

Final Report

Situation Analysis of Social Protection Policies, Services and Delivery Mechanisms in the Pacific

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(Roadside vendors and families in Guadalcanal, Solomon Island)

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Executive Summary

This study is a situational analysis of social protection policies, services and delivery mechanisms in the Pacific. Today, Pacific Island Countries (PICs) are at the crossroads of social transformation and structural change. Pacific societies are being transformed from kinship based systems to market oriented systems as a result of globalization, urbanization, modernization and monetization. These bring rapid social and cultural transformation. Consequently, various social groups and individuals are increasingly becoming vulnerable, marginalized and alienated in island societies. Evidence suggests an accelerated deterioration of social control and breakdown of familial relationships is being experienced. Rapidly increasing and youthful populations (35-60 percent) compound the social challenges that face PICs. Some have an aging population. Both child and adult dependency ratios have increased in many countries. PICs are therefore facing numerous social challenges that impinge on human development and human security. From a human rights approach perspective more and more Pacific island people are being denied their fundamental entitlements to housing, employment and basic needs such as health and education.

In a number of Melanesian and Micronesian countries unprecedented population growth adds to the growing challenges. Incidence of poverty; unemployment; social and gender inequality; domestic and gender violence; rape; child sexual abuse and exploitation; teenage pregnancy; deterioration of law and order and increasing crime; suicide; problems of ageing, and disability, strained familial relations and consequent marriage breakdown; sole parenthood; school drop-outs; alcoholism and substance abuse; poor health and sickness (often called 'life style' diseases); sexually transmitted diseases; HIV/AIDS; and high mortality are some areas of growing concern in PICs. In addition, female-headed households are on the rise in most countries and these have serious implications for social development. Wage earners, casual workers, the unemployed, women and children; youth; elderly; disabled (physically and mentally); chronically sick persons; single parents; widows and widowers; landless people and marginal farmers; homeless and ex –prisoners are some of the vulnerable social groups in PICs. Modern social protection and social security services are inadequately developed and traditional social safety nets have been eroding.

Global economic crisis and environmental and climate change are seriously affecting PICs. The global 'triple F' crisis: financial, and food and fuel price rise are likely to exacerbate poverty and inequality and undermine progress towards the MDGs (ODI, 2009). World Bank estimates that the crisis will increase the number of poor between 53-64 million in 2009. Climate change and its consequences are already being felt in island countries with extreme weather events affecting people's livelihood and very survival. Social protection response to the crisis has however been minimal and increases in coverage have been marginal (ODI, 2009). According to ODI (2009) a large scale expansion of social protection is less likely in Pacific Island Countries.

The poor are the most disadvantaged and vulnerable economically, socially and environmentally. Climate and environmental changes are increasing the vulnerabilities of Pacific people. Every year the occurrence of natural disasters such as cyclones, storms, floods, droughts, earthquakes and landslides, tidal surges and tsunamis cause reversals in social well-being of islanders, destroy their livelihoods and cause injuries and deaths. An estimated one million people in the Pacific were affected by natural hazards during the last decade. In addition, most PICs are witnessing poor economic performance leading to adverse social situations. Coups in Fiji have exacerbated conditions. The global economic crisis has further aggravated social problems and vulnerabilities of people in these countries.

The process of social development has been slow in PICs. Social security and 'safety nets' together called 'social transfers', is one of the three processes of social development. The other two are 'social services' and 'social integration'. Social protection, a key component of social development is seriously lacking. Although both elements of formal and informal social protection systems co-exist in a number of PICs they are grossly inadequate and weak. In the absence of strong formal social protection measures, there has been heavy reliance on traditional social protection systems provided through family, wider kinship and community groups. The serious lack of adequate formal social protection services to the broad citizenry is one of the greatest challenges that PICs face today. Generally, these countries also lack clear social policy framework.

There is an urgent need for PICs to adopt social development and social policy frameworks which would include an appropriate array of social protection measures that are institutionalized in adequately resourced organizations. Governments need to work in partnership with civil society organizations and the private sector to address social protection deficits in their respective jurisdictions.

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Abbreviations

ADB	Asian Development Bank
FAS	Family Assistance Scheme
FCOSS	Fiji Council of Social Services
FNPF	Fiji National Provident Fund
ILO	International Labour Organisation
KNPF	Kiribati National Provident Fund
MDG	Millennium Development Goals
MOU	Memorandum of Understanding
NAPDW	National Action Plans for Decent Work
PF	Provident Fund
PNG	Papua New Guinea
NGO	Non-Governmental Organisation
PIC	Pacific Island Country
RBF	Reserve Bank of Fiji
SINPF	Solomon Islands National Provident Fund
SNPF	Samoa National Provident Fund
SPI	Social Protection Index
UNDP	United Nations Development Programme
VANGO	Vanuatu Non-governmental Organisation
VNPF	Vanuatu National Provident Fund

Chapter 1

Introduction

1. 1. Background

All human societies have taken care of children, the elderly, those who fall ill and those who are physically and mentally impaired. Depending on their values and economic development, the extent of support for vulnerable groups has varied from society to society. Over the last two hundred years a number of industrialized countries have evolved social policy frameworks that seek to promote social cohesion by ensuring that there are social transfers, social integration and social development. Groups that may fall into poverty and unable to provide their basic needs as well as categories of the population such as infants, children and youth, the disabled and the elderly have been provided social protection. Social protection has been institutionalised by the state as well as in civil society. Private companies have emerged to provide both health and life insurance schemes. Social protection is “a wide set of mechanisms that ensure coverage against social risks and include not only social security -insurance and welfare programmes -but social services and other arrangements that provide means to help people to confront, mitigate and cope with social risks”(UN, 2001). Social security is the social and economic protection measures a society provides to its members against socially recognized conditions. It is an integral component of social protection (United Nations, 2001).

State based social protection is a crucial element of poverty alleviation as it aims to prevent the dire consequences of long term poverty on vulnerable individuals and groups. It provides protection for all kinds of shocks and social vulnerabilities. The primary aim is to reduce vulnerabilities of the poor and their risks by providing them social security.

Social protection is a critical element in poverty alleviation and socio-economic development. It plays both a protective and productive role. It is essential for decent work and living. It not only contributes to economic growth by raising labour productivity but also by enhancing social stability. Poverty reduction is the first Millennium Development Goal. Social protection mechanisms are central to achieving the MDGs and to fulfill fundamental human rights entitlements to shelter, employment, food, education and health. The achievement of other human rights such as those relating to participating in wider society are dependent on the provisioning of the above entitlements which help to build capacity and enhance functioning of individuals and groups. It is estimated however that one in every five people in the world has adequate social security coverage while half of the world's population is without any social security protection (ILO, 2006a: 11).

Pacific island countries (PICs) unfortunately reflect this global characteristics and the situation is not improving for the most vulnerable groups in these countries, if anything a majority of islanders are increasingly finding it difficult to obtain adequate shelter and other basic needs.

The ILO Social Security (Minimum Standards) Convention 102 of 1952 identified nine basic contingencies: sickness, maternity, unemployment, employment injuries, invalidity, old age and death (ILO, 2006a:5). One of the aims of social security is to offset absence or substantial reduction of income from work resulting from these contingencies. Social insurance and social assistance are two major social security measures.

Social protection approach is a part of a broad framework of social risk management. The risk management strategies may include prevention, mitigation and coping strategies adopted through formal or informal arrangements.

There is need for a comprehensive study on existing social protection mechanisms and services in PICs. The following study objectives, scope of study, main tasks of the study are derived from the terms of reference provided by UNESCAP, Suva which has commissioned the study. Institutions such as NGOs and government agencies are primary entities in social protection or risk management. Basic social protection measures may include microcredit, social assistance and cash transfers, health care, and protective measures for vulnerable groups such as women, children, elderly, disable, the sick, and unemployed. They include ‘hand out’ measures to those who need long term support, and ‘leg up’ measures to those who fall into hardship as a result of some crisis.

1. 2 Study Objectives

The objectives of this social protection situational analysis are:

- to assess and analyze existing policies, services and delivery mechanisms for social protection and social welfare in the Pacific and to,
- recommend workable, sustainable models and good practices, taking into account the social and cultural context (as well as, socio-economic conditions and established traditions etc).

1. 3. Scope of the Study

The scope of the study is to define social protection and related terms such as social security, and social welfare services.

The situational analysis includes the range of social protection and welfare services in PICs that are usually provided outside of schools, and tertiary education and training;

and hospitals and health clinics. The situational analysis however, is to include community based services (including community nurses and other community health services), as well as social work, counseling and other social security and welfare provisions (including benefits, provident and other retirement funds etc). Although adequate housing is a critical component of social development and the right to shelter is a fundamental human right, this study mentions the very high rates of urbanization in all almost all Pacific island countries and the increasing number of squatters, but housing is not the central focus of the study. It should be borne in mind though that housing and poverty are often interconnected and when addressing poverty, housing should also be a priority.

The study involves a cross- section of countries from Micronesia, Polynesia and Melanesia. Five countries are covered in this study, namely Fiji, Kiribati, Samoa, the Solomon Islands and Vanuatu. Four out of these five countries are in the UN's Least Developed Countries (LDCs) category.

This analysis includes an examination of services, support and policies provided both by Government mandated authorities as well as NGOs and civil society organizations (the private sector, village groups, traditional leadership, women's groups, churches and other faith-based organizations), and an identification of the role and responsibilities of the different entities as well as the extent of coordination and/or collaboration.

1. 4. Main Tasks

- Review key social protection and/or welfare related literature and studies undertaken by PICs, UN and other regional agencies over the last 5 years.
- Explore the definitions of social welfare and/or social protection globally as they have been applied in the Pacific context.
- 'Map' existing social welfare and/or protection policies, services, structures (types of institutional arrangements), delivery mechanisms by each country and where possible distinguish between urban and rural/outer island services.
- Develop a framework of policy, service provision and delivery mechanism indicators with a particular focus on vulnerable groups (e.g. young girls and women, unemployed youth, people with disabilities, psychiatric patients, remand prisoners).
- Capacity assessment of service providers and analysis of how to best strengthen the existing services.

1. 5. Research Methodology

The approach taken for this study of social protection in a selected group of five PICs is interdisciplinary and social constructionist. The information is gathered through a desk study. An extensive review of literature has been carried out on available resources on PICs including documentary and internet source materials.

1. 6. Definitions

Social Protection: is a broad concept that refers to a “set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income” (Asian Development Bank, 2003a).

Social Security: is the “protection which society provides for its members through a series of public measures against economic and social distress that otherwise would be caused by the absence or substantial reduction of earnings resulting from sickness, maternity, unemployment, invalidity, old age or death” (ILO, 2006a: 7). The common methods of social security include social insurance such as provident fund and worker’s compensation and social assistance.

Social Insurance: refers to systems where workers and employers make contributions to insure against life events. Social insurance programs mitigate risks by providing income support in the event of illness, disability, work-injury, maternity, unemployment and old age (Asian Development Bank, 2003a:17).

Social Assistance: refers to assistance provided by the government to meet basic needs/ to enhance social welfare rather than specific contingencies. Unlike social insurance, social assistance is non-contributory benefits provided to vulnerable groups, for example family assistance, assistance to the disabled, aged, homeless and disaster victims.

Social Welfare: refers to any program undertaken by governments and non-governmental organizations which seeks to provide a guaranteed minimum level of support in terms of income and services for specific vulnerable groups or the population as a whole.

