48.7	42.8	40.2	35.3
Malaita	27.4	36.1	32.3	32.1	44.3
Temotu	34.2	35.0	34.5	39.3	33.5
Central Island	30.4	28.5	31.1	34.1	42.4
Choiseul	20.9	25.3	24.7	30.1	23.9
Isabel	41.7	34.2	36.8	33.9	41.2
Makira	35.8	44.6	50.5	37.3	45.9
Honiara	68.8	61.3	70.3	46.9	36.7
Renbell	27.6	8.9	18.3	6.6	16.4
Solomon Islands	36.6	39.9	40.9	35.2	34.3

Source: HIS, MHMS

Table A1.6 Maternal Mortality rates, indirect estimates, per 100,000, Solomon Islands, 1996-2002

	1996	1997	1998	1999	2000	2001	2002
Total Births	11557	11360	12065	11828	12503	-	-
MMR/100,000	138	185	141	135	120	169	120

Source: RH Division, MHMS

ANNEX 2: CORE OBJECTIVES OF THE EDUCATION STRATEGIC PLAN 2004-2006

- Achieve transparent and accountable decision-making as well as stakeholder involvement to manage the system by establishing or reactivating in 2004 the *National Education Board*, the *National Examinations Board*, the *National Library Advisory Board*, the *National Curriculum Board*, the *National Research Board* and the *National Training Board*.
- Prepare annual budgets for each of 2004, 2005, 2006 and 2007 capable of sustaining the education system at the agreed minimum level of 22% of the National Recurrent Budget Estimates.
- Implement Community Standard for School Financing⁶.
- Seek development partner support to operate schools and training centres and to monitor quality assurance functions of the Ministry, Education Authorities and teacher training at SICHE.
- Reconcile the teacher payroll with posting lists that could result in savings.
- Develop and apply revised procedures for appointing and transferring teachers within and between Authorities to achieve equitable deployment of trained teachers by 2005.
- Prepare, gain resources and commence the *National Teacher Training and Development Programme* in 2005 to provide teachers to achieve universal basic education by 2015, and to provide in-service training. Expand the primary teacher service to 2375 members by 2008 to achieve a teacher to student ratio of 1:30. Expand the junior secondary service to 1959 by 2015 to achieve a teacher to student ratio of approximately 1: 25 in community high schools.
- Enter into agreement with the School of Education (SICHE) to achieve an average annual enrolment of 260 to provide an average of 233 new teachers annually from 2004 to 2015. Agree on the structure of the three-year Diploma in Teaching to replace the two and three-year courses, and provide the resources required to deliver this course from 2006.
- Prepare, gain resources and commence implementation of the *Curriculum Review and Reform Programme* in June 2004; continue this process until all courses have been revised. Provide teacher in-service training, support and student learning materials. Continue curriculum monitoring and review for the duration of the reform programme.
- Broaden the National Form 3 Examination to include core and practical subjects.

⁶ That is, charging fees according to a formula, with the state and parents each paying a percentage of costs. The ratios most commonly suggested in discussions are 90:10 (i.e. 90 per cent state, 10 per cent parents) at primary level, 70:30 at lower secondary level and 50:50 at upper secondary level. At the time of writing, however, fee levels had not been set.

- Expand school-based assessment in secondary schools in 2005. Introduce school-based assessment in primary grades in 2006 and commence phasing out the SISEEE (Solomon Islands Secondary Entrance Examination) in 2006.
- Complete mapping and provincial planning to formulate the National Community School Infrastructure Development Programme by July 2005 to achieve universal access to primary education by 2007 and to junior secondary education by 2015. The Programme will be launched with partner and community support in 2005.
- Agree on a formula with Education Authorities and stakeholders to fund schools and training centres based on enrolment forms and introduce in 2006.
- Agree on revised roles and functions of the Ministry, education authorities, school heads and boards of management and implement a restructuring and capacity building programme for completion by 2006.
- Launch the *Technical and Vocational Education Programme* in mid 2005, based on outcomes of a policy study and a tracer study and should include a register of accredited training providers and protocols for accrediting graduates.
- Launch the *National Training Programme* in late 2004, based on a major policy study, a national skills survey and a review of the scholarship programme. Assist SICHE financially and technically to enable it to provide services required if the Programme.
- Complete legislative reform necessary to achieve these strategies and to implement the education reform programme.