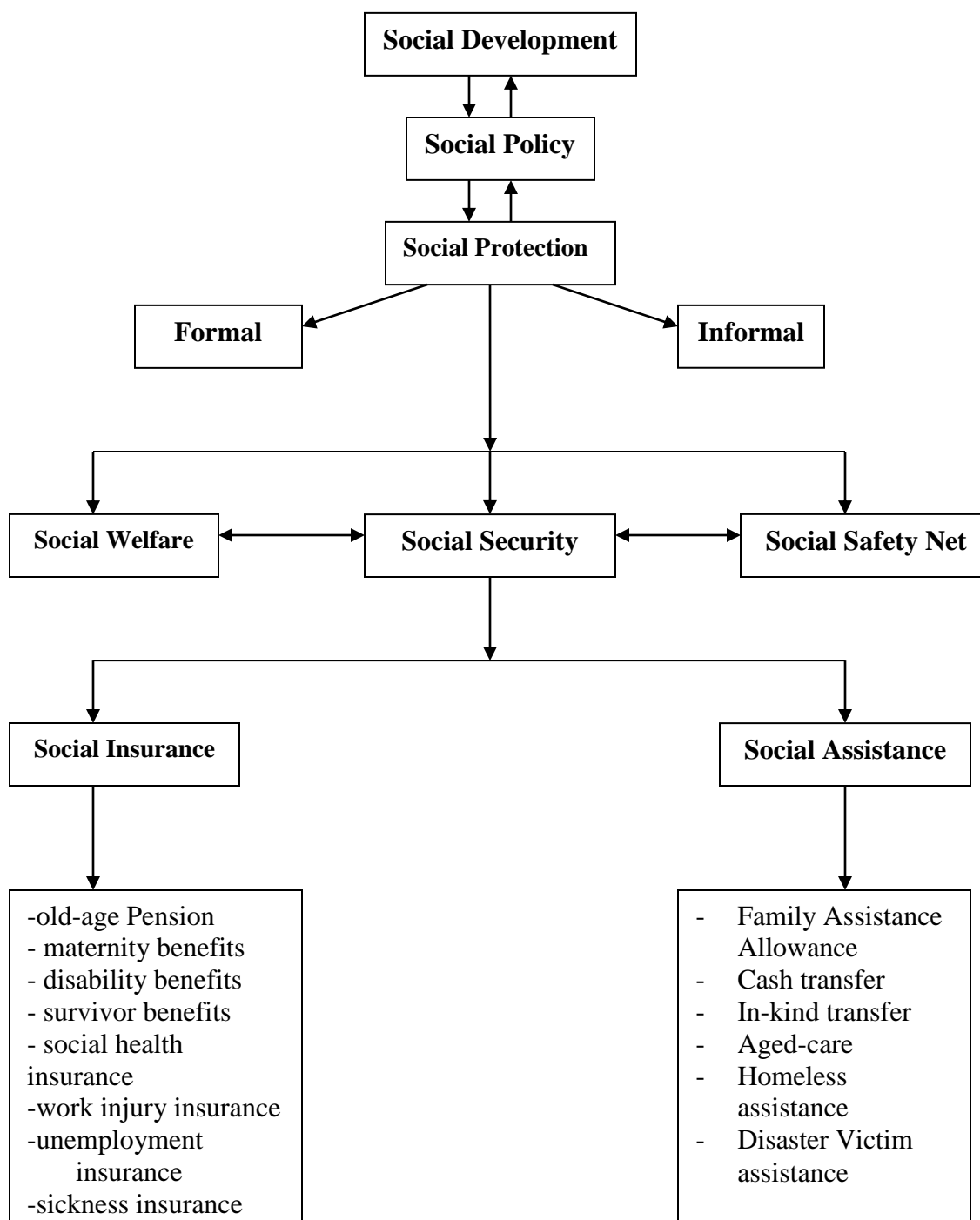
Social Safety Net: is a collection of services provided by government, non-governmental organizations and communities to prevent individuals falling into absolute poverty. Social assistance is a typical example of social safety net (ILO, 2006a: 7).

Social Development: is sustainable human development which enhances human capabilities for enlarging human choices (UNDP, 2006).

Social Policy: refers to ‘collective intervention directly affecting transformation in social welfare, social institutions and social relations’. It involves overarching concerns with redistribution, production, reproduction and protection and works in tandem with economic policy in pursuit of national social and economic goals (Mkandawire, 2006).

Social Funds: Mechanisms to channel public resources to meet pressing social needs. Community- based social funds managed at the local levels can provide finance for small-scale projects such as physical and social infrastructure schemes and livelihood programs to community groups (ADB, 2003a:21).

A schematic diagram of relationships between key terms is shown in the next page.



(Fig. 1. A schematic diagram of Relationships between the key terms)

Chapter 2

Situation Analysis of Social Protection Policies, Services and Delivery Mechanisms in the Pacific: An Overview

2. 1. Regional Setting:

PICs are very widely diverse in socio-cultural, economic and political terms. Many of these countries are structurally constrained by the factors of smallness, remoteness, geographic dispersion, limited human and natural resources, limited domestic markets, and vulnerability to natural disasters. They are at different stages of development with varying gross domestic products (GDPs) and levels of urbanization (see Table1). Poverty is relatively high in the PICs compared to small island countries in other regions of the world (Prasad, 2008: 946). Tonga has relatively high human development index whereas very low human development indices are recorded in PNG, the Solomon Islands and Nauru.

Table 1. Key Indicators in Selected Pacific Countries

Country	Population (000) 2008	Annual Growth Rate (%) 2000-05	% Urbanisation 2007	Annual Average GDP Growth Rate 2000-05	GDP per capita (US\$) 2007	HDI, 2005	Poverty Rates* (%)	% Children (<15 yr.) 2007	% Elderly (>65 yr.) 2007
Cook Island	13	-2.6	70	4.0	7,203	0.800	10.0	27	9
Fiji	839	0.6	52	2.4	2,229	0.762	42.0	32	5
Kiribati	95	1.8	44	1.1	484	-	-	38	4
Marshall Islands	59	1.7	71	3.4	1,194	0.660	20.0	39	3
Nauru	10	0.1	100	0.3	1,670	0.551	50.0	35	2
PNG	6,331	2.4	14	1.9	972	0.530	38.0	40	2
Samoa	187	0.7	23	4.3	1,023	0.785	-	40	5
Solomon Islands	496	2.6	18	1.5	567	0.602	26.0	40	3
Tonga	100	0.3	24	1.3	1,866	0.819	-	37	7
Tuvalu	11	0.5	49	6.4	1,656	0.815	23.0	39	3
Vanuatu	226	2.6	24	1.0	1,140	0.674	51.0	29	5

Source: UNESCAP 2008, UNDP 2007-08. * Wood, J., 2006

Pacific countries are rapidly growing and witnessing socio-cultural transformations. Most of the Pacific countries have a relatively younger population below 25 years (35-60 per cent). There has been growing ageing population in many Pacific countries. The ageing population is high in Cook Islands, Tonga, Fiji, Samoa, Kiribati and Vanuatu and varies between 4-9 per cent (see Table1). Child and old age dependency ratios are high in the region. Incidence of poverty and youth unemployment is of growing concern in several PICs. Table 1 also indicates that basic needs poverty is high in Vanuatu, Fiji,

Nauru, and PNG. Domestic violence, gender-based violence and child abuse are widespread. Female-headed families are also increasing in PICs. Overall, social development performance is dismal, especially so in PNG, the Solomon Islands, and Vanuatu (Prasad, 2008: 936).

2. 2. A Literature Review

Several studies exist on social protection in PICs based on research done in the last ten years or so. Holzmann, MacArthur and Sin brought out their discussion paper in 2000 on pension systems in East Asia and the Pacific. Asian Development Bank (2003a) published a volume on social protection which identified five broad areas of social protection: labour markets, social insurance, social assistance, micro-and area -based schemes and child protection. In 2004, Abbott and Pollard's extensive work on *Hardship and Poverty in the Pacific* was published by ADB. Walker et al. (2004) provided a review of the Family Assistance Scheme of Fiji's Ministry of Social Welfare.

The Asian Development Bank developed a Social Protection Index (SPI) in 2006 as a tool to assess, measure and compare efforts in the area of social protection for Asia and the Pacific. The International Labour Organisation (ILO) produced a report in 2001 on 'expanding social protection in Fiji'. Several volumes have been produced by ILO (2006a, 2006b, 2006c, 2006d, 2006e) that analyse the social protection data in Pacific countries covering five case studies: Fiji, Kiribati, Samoa, the Solomon Islands and Vanuatu. A report by the World Bank (2007) on Human Development in the Pacific Islands entitled *Opportunities to Improve Social Services – Human Development in the Pacific Islands* covers nine countries in the Pacific – Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Palau, Samoa, Solomon Islands, Tonga, and Vanuatu and the three sectors of education, health and social protection. Wood and Naidu (2008) in their working paper covered the progress and pitfalls of the Millennium Development Goals in the Pacific. Narsey (2008) in his work provided a quantitative analysis of poverty in Fiji. Prasad (2008) in his paper 'growth and social development in the Pacific countries', covered aspects of social protection and security in 17 small island countries including Pacific countries. Mohanty (2008) provided an overview of Fiji's NGO sector and identified NGOs that provided social welfare and services in Fiji for the aged, youth, women, disabled and children. UNICEF, UNESCAP and ECPAT International have jointly funded a workshop in Suva to discuss 5 country studies and the regional report on child sexual abuse and the commercial sexual exploitation of children in November, 2007. Naidu (2007) provided an overview paper on the societal context of child sexual abuse and commercial sexual exploitation of children. ILO (2008) has examined the topic of 'Decent Work in the Pacific' in Fiji, Kiribati, PNG, and the Solomon Islands and completed a Decent Work Country Programme (DWCP) for Vanuatu in April 2009.

2. 3. Social Protection Systems in the Pacific

The term social protection in the Pacific context is defined as a set of public policies and programmes designed to reduce poverty and meet basic needs. It includes the support

provided by traditional social and cultural practices, and community and family assistance to individuals and families whenever needs arise.

As indicated above, the Asian Development Bank (2003a) identified five broad areas of social protection for the Asia-Pacific region that include labour markets, social insurance, social assistance, micro and area-based schemes to protect communities, and child protection. According to Asian Development Bank (2003a) the labor market policies and programs are designed to facilitate employment and promote efficient operation of labour markets and include: employment generation, and services, skill development and income support programmes. Social insurance includes insurance for risk associated with unemployment, work-injury, disability and invalidity, sickness, health, maternity, old age, and life and survivors. The social assistance interventions include programs for the most vulnerable groups with no means of adequate support and include welfare and social services, cash or- kind transfers and family allowances and temporary subsidies. The micro and area-based schemes address vulnerability at the community level and include protection measures such as micro-insurance, micro-loans, agricultural insurance, community-based support programs such as social funds and disaster relief assistance. Micro-insurance involves voluntary and contributory schemes for the community, handling small-scale cash flows to address community risks (Asian Development Bank, 2003a). Child protection measures are to ensure healthy and productive development for the future workforce and include early child-hood development, school feeding programs and scholarships, and youth programs (Asian Development Bank, 2009).

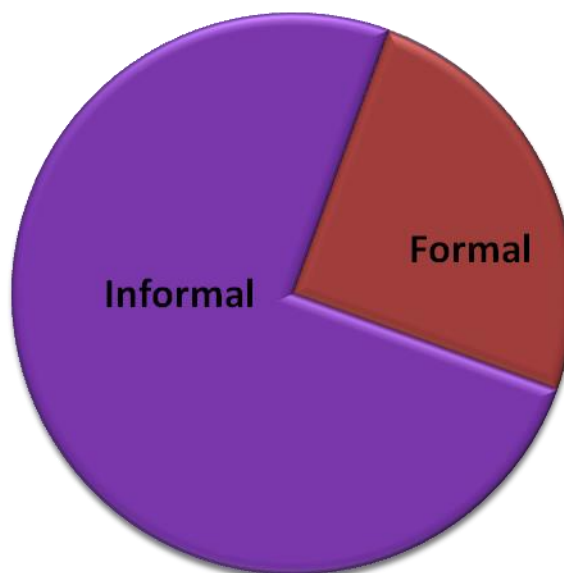
Social protection systems in PICs are at different stages of development. Nearly all PICs have limited coverage and inadequate benefits in terms of medical care, and other benefits such as sickness, unemployment, old age, employment injury, maternity, invalidity, family and survivors. Some commonalities and wide diversities exist in terms of social protection mechanisms and services. In general, PICs lack adequate national social security systems. In the absence of well-functioning social systems there has been a heavy reliance on traditional social protection provided through eroding kinship systems. The proportional burden carried by informal or traditional modes of social protection is shown graphically by Fig. 2 in the next page.

Family remittances also serve as social protection and ‘safety net’ in several PICs and contribute significantly to social development. Tonga, Samoa, Kiribati, Fiji, and Federated States of Micronesia have high levels of per capita remittance (Prasad, 2008: 942). Besides the remittances from overseas, the money transferred from urban areas to rural households provides supplementary support.

The *wantok* system providing community support is widely practiced in Melanesian countries such as the Solomon Islands, and Vanuatu. It refers to one’s kin or those closely linked together either socially or biologically. It literally means same language (one talk or wan talk) (ILO, 2006d: 86).

The 'safety net' is provided by traditional social practices and family support. However, these family and extended kin support systems are weakening due to forces of globalization, urbanization and rapid socio-cultural transformation. Emigration and monetisation of the economies are also working in tandem, causing greater individualism and wider family and kinship group disintegration.

Social Protection in the Pacific



(Fig. 2 Informal and formal social protection in PICs. Pie Chart proportional support estimated by authors from ADB and ILO findings discussed in the literature review).

Despite the many social challenges, social protection interventions are not seen as major government priorities. But recognition of the need for enhanced social protection appears to be increasing (ILO, 2006a). The level of social spending may be an indication of the importance attached to social protection and social development (Prasad, 2008:931). Public social protection expenditure remains low in PICs. In terms of resources devoted to social security and welfare of their people, PICs such as Fiji, Vanuatu, Solomon Islands, PNG, Samoa and Kiribati lie at the very bottom of the scale among small island countries (Prasad, 2008: 941).¹

Governments of PICs do provide basic health care and subsidise primary education. Table 2 below provides annual spending per capita on education and health in 9 PICs which average US \$ 37.2 per person each year region-wide (qualified by the absence of Papua New Guinea figures). At the regional level this average per capita spending on

¹ Hitherto the resilience of non-formal or traditional mechanisms of support has been used to ignore the increasingly pressing needs of vulnerable groups. It is also difficult to disaggregate funding support for social protection measures from budgetary allocation to education, health and housing.

these two sectors compares favourably with other developing regions, however at the individual country level it covers very significant differences. These differences are also reflected in the aggregate figures for education and health over the 1997-2003 period. Solomon Islands, FSM and Fiji spend the least amounts, Samoa is close to the regional average and Kiribati, Palau, Tonga and Vanuatu spend over US \$ 40 per head, with the Republic of the Marshall Islands expending the most at US\$ 70 per citizen. Total spending in these social sectors was especially high in Palau followed by RMI.

Table 2: Spending on Education and Health in Pacific Countries

Country	Average annual aid per capita for education and health US\$,1997-2003	Average annual government recurrent expenditures for education and health US\$,1997-2003	Total Spending for education and health US\$, 1997-2003
Fiji	18.6	166.0	184.6
Kiribati	40.5	157.4	197.8
RMI	70.1	461.7	531.8
FSM	18.2	293.9	312.1
Palau	41.6	1006.8	1048.4
Samoa	37.6	124.6	162.2
Solomon Islands	16.7	96.6	113.3
Tonga	46.1	122.4	168.6
Vanuatu	45.8	104.4	150.1
Average	37.2	281.5	318.8

Source: World Bank, 2007.

Other social areas such as support for the unemployed, provision of affordable housing², care for the elderly, support for disable persons and welfare generally are not prioritized. The burgeoning youthful population in many PICs require urgent support.

Youth unemployment is a common and pressing problem in most countries but there is very limited formal technical and vocational training (TVET) or other support. There is no form of unemployment insurance. Disadvantaged individuals and groups mainly depend on family and kin group support. The most vulnerable groups are the poor, elderly, women, children, disable persons, sole-parents, prisoner's dependent, unemployed youth and the chronically sick. In the case of Fiji, some ethnic minorities such as the Solomoni and Ni Vanuatu and mixed race communities can be regarded as

² Affordable housing is a major issue for people in the rapidly growing urban and peri-urban areas. Access to land for housing in such areas ought to be a focus of national policy but it is not. This is likely to cause serious friction and overt conflicts between land owners and settlers. While 'housing' is a social sectoral area, it is not addressed in this paper which is more narrowly concerned about social protection.

especially vulnerable. Categories of rural workers such as copra plantation workers and sugar cane cutters are also vulnerable.

For these groups the emerging systems of social security in PICs have not been helpful as social protection is only available to those who have formal sector employment. It can be said that current systems of social security provide social protection for some but exclude most citizens.

2. 3. 1 Provident Fund: An Exclusive Social Security System

Provident fund is the most common type of formal social security program in the Pacific region. The program is generally called Provident Fund system although in FSM, Marshall Islands and Palau it is named Social Insurance, in PNG it is called Mandatory Occupational Retirement and in Samoa there is a Provident fund and Universal old-age pension system (ISSA, 2008).

However, the provident fund coverage according to ILO (2006a:60):

“- is limited to workers in the formal employment sector which represents only a small fraction of working population, excluding a clear majority of workers in the informal economy where the bulk of the poor are concentrated.

- the benefits are confined to formal workers in urban sector by-passing a large chunk of population in the rural and peri-urban areas.

- the benefits protect only the richer and well-off sections and not the majority disadvantaged and poor sections of society.

- social security benefits are largely confined to national provident funds and worker's compensation.

- most provident funds in PICs have limited exposure to customer services and few service outlets e. g, in Fiji there are three outlets (Suva, Lautoka and Labasa).

- there is an absence of unemployment benefits in Pacific countries.

-the quality of medical care and public health services is poor and inadequate.

- the development of National Action Plan for Decent Work (NAPDW) in PICs has limited coverage and confined to workers in the informal economy in Fiji, Kiribati, PNG and the Solomon Islands.”

2. 3. 2 Social Protection Index (SPI) for Pacific Countries

ADB (2003a) constructed a social protection index (SPI) using indicators such as (a) total expenditure on all social protection programs (percent of GDP); (b) beneficiaries of

social protection programs; (c) number of social protection beneficiaries who are poor; and (d) average social protection expenditure for each poor individual. The Pacific region has a lower average SPI value (0.24) compared to the Asian average SPI (0.36). Some PICs have better SPIs than others. Higher SPIs are seen in the Cook Islands, Nauru, Marshall Islands and Tuvalu (see Table 3). Fiji has a low SPI value of 0.15 compared to average 0.24 SPI value for the whole Pacific. Vanuatu and PNG have much lower SPIs with values of 0.08 and 0.01 respectively (Table 3).³

Table 3. Social Protection Index (SPI) Values of Selected Pacific Island Countries

Country	Social Protection Index (SPI)
Cook Island	0.55
Fiji	0.15
Marshall Islands	0.34
Nauru	0.42
PNG	0.01
Tuvalu	0.26
Tonga	0.00
Vanuatu	0.08
Total Pacific	0.24
All Asia-Pacific	0.36

Source: Wood, J., 2006.

2.3.3 Social Protection Programs Coverage in the Pacific

In terms of the proportion of target populations covered in social protection programs, most of the PICs have very low coverage except the Cook Islands. On average around 60 per cent of the poor receive some social protection in Asia, compared to only a third in PICs (Prasad, 2008: 944). Only one per cent of PNG's poor receive some sort of social protection, compared to about 10 per cent in the Marshall Islands, Vanuatu and Tonga, and 22 per cent for Fiji (Prasad, 2008: 944).⁴

2.4 Global Economic Crisis and Impact on PICs

The effects of the global economic crisis are being felt in PICs in terms of food and fuel price rise and increasing inflation. The fuel price hike resulted in many service station industries in Fiji closing down and others struggling to survive (The Fiji Times, 2 September, 2009). Pacific Island Countries have had flow-on effects of global recession in Pacific metropolitan rim countries. Several PICs have been 'hit badly by the global economic crisis, with rising unemployment, loss of revenue from weakening terms of

³ There are a number of issues with the ADB SPI as each of the indicators used is open to question as social protection programs are often not disaggregated in PICs' national budgets and in most countries there are no specific recognition of the poor to whom there ought to be 'social transfers'. Interestingly Tonga's Social Protection Index is not provided in Table 3, yet Tonga's HDI is relatively high.

⁴ Household Income and Expenditure surveys (HIES) are the most common tool for identifying poor households but in most PICs these have not been done or if conducted, inadequately analysed. Therefore who are the poor is an outstanding question in these countries.

trade, and decreasing demand, delayed investment, high prices and currency fluctuations affecting aid flows’ (Lowy Institute for International Policy, 2009). They are affected by declining remittances, aid and foreign investments. They have been witnessing decline in tourism, and export earnings, and slowing down of economic growth. Remittance as one of the social protection transfers is being affected and this significantly affects the remittance-dependent countries of Kiribati, Samoa, Tonga and Fiji. Remittances to Fiji families decreased from \$322.3 million in 2006 to \$188 million in 2008 – a drop of 134.3 million. The decline in the volume of remittances has a direct negative impact on the well-being of households since such transfers – unlike other types of transfers – are directly used to cover primary needs such as food, education and healthcare” (Fiji Times, 16 October 2009, pg 3 Mahendra Reddy quote).

The global economic crisis has reduced the capacity of PICs to respond to the growing social challenges. The impact is ‘being felt in lower government revenue from duties, royalties, trust funds and remittances. This translates into less government funding being available to deliver basic health and education services’ (Hayward, 2009:6). The economic crisis will make it difficult for PICs ‘to increase spending on basic services and invest in vital infrastructure’ and will put ‘added pressure on already burdened family networks’ (Lowy Institute for International Policy, 2009).

2.4.1 Climate Change and it’s Negative Consequences

As noted earlier the economic crisis facing PICs is occurring in the context of changing natural environmental conditions brought about by global warming. Catastrophic extreme weather events like cyclones, droughts and floods are being accompanied by less dramatic but in the long term more serious phenomenon such as rising sea level. While every one is vulnerable to these trends in nature, the poorest people in the islands are the most vulnerable as they often live in (as squatters, for instance) and eke out livelihoods in marginal land. Besides concern about rehabilitating physical infrastructure such as roads, governments of the region have to pro-actively address issues relating to relocating and resettling communities.