(MEHRD, 2004: 10-11)

ANNEX 3: OBJECTIVES OF THE NATIONAL YOUTH POLICY (SUMMARISED)

- Create conditions for youth people to participate in planning, decision-making, implementing, monitoring and evaluation development programs from community to national level
- Foster youth leadership for motivation and confidence to become self-reliant
- Establish and strengthen legal and administrative frameworks to mainstream youth development
- Create and strengthen consultative mechanisms for planning and implementation of government and community-based sector programs that affect young people and integrate these programs into the National Development Plan
- Promote cross-cultural understanding in young people and work for peace, progress and prosperity in a multicultural society
- Promote healthy families through effective communication between young people, their families and communities
- Ensure access to education and training for young people so they can become responsible, self-reliant and contribute to their families, communities and the nation
- Expand and strengthen formal and non-formal skill oriented training and financially assist young people to start business enterprises
- Cater for the needs of young people with disabilities
- Support preventive, corrective and supportive measures to help rehabilitate young people who have broken the law
- Develop health programs for young people, focusing on accidents, alcoholism, drugs, unwanted pregnancies, STIs and HIV/AIDS
- Promote a wide range of sports and establish recreational and sports facilities in urban and rural areas
- Empower young people to participate in achieving a safe, healthy environment and sustainable development
- Promote population education, including family life education through the formal education curricula
- Enable young people to contribute towards the creation and maintenance of an information database concerned with development issues
- Encourage young people's awareness and understanding of national, regional and global issues

(National Youth Policy, 2000, summarised in Hassall and Associates, 2003: 47-48)

ANNEX 4: PEOPLE INTERVIEWED IN SOLOMON ISLANDS DURING PREPARATION OF SITUATION ANALYSIS, JULY 2004

HONIARA

Mr Sonny Ongkiko	UNICEF, Honiara
Mr Craig Pelu	UNICEF, Honiara
Mrs Wryne Bennett	UNICEF, Isabel Office
Mr George Maleasia	Permanent Secretary of Health
Dr Dereck Sikua	Permanent Secretary of Education
Mr Paul Tavo	Director, National Peace Council
Mrs Tasi	Solomon Islands Planned Parenthood Association
Mr James Rizzu	Children's Division, Ministry of Home Affairs
Mrs Ethel Sigimanu	Permanent Secretary, Ministry of Home Affairs
Mrs Liz Baldwin	British High Commission
Mr Brian Baldwin	British High Commissioner
Mr Nick Gagahe	Government Statistician, National Statistics Office
Ms Pauline Boseta	National Planning Office
Mrs Noelyn Biliki	National Planning Office
Ms Melinda Smith	UNICEF Peace Education Project
Ms Carlyne Ashton	UNICEF Peace Education Project
Lady Margaret Lepping	Wife of former governor general
Mrs Julie Tavo	Wife of National Peace Council Director
Mr Christian Siota	Peer Educator, Church of Melanesia
Ms Julianne Oge	Child Advocacy Officer, Save the Children Fund
Ms Bernadine	Ministry of Education and Human Resources Development
Ms Sarah Dyer	President, National Council of Women
Ms Ollie Pokana	President, Mothers' Union
Ms Josephine Taekana	'Vois Blong Mere'
Various people at market and on street	

GIZO

Mr Jeffrey Hii	United Nations Global Fund, Gizo Office
Ms Louise Livingstone	Primary Health Care Advisor, AusAID, HIS Project
Mr John Reddish	Rotary International
Various people at market and on street	

CHOISEUL

Mr Barnabus Upwe	Magistrate, Central Magistrate's Court, Honiara
Mr Shannon Venz	President, Lauru Development Organisation
Mrs Teresa Lalisivatu	Deputy Coordinator, Social Affairs
Mr Clement Lalisivatu	Coordinator, Social Affairs
Mr Jackson Kiloe	Premier, Choiseul Province
Mr Nickson Quruso	Provincial Secretary, Choiseul Province
Mrs Delmay Vazara	Women's Development Officer, Choiseul Province
Mr Lionel Korona	Cashier, Choiseul Province
Mr Geoffrey Pakipota	Planning Officer, Choiseul Province
Ms Christine Dao	Choiseul Provincial Offices
Mr Martin	Telecom Office Manager
Mr Joel Vule Dereveke	Principal, Choiseul Bay Secondary School
Mr Samuel Poloso	Deputy Principal, Choiseul Bay Secondary School
Ms Flory Panisaga	Teacher, Choiseul Bay Secondary School
About 8 other teachers at Choiseul Bay Secondary School	
Nurse at Choiseul Bay Secondary School	
Mrs Agnes	English Teacher, Choiseul Bay Secondary School
Mr Charles Sigoto	Chief Nursing Officer, Taro Hospital
Mrs Florence Madadu	Primary health Care Nurse, Taro Hospital
Mr Junilyn Sigoto	General Nurse, Taro Hospital
Mrs Lucy Bose	General Nurse, Taro Hospital
Mrs Nellie Savevai	General Nurse, Taro Hospital
Mrs Naeillie	Pediatrics Nurse, Taro Hospital
Mr Timoti	Outpatients Nurse, Taro Hospital
Mrs Minnie	Mother, Taro Village

Mr Johnnie Tatua	Peace Counsellor, National Peace Council
Mr Peter Thomas	Communications Installations, AusAID HISP project,
About 40 members of the Saeka Community Rural Training Centre and Poroporo Village	
About 100 students of the Choiseul Bay Secondary School	
Various youths and other members of the Taro community	

TULAGI

Ms Joy	Guest House worker
Ms Anita	Guest House manager
Ms Lisa	Guest House cook
Various women at market	