2.4.2 Strategizing for Social Protection

Capacities of PICs for providing social protection to vulnerable groups in society can be strengthened by strengthening public sector capacity through reforms and improved management, private sector development and increased public-private cooperation. Private sector investment and development of small business enterprises and community-based business are crucial in strengthening traditional economies. The role of the informal sector is crucial in alleviating poverty and providing livelihoods and social protection to vulnerable groups.

There is a need for strengthening traditional social protection systems and incorporating them into government and donor planning. PICs may create Funds with the assistance from donors similar to Tuvalu Trust Fund to meet shortfalls at the national level during economic shock and exigencies.

2. 5 Regional Cooperation

Despite wide variations, there are several social issues common to most PICs. These countries need to pool resources to strengthen traditional support systems and to strengthen capacities of institutions at national and regional level. Regional cooperation is most needed to tackle common social challenges. There is a need for intergovernmental cross-border cooperation in framing regional social policies on issues such as poverty alleviation, employment, labour standards, education, HIV/AIDS and health, food security, housing, disability, and natural disaster management. The formation of sub-regional groupings among Melanesian, Polynesian and Micronesian countries with common social issues may also help in meeting challenges. The creation of a regional social investment fund by pooling resources together may help during social exigencies. There is also a need for reforms of key regional institutions and they should be well resourced to provide better social services.

2. 6 Constraints to cost-effective delivery of Social Protection

Resources (financial, human, and institutional) to address social challenges and to provide cost effective delivery of social protection are very limited in PICs. Many comprise widely dispersed islands and/or have inaccessible topography with scattered populations. Fiji, PNG, the Solomon Islands, Kiribati and Vanuatu have these characteristics that put constraints to cost effective delivery of services. The lack of adequate transport and infrastructural development is the greatest impediment in integrating the population geographically, and socially. The lack of adequate and relevant skills is another major constraint. Insufficient human resources contribute to low level formal sector employment in many PICs and reduce the effectiveness of labour markets. Moreover, PICs have large and expanding number of informal sector workers who are not covered under the limited formal social protection system. Rapid urbanization and overseas migration are breaking down extended family structures and the social safety net that they constitute, thus weakening traditional social protection delivery system. As a result, social protection is likely to be costlier. The cost-effective delivery of social protection is seriously constrained by a lack of quantitative social data. Moreover, lack of knowledge, capacity and framework for implementation of social protection in PICs are other major constraints to its cost- effectiveness. Social protection in the Pacific is a relatively new field of government activity (World Bank, 2001).

2. 7 A framework for Social Protection Policy

Pacific countries exhibit wide socio-economic and cultural diversity and numerous social challenges. The capacity and resource constraints identified above require a combination of more general social protection mechanisms and policies, some regional commonalities and country context specific responses. A good point to start is the concept of ‘social minimum’, a package that provides “social grants for all older persons, children, persons with disabilities, unemployed persons and informal workers, as well as universal access to basic health care” (Devereux, 2009). A framework for policies with mixed social risk management strategies and programs can be developed

taking reduction, mitigation and coping strategies with separate programs under each of these strategies. As such social protection measures integral to social (development) policy can be envisaged as being proactively geared to meeting anticipated risks (youth unemployment, debility, and aging) and as more reactive programs that seek to ameliorate the situation of already vulnerable groups (affordable housing to squatters). This social protection framework can be outlined as follows:

Fig. 3 A Framework for Social Protection Policy

Risk Management Strategy	Social Protection Programs
Reduction	<ul style="list-style-type: none"> • Skill development training • Income generation • Education and training services • Human development • Micro-enterprise development • Health services • Food – nutrition –school feeding and community awareness
Mitigation	<ul style="list-style-type: none"> • Social insurances <ul style="list-style-type: none"> - social pension - health - unemployment - retirement - disability
Coping	<ul style="list-style-type: none"> • Price subsidies • Cash transfers • In –kind transfers • Family allowance • welfare funds

The following sections examine more closely the situation relating to social protection and vulnerable groups in each of the five countries beginning with Fiji.

Chapter 3

Country Context

Fig. 4 Map of Pacific Region with the Case Study Countries Encircled



<http://www.factmonster.com/atlas/pacificislandsandaustralia.html>

3. 1. Fiji

3. 1. 1 Brief Country Profile

Fiji is located in the margins of Melanesia and Polynesia. It is part of Melanesia and consists of 332 islands, of which 100 are inhabited. Two main islands: Viti Levu and Vanua Levu account for most of the land area of 16,000 sq kms and population. Fiji is a multi-ethnic country and highly heterogeneous. The total population of the country was over 837,271 in 2007 (Fiji Islands Bureau of Statistics, 2009). Indigenous Fijians (or ethnic Fijians) and Indo-Fijians are the major ethnic categories which together with numerous other ethnic minorities make up Fiji's multicultural fabric. The population comprises 58 per cent Christians, 34 percent Hindus, and 7 per cent Muslim. Ethnic Fijian communities especially in rural areas have communal characteristics with values

centred on the extended family unit, the village and the *vanua* (land) People in villages and even in urban areas share communal obligations. (ILO, 2006a: 22). Unlike some other Melanesian countries where community leadership is achieved, the Fijian chiefly system largely follows the Polynesian system of hereditary leadership (ILO, 2006a: 27).

People of other ethnicities are less communally oriented and are not directly subjects of chiefs but are affected by decisions made by the latter including on matters of access to land and other natural resources.

Fiji became a British colony in 1874 and got its independence in 1970. After a period of relative political stability and growing prosperity, the country since 1987 has experienced four military coups. These have increased ethnic divisions, undermined public services, reduced investor confidence and seriously slowed economic growth. Besides adopting a communal or ethnic ('race') based system of representation at the national level, the country also had a dual system of local government –one for indigenous Fijians and the other for all other citizens (see Qalo, 1980). The Fijian administration dealt exclusively with indigenous Fijian matters in the Great Council of Chiefs, Provincial and village based councils. The *Turaga ni koro* appointed by the Fijian administration in a village delivered the services of government and oversaw the smooth running of the village (ILO, 2006a:29). Indo-Fijians and other minorities who lived in rural settlements and urban areas were administered by a system of rural advisory committees (and the district officer) and by a system of municipal councils respectively.

Past national development plans have identified social safety nets for vulnerable groups as one of the national goals. Fiji government's expenditure budget on social protection was limited to F\$ 4.2 million in 2007 (Fiji Islands Bureau of Statistics, 2008).⁵

3. 1. 2 Social Challenges

Some of the challenges that Fiji society faces are rapid urbanization and inadequate housing, youth unemployment, social inequality and poverty, crime, suicide, ageing, poverty, disability, domestic violence, violence against women and children, child abuse and substance abuse (e.g. drugs), alcoholism, marriage breakdown, sole parenthood, teen-age pregnancy, sexually transmitted infections (STIs), school drop-out, poor health and sickness, and high mortality. Children are amongst the most vulnerable. There are recent reports of commercial sexual exploitation of children especially in urban areas.

3.1. 3 Vulnerable Groups

The most vulnerable groups in Fiji are unemployed youth; elderly without family; the poor; disable (physically and mentally); women, children including street children, beggars, slum dwellers, prisoners' dependents, the chronically sick person, single mothers, widows and widowers, the homeless and ex –prisoners. Mention has been

⁵ This figure is apparently for poverty reduction only as government spends significant sums in subsidizing education, health, social welfare and housing services.

made earlier of categories of ethnic minorities and workers who are especially vulnerable.

3. 1. 4 Social Protection Policies, Mechanisms and Services

I. Formal Sector Protection

A. Labour Market Protection Programs

Fiji has various labour market programs that directly or indirectly protect labour conditions and help in alleviating poverty. These include vocational training, income generation with micro-finance, (micro-enterprise development as part of micro finance schemes) labour standards, social funds under the Department of Social Welfare, and occupational health and safety measures only for those in formal sector employment (see Table 5).

B. Social Insurance

Fiji has a well developed private insurance sector. The insurance industry is governed by the Insurance Act, 1998 and Insurance Regulations of 1998. The local insurance sector consists of life insurance, health insurance and general insurance. Colonial Fiji Group (CMLA) is a large private insurance company. It is one of the South Pacific's leading providers of integrated financial services including business banking, and life and health insurance. Colonial's Health Care includes several health services. The Life Insurance Corporation of India (LICI) is another long term private insurance provider. Fiji Care is one of the leading providers of health, life and accident insurance in the country. These private insurance companies are overseen by the Reserve Bank of Fiji (RBF).

1. Social Health Insurance

The country has no public social health insurance protection. It provides free health services to all residents. Selected treatment overseas is also available. Public health delivery services have seriously deteriorated in recent years with poor maintenance of facilities and the significant loss of doctors, nurses and other medical personnel.⁶ In 2005 Fiji Provident Fund membership allowed 164,564 workers compulsory social health insurance coverage (ILO, 2006a: 420). They constitute less than half the total work force. These workers will also have very unequal retirement benefits.⁷ However, nearly 53 per cent of the country's workers have no retirement income coverage and rely on traditional support in old age (ILO, 2006a: 422).

⁶ The coups have triggered relatively large scale emigration of Fiji's professional, managerial and trades people to Australia, Canada, New Zealand and the United States.

⁷ Pension fund accumulated by a worker depends on how much he/she earns so the more one earns the more is accumulated over time. In Fiji therefore airline pilots have much higher provident fund savings compared to the average wage earner. Such differential provident fund savings apply to other PICs as well.

2. *Social Insurance Pensions*

Fiji National Provident Fund (FNPF)

Established in 1966, the FNPF is the main social security provider. However, as mentioned earlier for PICs generally, FNPF provides retirement income benefits only to workers in the formal employment sector, and a large number of informal sector workers are not included. The compulsory contribution to employees in Fiji is 16 per cent (8 per cent each by employer and employee). Employed workers aged 15 to 55 are eligible for membership. Lump sum retirement benefits are paid at the retirement age of 55 years. The Fund also provides survivor and incapacitation benefits to its members. There is an option to be on a pension scheme. All contribution ceases to be paid at 65 years. The FNPF also provides voluntary coverage for self-employed workers, and domestic workers. FNPF had a total membership of 343,453 in 2007 (FNPF, 2009). This accounts for about 41 per cent of the country's population.

3. *Other Insurances:*

Social insurance in terms of disability benefits and survivor benefits is available in Fiji but as part of FNPF and for formal sector workers only. There is no universal unemployment and sickness insurance available in Fiji (see Table 5).

Fiji provides public sector employees with maternal protection in terms of paid maternity leave up to 12 weeks (ILO, 2006a: 428). With the exception of a few private sector organization employees, most other workers are not provided with any maternity benefits. Over all, about 53 per cent work force is not covered by any maternity benefits (see Table 4).

Worker's compensation (work-injury benefit) in the form of an employer-liability scheme covering all employed persons does exist, although there are issues relating to its implementation.⁸

C. Social Assistance

The Department of Social Welfare in Fiji provides social assistance in the form of cash payment to some of the distressed and disadvantaged people under the Family Assistance Scheme (FAS), previously known as Destitute Allowance. Since 1998, the maximum allowance under FAS is F\$ 110 and minimum is F\$ 30 a month (Walker *et al*, 2004: 42). Destitute families with school-going children receive maximum allowance. The FAS recipients includes the elderly, widows and widowers, deserted spouses, single

⁸ With several of the legislation regulating terms and conditions of employment there are issues relating to enforcement. This is clearly shown in an incident where a worker died early this year because of the collapse of a silo containing peas in Walu Bay, Suva. Although Flour Mills of Fiji representative declared on Fiji One TV Station at that time that quick action will be taken to support it's employee's family, the company has not fulfilled it's undertaking. Several months later his widow is still to receive compensation for his death whilst at work. The Labour Department officials appear to be indifferent to her plight even though this has been reported in the media.

parents, prisoner's dependents, street kids, fire victims, people with disability and chronic illness who have no means of support. The number of people supported under FAS has been increasing and has grown from 19,000 in 2002 to over 26,000 in 2006 (Government of Fiji, 2007).

The Department of Welfare provides funds to poor and ex-prisoners to undertake income-generating projects. In addition the Department provides cash assistance to fire victims when the need arises. The Department also provides small annual grants to social service providers including disability associations to support welfare services in the community. It also provides through NGOs, limited housing grants to help homeless destitute families. As part of National Health Care Policy subsidized medical treatment is available. Limited social assistance is also available to disaster victims. For medical emergencies assistance is limited to critical cases which are evacuated to Suva or overseas (ILO, 2006a: 73). A number of NGOs, for example, the Bailey Trust, Fiji Muslim League, Rotary Clubs, and Salvation Army provide direct assistance to the poor and needy.

D. Micro and Area -based Schemes

Micro and area-based schemes are intended to provide social protection to people engaged in small-scale agriculture and in the urban informal sector (ADB, 2003a:18). Limited micro-credit is available to the poor through the Ministry of Women in rural and semi-urban areas. Fiji however lacks any micro insurance and agricultural / crop insurance scheme.

E. Child Protection

The government provides assistance for homeless youth. The Department of Social Welfare administers two Juvenile homes (one each for boys and girls) and extends residential care to children between ages of 10-17 years who are in need of care and protection or have committed offences under the Juveniles Act (ILO,2006a:68). Fiji provides scholarships for disadvantaged youth and school fees rebates to poor children. Government also supports facilities and special schools for disable children in Suva and Lautoka. The country has vaccination programs to protect children from diseases.

Informal protection mechanism also exists as there are a number of NGO-run children's homes and orphanages to protect poor, homeless and destitute children (Mohanty, 2008).

II. Informal Social Protection:

1. NGOs:

In the absence of adequate formal institutional social protection systems in Fiji, NGOs provide welfare and protection to poor and disadvantaged social groups such as the aged, children, destitute women, disable persons, and ex-prisoners. Fiji has a vibrant NGO sector (Mohanty, 2008). NGOs in Fiji play an important role in social

development especially in the education sector (Mohanty, 2007). Nearly 90 per cent of secondary and technical vocational schools are operated by NGOs in Fiji (Mohanty, 2008: 3). A number of child care institutions, ‘orphanages’ and boarding schools have been established. There is however, no formal foster-care system in place in Fiji. NGOs also run old age homes and provide social welfare services. Some leading NGOs providing social welfare services are Fiji Council of Churches, Fiji Council of Social Services (FCOSS), Fiji Women’s Crises Centre (FWCC), the Bailey Trust, Home of Compassion, and the St Vincent de Paul. Father Law Home and the Home of Compassion are operated by religious groups for the elderly. Government runs Old People’s Homes in Suva, Lautoka and Labasa. NGOs such as Ecumenical Centre for Research (ECREA) have a people’s network scheme mobilizing squatters around Suva City and run a micro-saving scheme for them.

Credit unions have a long history in Fiji. They can be community, profession or company- based. Credit unions have acted as a system of safety net. They include Fiji Credit Union League, Fiji Teachers Union Credit Society, and Service worker credit union (Mohanty, 2008).

A number of religious organizations provide social services which extend to providing social assistance to vulnerable individuals and groups.

2. Migrant’s Family Remittances

Fiji has become one of the remittance generating countries in the Pacific (Mohanty, 2006:116). Migrant’s family remittances provide substantial family support and act as safety net for poor families. Besides remittances from overseas, the money transferred from the families in urban areas provides supplementary assistance to rural households.

3. Social Networks Abroad

A good number of families maintain well-knit social network support systems overseas. Migrant families and relatives living overseas provide cash and in- kind support periodically to friends and relatives resident in the home country.

4. Traditional Social Protection Systems in Fiji

The members of a community in Fiji depend upon one another for the provision of various needs for survival. The idea of share and care is embodied in ethnic Fijian ideal terms of *veivukei* (offering a helping hand), *veinanumi* (the act of being considerate), *veilomani* (loving and friendly with one another) and *duavata* (togetherness) or *yalovata* (of the same spirit) (ILO, 2006a: 28).

Indigenous Fijians generally have strong kinship systems that provide a network of social protection to individuals and families in times of needs. Nuclear family (*vuvale*) is the most primary unit. A group of nuclear families constitute *tokatoka* and group of *tokatoka* constitutes a *mataqali* and a group of *mataqali* constitutes a *yavusa* (ILO, 2006a: 105).

Traditional social protection mechanisms include: *Kerekere* (asking for aid based on reciprocity), *Solesolevaki* (joint communal labour), and *Solevu* (large scale mobilization and redistribution of community resources), *Soli Vakavanua* (communal collection and accumulation of funds) and *yalo solisoli* (social generosity) (ILO, 2006a: 246). However, with high rates of urbanization and population mobility over the last 30 years, wider kinship ties have been eroding, and even within nuclear families support of elderly parents are no longer assured.

More narrow family and kinship based support structures and relationships exist among the smaller Pacific island communities. Other groups including Indo-Fijians also have a strong sense of the family and respect for the elderly is an ideal among them. It is expected that parents in their old age will be cared for by their children. While kinship ties are not as extensive as among ethnic Fijians, in the case of Fiji's ethnic minorities ties with relatives are being eroded for the same reasons.

3. 1. 5. Social Protection Structures (institutional arrangements)

Several institutions both governmental and civil society provide social protection. The government departments include Ministry of Women , Social Welfare and Poverty Alleviation; Ministry of Education; Ministry of Fijian Affairs, Ministry of Labour, Ministry of Health; Ministry of Youth and the statutory body, the FNPF. Mention has already been made of NGOs, church groups and private Insurance Companies such Fiji Care, the Colonial Fiji Group and the Life Insurance Corporation of India.

3. 1. 6. Key issues

The FNPF which is the major formal social security organisation has limited coverage. Support is for only for workers in the formal employment sector which represents a small fraction of working population. The Fund excludes a vast majority of poor workers and the self employed in the informal sector. Social security spending generally benefits the wealthier groups as such benefits are paid to those in the formal employment (Prasad, 2008: 946). Fiji lacks universal social health, sickness and unemployment insurance programmes. There is a need for agricultural insurance program providing protection against risks arising from floods, droughts, cyclones, plant pests and cattle diseases. Skill training for youths for income generation should be one of the main priorities for the country.

3. 2. Kiribati

3. 2. 1 Brief Country Profile

Kiribati is a small atoll country comprising 33 widely scattered islands in Micronesia, of which 21 are inhabited. The country comprises three Island groups namely, Gilbert and Ellice, Phoenix and Line Islands. In 2003, it had a population of 96,000. The capital of Kiribati is Tarawa which is located on the South Tarawa islands in the Gilbert Island group. About one-third of the country's population lives in the South Tarawa urban centre with a density of population of 2,324 persons per square kilometer (ILO, 2006b: 25). There is an average of 6.7 dependents per household in Kiribati (ILO, 2006b: 356).

In 1892 the United Kingdom had established a protectorate over Gilbert and Ellice Islands (now Tuvalu). Kiribati became an independent country in 1979 and has a government headed by an elected President. Kiribati is one of the World's least developed countries. The traditional system of government in Kiribati is based upon island and clan groupings (ILO, 2006b:31). Traditionally the island affairs were controlled by a council of elders. In a few cases there are hereditary chiefs (ILO, 2006b: 30).

3. 2. 2 Social Challenges

Like other Pacific countries, some of the challenges that Kiribati society face are rural – urban migration, youth unemployment, ageing, domestic violence, violence against women and children, child abuse and substance (e.g. drugs, alcohol) abuse, marriage breakdown, sole parenthood, teen-age pregnancy, school drop-out, poor health and sickness.

3.2. 3 Vulnerable Groups

The most vulnerable groups in Kiribati include unemployed youth; the elderly; the poor; the disable, women and children, and the widowed.

3. 2. 4 Social Protection Policies, Mechanisms and Services

I. Formal Sector Protection

Kiribati has no central agency to promote policy development and provision of social services (ILO, 2006b:67). The country also has no central welfare policy or development plan. The country has no formal social security system apart from the Kiribati National Provident Fund (KNPF) and the Old Age Allowance which was introduced in 2005 (ILO, 2006b:45).

A. Labour Market Protection Programmes

Kiribati maintains labour standards. It has micro-enterprise development programs but limited to informal micro finance schemes (ILO, 2006b:65). Kiribati has no occupational health and safety services (OHS) for formal sector workers (see Table 5). The country has a very small emerging private sector and a minute domestic labour market.

B. Social Insurance

1. Social Health Insurance

Kiribati has no universal social health insurance program (see Table 4). Kiribati provides free health services to all residents. Selected treatment overseas is available. According to 2004 Kiribati Provident Fund membership, the coverage of compulsory social health insurance scheme for formal employment sector is 9,447 workers (see Table 4). This is less than a quarter of the total labour force.

2. Social Insurance Pensions

Kiribati National Provident Fund (KNPF)

The KNPF was established in 1976. Employed persons aged 14 or older earning at least A \$10 a month, including employees of the government, public enterprises, cooperatives and the private sector are eligible to become a member under KNPF (ISSA, 2008). Voluntary coverage is given for certain groups of self-employed persons such as seafarers and copra cutters. Unlike Fiji, household workers are excluded from KNPF coverage. The compulsory contribution to employees is 15 per cent (7.5 per cent each by employer and employee). Lump sum retirement benefits are paid at the retirement age of 50 years and on death, invalidity and migration (ILO, 2006b: 355). However, about 81 per cent of workers have no retirement income coverage and rely on traditional support up to 70 years (ibid). In Kiribati, 65 per cent of formal sector workforce is male and therefore, female benefit from direct retirement benefits is much less (ibid).

3. Other Insurances

Apart from lump sum provident fund, Kiribati has old age allowance/ universal pensions for people over 70 yrs⁹ (ILO, 2006b: 355). Social insurance in terms of disability benefits survivor benefits, and a special death benefit is available in Kiribati but as part of KNPF and for the formal sector workers only (ISSA, 2008).

Kiribati provides maternity benefits to public sector employees. It has provisions for paid maternity leave up to 12 weeks. However, about 90 per cent of the workforce has no entitlement to paid maternity leave (ILO, 2006b: 363).

⁹ Average Life Expectancy in Kiribati is 63 years.

Kiribati has work injury insurance services through private insurance schemes. Worker's compensation in the form of an employer-liability scheme based on compulsory insurance for employers to cover their workers in private insurance companies does exist (ISSA, 2008).

There is however no universal unemployment and sickness insurance available in Kiribati (see Table 5).

C. Social Assistance

Kiribati has very little social assistance available to the needy. Social assistance programmes do exist for the disable but only through trade union, private and family schemes (ILO, 2006b:65). An universal old-age allowance of A\$ 40 per month was established by government of Kiribati in 2003 for people aged 70 years and over (ILO, 2006b: 50). Limited social assistance is available to disaster victims as is medical rehabilitation program for critical cases evacuated to South Tarawa or overseas (ILO, 2006: 65).

D. Micro and Area -based Schemes

Limited micro-loan provision is available to the poor in rural areas. In addition, a Village Bank Scheme was implemented in 1995 (ILO, 2006: 62).

E. Child Protection

Kiribati has very little child care protection programmes such as child nutrition and rehabilitation programs. There is an absence of legal protection of children against sexual abuse and commercial sexual exploitation. It has vaccination programs to protect children from diseases. Kiribati has no assistance for homeless youth (see Table 5).

II. Informal Social Protection:

1. Village Welfare Group (VWG)

The VWG coordinated by the Ministry of Internal Affairs, aims to improve general conditions in each village (ILO, 2006: 61).

2. A credit scheme in Kiribati known locally as *te karekare* is widely practiced on the islands by different communities (ILO, 2006b: 63).

3. NGOs also provide welfare and protection to poor and disadvantaged social groups. The Kiribati Non-governmental Organisation (KANGO) is an umbrella NGO in the country providing social welfare services to the community.

4. Migrant Family Remittances

Remittances from seafarers and others working overseas are important source of cash income providing safety net for many families. About 24 per cent of all Kiribati households get receipts from abroad. These comprise 20 per cent of outer island households and 30 per cent of households on the South Tarawa (ILO, 2006b: 45).

There also exists a mutually beneficial social network system in Kiribati between urban South Tarawa and the outer islands. Outer island households often receive additional remittances for school fees paid by employed relatives on South Tarawa who in return get produce from the outer island families (ILO, 2006b: 45).

5. Social Networks Abroad

Migrant families overseas provide cash and kind support to friends and relatives back home both routinely and especially during times of crisis.

6. Traditional Social Protection Systems in Kiribati

Kiribati society is based on principles of community –based caring and sharing. There are strong family and community bonds in Kiribati which provide safety nets to the disadvantaged (ILO, 2006b: 220).

The traditional arrangements include resource and labour sharing amongst the *utu* (extended family), *karekare* (taking turns at joint work with non-utu members), *te aiai* (sharing fire), *bubuti* (requests for gifts based on family relationships), *Te Katabetabe* (burden sharing, especially at funerals) and *Tekaonono* (food sharing with people outside the *utu*) (ILO, 2006b: 220).

As in Fiji, with urbanization and increasing population mobility these arrangements are being eroded.

3. 2. 5. Social Protection Structures (institutional arrangements)

The main institutions providing social protection in Kiribati are the Ministry of Internal Affairs; Ministry of Education; Ministry of Labour, Kiribati National Provident Fund, NGOs: KANGO; labour unions; private insurance companies and churches.

3. 2. 6. Key issues

There is no central coordinating agency to promote policy development and provision of social services in Kiribati (ILO, 2006b:67). The provident fund which is the major formal social security provider has limited coverage, only for the workers in the formal employment sector. They represent only a small fraction of the working population. The majority of workers in the informal economy are excluded. Kiribati has no universal social health; sickness and unemployment insurance (see Table 5).

A government-funded social safety net needs to be developed for the poor and the vulnerable population. Some of the priority needs in the social assistance sector are school fees, food supplementation, and supplementary cash assistance.

3.3. Samoa

3.3.1 Brief Country Profile

Samoa is a Polynesian country with a population of about 187,000 and area of 2,934 square kilometer. Samoa comprises the two larger islands of Upolu and Savaii and the much smaller Manono group. Upolu is the main Island with nearly three – quarters of Samoa's population. Unlike other Pacific countries, Samoa is largely a homogeneous society. About 78 per cent of population live in rural areas and 22 percent in urban area of Apia.¹⁰ There is an average of 5 dependents per household in Samoa (see Table 4). Samoa became an independent country in 1962. The national system of Government is based on British Westminster model with a combination of neo-traditional and democratic features. The economy of Samoa has traditionally been dependent on development aid, family remittance, agriculture, tourism and fisheries. The economy is heavily reliant on private remittances from overseas, particularly from New Zealand (ILO, 2009a:6). Sound economic management and good governance practices have led to positive economic growth in recent years (ibid).

According to an ILO study (2006c:25), a strong social system based on village communities and extended family ties continue to play a major role in Samoan society. The extended family, the *aiga*, is the foundation of the *fa'a-samoa* (the traditional way of life). The head of each *aiga* is the *matai* (customary chief). The extended family is headed by a *matai* who is appointed by family consensus. *Fa'a Samoa* places great importance on the dignity and achievements of the group rather than the individual (ILO, 2006c: 29). The *matai* system functions as a safety net in providing social and financial security.

Fa'a Samoa with extended family support provides resilience to vulnerability (ILO, 2006c: 27). The strength of *Fa'a Samoa* lies in its maintenance of social cohesion, as a social security provider. *Fa'a Samoa* is strengthened by the community church, another important institution that may play a redistributive role through its weekly collection of donations from the congregation (ILO, 2006c: 25).

3.3.2 Social Challenges

Social challenges include increasing number of people living below the poverty line, domestic violence, violence against women and children, child and substance abuse (e.g. drugs), alcoholism, problems relating to aging, disability, youth unemployment and high rates of suicide among young people¹¹.

¹⁰ Samoan urbanization has historically taken the form of emigration to New Zealand where Auckland has become the largest Polynesian capital of the world.

¹¹ Authoritarian system that enforces conformity to social norms has contributed to alienation of youth, increased stress among them and tendency to suicide.

3.3.3 Vulnerable Groups

Like other Pacific countries, unemployed youth, the elderly; the poor, the disable, women and children and sexual minorities (such as transgender ‘*fafafines*’) are the most vulnerable groups in Samoa.

3.3.4 Social Protection Policies, Mechanisms and Services

I. Formal Sector Protection:

The country has a range of formal social security programs that include: Samoa National Provident Fund (SNPF); Senior Citizens Benefit Fund (SCBF); Workers Compensation and Accident Insurance; Universal health care; Workplace conditions of service; Life Insurance in Samoa: Life Assurance Corporation and selected social assistance programs.

A. Labour Market Protection Programmes

Samoa maintains labour standards and provides occupational health and safety services to formal sector workers. It has micro-enterprise development programs but limited to informal micro finance schemes (ILO, 2006c: 60).

B. Social Insurance:

1. Social Health Insurance

Free health services are available to all residents in government hospitals. Selected treatment overseas is also available. According to 2004 SNPF membership, the coverage of compulsory social health insurance scheme for formal employment sector is 17,164 workers (ILO, 2006c: 420). They comprise less than 25 percent of the labour force.

2. Social Insurance Pensions

Samoa National Provident Fund (SNPF)

The main formal social security programs are the Samoan National Provident Fund (SNPF) and the universal old-age pension system which was established in 1972 (ISSA, 2008). Employed persons including household workers are covered by the Provident Fund. Voluntary coverage for self-employed persons is encouraged. The compulsory contribution to employees is 10 per cent (5 per cent each by employer and employee). The SNPF provides retirement income only to workers in the formal employment sector. Lump sum retirement benefits are paid at the retirement age of 55 years and on death, invalidity and migration (ILO, 2006c: 351). A survivor and death benefit is also available. About 77 per cent of workers have no retirement income coverage and rely on traditional means and the Senior Citizens Benefit Scheme in old age (ILO, 2006c: 251).

The Senior Citizens Benefit Fund (SCBF) commenced in 1990 entitles residents aged 65¹² years and over to pension support. The Senior Citizens Benefit Scheme is a universal aged pension scheme and a totally government-funded program (ISSA, 2008). Women are the major beneficiaries of this scheme (ILO, 2006: 29).

3. Other Insurances:

Samoa provides public sector employees with paid maternity leave up to 12 weeks (ILO, 2006c:357). However, only about 10 per cent work force is covered by maternity benefits (see Table 4). It provides disability and survivor benefits as part of SNPF and to formal sector workers only. Samoa has work-injury insurance through private insurance schemes (ISSA, 2008). There is however, no unemployment and universal health care insurance (see Table 5).

C. Social Assistance

The Government of Samoa provides very little social assistance protection. Disadvantaged persons and groups largely depend upon traditional forms of support. There is no social assistance program for disable persons (see Table 4). Limited social assistance is available to disaster victims and medical rehabilitation program restricted to critical cases evacuated to the capital or overseas (ILO, 2006c: 60).

D. Micro and Area -based Schemes

A limited micro loan provision is available to the poor in rural areas to enhance their livelihoods through income generating initiatives (ILO, 2006c: 60).

E. Child Protection

Samoa has very little child care protection programmes but it does have child nutrition programs. It has vaccination programs to protect children from diseases. There is no assistance for homeless youth (see Table 5).

II. Informal Social Protection:

The informal social security systems in Samoa include: the traditional order or *Fa'a Samoa*, church based welfare schemes, religious social support groups; voluntary provident fund membership for religious orders; micro-programs for access to credit and NGOs.

1. NGOs:

NGO activities in Samoa are very limited. However, NGOs such as Samoa Umbrella of NGOs (SUNGO) and Women in Business Development Inc (WIB) are active in providing welfare services.

¹² Average Life Expectancy in Samoa is 72 years.

2. Migrant's Remittance:

Samoa is one of the main remittance receiving countries in the Pacific. Samoans overseas contribute towards their 'social obligations' by remitting money to their extended family (ILO, 2006c: 91). Family remittances from overseas play a vital role in social security. Basic needs poverty and hardship are minimized by such remittances but not all families receive remittance.

3. Social Networks Abroad:

A relatively well-knit social network support system exists among Samoans overseas which helps in supporting those abroad and in the home country. The migrant families overseas provide cash and in-kind support to friends and relatives in Samoa.

4. Traditional Social Protection Systems in Samoa

In Samoa the traditional mechanisms is part of *Fa'a Samoa* (the Samoan way). These include *Fa' alavelave* (acceptance of socio-cultural responsibility), *Totoma* (expectation of reciprocity), *Atula* (non-reciprocal giving), *S'i* (traditional gifts to victims of mishaps or the family of the deceased) (ILO, 2006c: 228).

3. 3. 5. Social Protection Structures (institutional arrangements)

Government departments providing social protection include the Ministry of Labour and the Samoa National Provident Fund (SNPF). Life Assurance Corporation is a private insurance provider. Civil society including churches and NGOs also contribute significantly. The Samoan Union of NGOs (SUNGO) and Women in Business Development Inc (WIB) are some active NGOs that among other activities provide social protection.

3. 3. 6. Key issues

The provident fund which is the major formal social security entity has limited coverage and only for the workers in the formal sector. They represent a small fraction of the working population. Social security spending is low. Samoa lacks social health, sickness and unemployment insurance programmes. It has no formal income-generation program or any social/ welfare funds for disadvantaged groups.

Training opportunities and skill enhancement of people especially school drop-outs is most needed. Employment creation; private sector development; improved governance; improved education and training; and improved health are some of the development priorities in Samoa (ILO, 2009a:13).

3. 4. Solomon Islands

3. 4. 1 Brief Country Profile

The Solomon Islands is a scattered archipelago located in the South-west Pacific Ocean. and is one of the poorest countries in the region. In 2007, its total population was 495,026. More than half the population comprises young people and children below the age of 25 years. This ‘youth bulge’ and a high population growth rate (see Table 1) constitute major challenges. The country has high illiteracy of over 50 percent and among women over 40 years illiteracy is around 70 percent. Unlike Samoa, the Solomon Islands is culturally very heterogeneous. Solomon Islanders are predominantly Melanesian with Polynesian and Micronesian minorities. Over 80 indigenous languages and dialects are spoken. Traditional political systems exhibit chiefly systems of inherited leadership as well as acquired leadership systems or the ‘big man’ system (ILO, 2006d: 29). Agriculture, forestry and fisheries provide the bases of livelihoods and employment for a majority of the people. Public sector workers represent 76.7 per cent of the formal workforce. Youth unemployment is very high and because of low literacy among women, their participation in wage employment is far lower than men’s engagement in the labour market. There is an average of 6. 3 dependents per household (ILO, 2006d: 367).

The Solomon Islands was a British Protectorate and colony until 1980 when it gained political independence. It adopted elements of the Westminster system of parliamentary democracy, and legal and justice system. Traditionally, extended family households were the basic unit of communities and extensive kinship relationships were recognised. The country witnessed ethnic tensions during 1998-2003 primarily in Honiara and Guadalcanal. Besides having to reconcile and resolve outstanding issues that gave rise to the conflict, the country faces many other social challenges. It’s youthful population means that about 100,000 younger people are expected to enter the labour market in the next ten years with an additional requirement of 21, 000 new jobs (ILO 2006d: 27).

3. 4. 2 Social Challenges

Some of the social challenges in the Solomon Islands are managing high rates of population growth, coping with even higher rates of urbanization, youth unemployment, female illiteracy, gender inequality, crime, ageing, disability, domestic violence, violence against women and children, child abuse, substance abuse, marriage breakdown, sole parenthood, teen-age pregnancy, school drop-out, poverty, and infectious diseases.

3.4. 3 Vulnerable Groups

Unemployed youth, elderly, the poor, persons with disability (physically and mentally), women, children, widow and widower, and the homeless are the most vulnerable groups.

3. 4. 4 Social Protection Policies, Mechanisms and Services

The country has no central welfare policy or development plans. There is no central or coordinating agency to promote policy development and provision of social services (ILO, 2006d: 61).

I. Formal Sector Protection:

A. Labour Market Protection Measures

The Solomon Islands maintains labour standards and provides occupational health and safety services to formal sector workers. The Solomon Islands has very limited vocational training programs. It has however micro-enterprise development programs but limited to informal micro finance schemes (ILO, 2006d: 59).

B. Social Insurance:

1. Social Health Insurance

The Solomon Islands Government provides free health services to all residents. Selected treatment overseas is also available. According to 2004 SINPF membership, the coverage of formal employment sector workers under compulsory social health insurance scheme is 19, 068 (ILO, 2006d: 367). This is below 20 percent of the labour force.

2. Social Insurance Pensions

Solomon Islands National Provident Fund (SINPF)

Solomon Islands National Provident Fund (SINPF) was legally instituted in 1973 but became a reality in 1976. All employed workers aged 14 or older, including household workers, casual workers who earn at least SI \$120 a month and work at least 6 days a month are covered under SINPF (ISSA, 2008). The compulsory contribution to employees is 12.5 per cent (7.5 per cent by employer and 5 percent by employee). Lump sum retirement benefits are paid at the retirement age of 50 years. About 77 per cent of workers have no retirement income coverage and rely on traditional means of support in old age (ILO, 2006d: 369).

3. Other Insurances:

Worker's compensation in terms of an employer-liability scheme based on compulsory insurance for employers to cover their workers in private insurance companies does exist (ISSA, 2008). A disability, survivor and death benefit, and a funeral grant (of SI \$ 30) are also available. No statutory sickness and maternity benefits are provided (ISSA, 2008).

C. Social Assistance

The Government provides very little in the form of social assistance. However, it does take responsibility for basic health care and for primary education. Disadvantaged groups depend largely upon traditional forms of support.

The country has limited assistance for disable persons, channeled through trade union, private and family schemes (ILO, 2006 d: 59). More recently, the Ministry of Health and Community Services has begun community-based disability services. There is also assistance for disaster victims on an ad-hoc basis. Medical rehabilitation is available but limited to critical cases evacuated to Honiara or overseas (ILO, 2006 d: 59).

D. Micro and Area -based Schemes

A limited micro-loan scheme is available and it is mostly concentrated in Honiara (ILO, 2006 d: 59). Under RAMSI, several micro-finance projects have been undertaken by communities throughout the archipelago.

Constituency Development Funds (CDF):

In 1992 the Government of the Solomon Islands introduced a Constituency Development Fund (CDF) as the special Discretionary Fund allocated to each Member of Parliament to develop his (MPs are entirely men) constituency (Paia, 2003: 57). There are two components in CDF: a Community Development Grant (CDG) and a Rural Community Development Fund (RCDF). The objectives of CDG is to provide the means by which disadvantaged and inadequately served communities or groups can have access to basic social services (Paia, 2003: 58). The RCDF administers the credit component of the CDF in a form of small loan scheme.

E. Child Protection

There are very limited child care protection programs in the country. There is no child nutrition or rehabilitation program. There is no child labour/ trafficking regulation. The country has vaccination programs to protect children from diseases. Assistance for homeless youth is provided by the churches (ILO, 2006d: 60).

II. Informal Social Protection:

1. NGOs:

There is a large number of active NGOs that provide community services in wide range areas. There are also specialized development NGOs which are primarily concerned with empowering people. Solomon Islands Development Trust (SIDT) is an active NGO involved in development and welfare activities.

2. Migrant's Family Remittances:

Unlike Samoa, Tonga, Fiji, Kiribati and other Pacific countries, the Solomon Islands generate very little remittances through migration overseas. However, remittances sent by families in urban areas provide support to rural and outer-island households. The public sector reforms which entail downsizing government departments affect not only the immediate family of the public servant made redundant but also his/her rural relatives.

3. Social Networks Abroad:

The relatively few migrant families residing overseas provide cash and kind support to friends and relatives in the home country.

4. Traditional Social Protection Systems in the Solomon Islands

In the Solomon Islands a *Wantok* (a traditional socio-cultural network of people with shared kinship, language and history) system acts as a vehicle for mutual assistance among members (ILO, 2006d: 238).

3. 4. 5. Social Protection Structures (institutional arrangements)

Government ministries of Health and Community Services, of Labour and of Foreign Affairs together with SINPF have responsibility for social protection. In this they are assisted by the National Council of Women, Women for Peace National Forum, churches and NGOs including SIDT and Rural Training Centres (RTCs).

3. 4. 6. Key issues

The social security gaps in the Solomon Islands are substantial. A vast majority of the population is not covered under any formal social protection system. There are no old age pensions, unemployment insurance, and social health insurance. The country has very limited income generating, social and permanent disaster relief funds. It has no scholarship coverage for the disadvantaged. Maternity benefits to women workers are not provided although this benefit is required to be provided under regulatory framework.

3.5. Vanuatu

3.5.1 Country Profile

The Republic of Vanuatu comprising 83 islands located in the South Western Pacific Ocean, gained independence in 1980 from the Condominium administration of Britain and France. Before independence the islands were known as New Hebrides. In 2006 the total population of the country was 221,000. Vanuatu's population like that of the Solomon Islands is youthful with about 60 per cent under 25 years of age. This 'youth bulge' is one of the most profound social protection challenges (ILO, 2009b:5). The country has a large subsistence agricultural sector and small monetized sector based on copra and coconut plantations, tourism, manufacturing, trading, and tertiary services.

Vanuatu has strong traditional cultural systems called *Vanuatu Kastom* (ILO, 2006e: 32). The country is characterized by a great degree of ethnic, cultural and linguistic diversity. Ni Vanuatu speak 118 different local languages and dialects (ILO, 2006e:77). The cultural and traditional values in Vanuatu society varies widely between islands, with matrilineal societies in the Northern group of islands to patrilineal societies in Southern and Central islands (ILO, 2006e: 32). The country has 98 per cent ni- Vanuatu heads of households. There is an average of 5.1 dependents per household (see Table 4). A high number of female-headed households also exist in the country which has implications for social protection. Many of the households are maintained by females because of their male partners' working place located away from home. Vanuatu has a very high degree vulnerability to natural disasters. The country faces several social and economic challenges which have implications for social protection (ILO, 2006e: 32).

3.5.2 Social Challenges

Social challenges include the high rate of urban migration and the emergence of squatter settlements, youth unemployment, poverty, substance abuse (e.g. drugs), alcoholism, crime, teenage pregnancy, school drop-outs, disability, marriage breakdown, sole parenthood, domestic violence, violence against women and children.

3.5.3 Vulnerable Groups

The most vulnerable groups include youths, women and children, single parents, and female-headed households, and the poor generally.

3.5.4 Social Protection Policies, Mechanisms and Services

Vanuatu is more pro-active in policies relating to preservation of traditional systems and customs (ILO, 2006e: 54). The government has policies for providing basic health care and primary education. Vanuatu has no central policy or plan for social development. It has no major program for income-generation. There is no central or coordinating agency to promote policy development and provision of social services (ILO, 2006e: 54). Social assistance and welfare payments are provided only by NGOs and donor agencies (ibid).

I. Formal Sector Protection:

The formal sector protection system in Vanuatu is limited to the Vanuatu National Provident Fund (VNPF) and to some extent health care benefits (ILO, 2009b: 7).

A. Labour Market Protection Programmes

Vanuatu's formal sector work force is very small accounting for around 20 per cent of the total labour force. The country maintains labour standards and provides occupational health and safety services to formal sector workers. Until recently there was limited vocational training program.¹³ It has however micro-enterprise development programs but limited to informal micro finance schemes (ILO, 2006e:51).

B. Social Insurance:

1. Social Health Insurance

Vanuatu provides free health services to all residents. Selected treatment overseas is also available. The coverage of compulsory social health insurance scheme for formal employment sector is 15,000 workers (ILO, 2006e:367). There are limited health insurance options available in Vanuatu.

2. Social Insurance Pensions

Vanuatu National Provident Fund (VNPF)

Vanuatu National Provident Fund (VNPF) was established in 1986. All employed workers between ages 14 and 55 in regular employment are covered (ISSA, 2008). VNPF provides retirement income only to workers in the formal employment sector including the Public Service. The compulsory contribution to employees is 10 per cent (6 per cent by employer and 4 per cent by employee) (see Table 4). Lump sum retirement benefits are paid at the retirement age of 55 years and on death, invalidity and migration (ILO, 2006e: 369). A special death benefit is also available. There is no pension or annuity option available. There are no provisions for early withdrawals nor are loans or advances provided to members (ILO, 2006e: 369). About 82 per cent of workers have no retirement income coverage and rely on traditional means in old age (ibid).

3. Other Insurances:

All employers in Vanuatu are required to provide workers compensation for employees (ILO, 2006e: 375). There is no unemployment insurance available in Vanuatu. There are no credits unions operating in the country. However, some savings clubs have been set up by the Credit Union League, government and NGOs. These are operating

¹³ The Australia Pacific Technical College (APTC) has began to fill the lacuna with respect to TVET.

predominantly in rural areas (ILO, 2006e: 47). These savings clubs are providing basic savings and lending services to remote and economically disadvantaged sections of the community (ibid).

There are two major life insurance companies in Vanuatu, QBE Insurance mainly focuses on workers' compensation and the Australian Family Assurance provides insurance cover (ILO, 2006e: 47).

No statutory benefits are provided for sickness and maternity (ISSA, 2008).

C. Social Assistance

Government of Vanuatu provides very little in the form of social assistance (ILO, 2006e: 47). Disadvantaged groups mostly depend upon traditional forms of support.

D. Micro and Area -based Schemes

Some micro-finance and area-based schemes or activities in the country are as follows:

1. Vanwoods is a micro-finance institution that was established in 1996 by the Department of Women's Affairs to assist disadvantaged women. Initially, it was formed as a savings/credit NGO and later changed to a financial institution. Vanwoods is focused around the Port Vila area (ILO, 2006 e: 49).
2. The Department of Cooperatives established a Cooperative Development Fund (CDF) in 2000 to promote development of cooperatives in rural areas funded by the Government. It provides loans to village cooperatives (ILO, 2006e: 49).
3. Ni-Vanuatu Microfinance Scheme (NVMS) was established by a grant from People's Republic of China to provide micro and small loans to individuals through an NGO registered under Charitable Association Act named as Ni –Vanuatu Business Centre (ILO, 2006e: 49).
4. Vanuatu Teachers Union (VUVU) maintains a social insurance and a savings and loan scheme for union members. It is a self managed social insurance scheme. Members have access to loan from the savings and loan scheme (ILO, 2006e: 49).
5. VANGO is the national umbrella NGO body with 78 member NGOs and has a MOU with the government to assist critical issues affecting Vanuatu society. VANGO empowers member NGOs involved in micro schemes through training (ILO, 2006e: 49).
6. Vanuatu Rural Development and Training Centres (VRDTC) supported by NGOs and government aims to provide social safety nets in Vanuatu.

E. Child Protection

Vanuatu has very little child care protection programmes. The country has no child nutrition and rehabilitation programs. There are no child labour/ trafficking programs. The country has vaccination programs to protect children from diseases.

II. Informal Social Protection:

1. NGOs:

Vanuatu Non-governmental organization (VANGO), an umbrella national organization is involved in welfare services to people in Vanuatu.

2. Migrant's Family Remittances:

Unlike Samoa, Tonga, Fiji and other Pacific countries, Vanuatu lacks adequate remittances as household and family income support. However, remittance is on the rise in Vanuatu and can provide a safety net in the country. The seasonal labour migration scheme began with New Zealand appears to be providing very positive outcomes for individuals and families.

3. Traditional Social Protection Systems

In Vanuatu traditional protection arrangements vary. *Wantok* is common for resource sharing and *nekowiaror toku* (ceremonial gifts at festivals) is widely practiced (ILO, 2006 e: 222).

3. 5. 5. Social Protection Structures (institutional arrangements)

Government departments providing social protection services include Ministries of Education, Health, Labour, and the Department of Women together with the Vanuatu National Provident Fund (VNPF). Civil society organizations contributing to social protection include the churches, Vanuatu Council of Trade Unions (VCTU), the Teachers Union (VUVU), Vanuatu Chamber of Commerce and Industry (VCCI), NGOS, Ni –Vanuatu Business Centre, Vanwods, and Vanuatu Rural Development and Training Centres.

3. 5. 6. Key issues

Some key priority needs in Vanuatu are unemployment insurance; a permanent disaster relief fund providing assistance to victims of natural disasters; secondary education costs for children from low income families; support services to the disable; housing assistance to low income group; youth and women's skill development.

The social security gaps in Vanuatu are substantial (ILO, 2006 e: 54). The majority of the population has no social security coverage and workers in the formal sector have access only to limited programs. All employers in Vanuatu are required to provide

workers compensation for employees. Vanuatu has little social protection for children. It neither provides scholarships to disadvantaged children nor any assistance is given for the homeless youth (see Table 5). Sickness and maternity benefits to women workers are not provided although these benefits should be provided under its regulatory framework.

Vanuatu Government in the Priorities and Action Agenda (PAA) 2006-2015 identified strategic priority areas. These priorities include: private sector development and employment creation; macroeconomic stability and equitable growth; primary sector development and education and human resource development (ILO, 2009: 9). There is no priority given to social protection as such.

3.6 Comparative Picture of Social Protection

The comparative picture of formal social protection programs coverage in the five Pacific Island countries discussed as case studies are given below in Table 4 and Table 5.

Table 4: A Comparative Formal Social Protection Coverage in Five PICs

Country	Total formal sector workers 2005	% worker with no retirement income coverage	National Provident Fund coverage				% workforce covered by maternity benefits	No. of dependents per household
			% total contribution	% employer contribution	% employee contribution	Retirement age		
Fiji	164,564	53	16	8	8	55	47.0	4.5
Kiribati	9,447	81	15	7.5	7.5	50	10.0	6.7
Samoa	17,164	77	10	5	5	55	10.0	5.0
Solomon Islands	57,472	77	12.5	7.5	5	50	-	6.3
Vanuatu	15,000	82	10	6	4	55	-	5.1

Source: Prepared by Authors based on data from International Labour Organisation, 2006a-e.

It is apparent from the preceding country case studies and Table 4 summaries of coverage that formal sector workers comprise a minority of the total workforce of these countries but take the lion's share of the limited social protection programs. Proportionately, formal sector workers range from a third of the labour force in Fiji to less than 20 per cent in Vanuatu. While these workers are afforded varying degrees of pension support, a majority of workers do not have such pension support to look forward to on their retirement. Maternity leave is generally limited to women employed in the public service and in the Solomon Islands and Vanuatu, it is absent altogether.

Table 5: Summary of Social Protection in Five Pacific Island Countries

Social Protection	Fiji	Kiribati	Samoa	Solomon Islands	Vanuatu
A. Labour Market					
1.income generation program	•	X	X	X	X
2. vocational training	•	X	X	X	X
3. gender-equity programs	X	X	X	X	X
4.microenterprise develop.	•	•	•	•	•
5.OHS	•	X	•	•	•
6. social funds	•	X	X	X	X
B. Social Insurance					
7. old age pension	X	•	•	X	X
8. disability benefits	•	•	•	•	•
9. survivor benefits	•	•	•	•	•
10. work injury insurance	•	•	•	•	X
11. maternity benefits	•	•	•	X	X
12.unemployment insurance	X	X	X	X	X
13. sickness insurance	X	X	X	X	X
14.social health insurance	X	X	X	X	X
C. Social Assistance					
15. cash transfers	X	X	X	X	X
16.family assistance allowance	•	X	X	X	X
17. aged care programs	X	•	•	X	X
18. programs for disabled	•	•	•	•	•
19. School feeding program	X	X	X	X	X
20. In-kind education incentives	X	X	X	X	X
21. assistance for homeless	•	X	•	X	X
22.medical rehabilitation	•	•	•	•	•
23.disaster victim assistance	•	•	•	•	•
24. subsidized medical treatment	•	•	•	•	•
D. Micro & Area Scheme					
25. micro loans	•	•	•	•	•
26. micro insurance	X	X	X	X	X
27 welfare funds	X	X	X	X	X
28.Assistance for disadvantaged minorities	•	X	X	X	X
E. Child Protection					
29. child maintenance	•	X	X	X	X
30. vaccination programs	•	•	•	•	•
31. homeless youth assistance	•	X	X	•	X
32. Human rights	•	•	•	•	•
33.nutrition programs	•	X	•	X	X
34.scholarships for disadvantaged	•	X	X	X	X
35. Anti-Child labour / trafficking programs	•	X	X	X	X

Source: Prepared by Authors based on data from International Labour Organisation, 2006a-e.

• Yes X - No

Table 5 above which disaggregates information on social protection in the 5 countries under the subheadings of labour market, social insurance, social assistance, micro schemes and child protection portrays a very mixed picture. In general though, there are several gaps in the provision of social protection to reduce vulnerability and ameliorate conditions that affect the most disadvantaged.

With respect to the labour market there is a need to address in all 5 countries income generating endeavours and vocational training particularly for young people, gender equality and widening of social protection programs for all citizens. Social insurance is universally available to older persons only in Kiribati and Samoa but at the relatively late age of 65 and 70 years. As noted above maternity benefit is limited to select group of government workers in Fiji, Samoa and Kiribati. It is not available in the Solomon Islands and Vanuatu. Universal insurance cover for unemployment, sickness and health are absent altogether. Private insurance for health and 'life' is for the privileged in these countries.

Social assistance provision is increasingly available to disable persons in all 5 countries but assistance to the homeless is limited to Fiji and the Solomon Islands. In the latter country, this homeless support is provided by churches. Significantly, in all 5 countries health services include assistance in serious medical cases where evacuation to the capital or overseas is required. Support is also available in all countries to victims of natural disasters. There is no school feeding programs (Samoa does provide nutritional supplementation for children) or funding assistance to families (Fiji is the only exception).

Overall then, it is evident that there are different levels of social protection in these countries but the overall picture is of very limited development of formal social protection programs and an on-going reliance on informal and traditional social support.

Chapter 4

Conclusion and Recommendations

Conclusion:

Social well-being in a country depends upon the level of social development which in turn is linked positively to the social policies in place. With rapidly increasing population and the 'youth bulge', high rates of urbanization, growing social inequality and poverty, environmental change, and the global economic crises, the vulnerability of individuals and social groups have been increasing. Social protection is an important tool for poverty reduction, risk management and a key component of social development. The absence of adequate social protection to the citizens of PICs is one of the greatest challenges that face them today. In the absence of strong formal social protection measures, there has been heavy reliance on increasingly fragile traditional social protection systems provided through community and family kinship.

The provident fund scheme is the predominant formal social security system, however it has limited and exclusive coverage for workers in the formal employment who represents a small fraction of the working population. It therefore excludes a vast majority of poor and self employed workers in the informal sector.

Social security spending is generally very low in PICs and needs to be significantly increased. According to the Asian Development Bank, it is on average lower than government spending on social protection in Asian countries. Remittance inflows provide an important source of social protection in remittance receiving countries.

PICs lack clear social protection/ security policies and social policies in general. NGOs and civil society organizations such as religious bodies have stepped in to provide some social protection to the disadvantaged and vulnerable groups but this support is far from adequate. There is a need for greater coordination of the social protection programs of government and civil society organizations.

The global economic crisis is seriously affecting PICs and the negative consequences of global warming are being increasingly felt. The global triple 'F' crisis: financial, food and fuel price rise is exacerbating poverty and inequality and undermine progress towards the MDGs. Livelihoods and employment are at risk with the frequency of extreme weather events and rising sea level. However, even though PICs governments have signed on to the Millennium Declaration and MDGs, social protection response to the financial and environmental crises has been minimal. This is due to existing resource and capacity constraints, the non-prioritisation of the social sector and the heavy reliance on informal or traditional safety nets, and the likelihood of reduced government revenue in the immediate future as customs and excise duties are phased out in response to free trade agreements. The fundamental human rights entitlements to shelter, employment,

food, education and health are increasingly being denied to larger numbers of island people. This should be a matter of urgent concern and action.

Without concerted efforts by agencies such as the ILO, UNDP, UNESCAP, ADB and World Bank as well regional bodies such as PIFS and the Pacific Community and lobbying by civil society organizations in PICs, a large scale expansion of social protection is unlikely.

To improve the well being of Pacific island people and to provide much needed support for those who are living below national basic needs poverty lines as well as vulnerable groups such as children, women, unemployed youth, the disable, the elderly, and ethnic and sexual minorities, there is an urgent need for both ‘reactive’ and ‘pro-active’ social protection policies. These can be generated in the broader context of social (development) policy framework by stakeholders being brought together by government to deliberate over this crucial subject.

The following recommendations are listed in order of priority for such discussions and hopefully for implementation:

Recommendations

- All PICs need to address social protection within an integrated social policy framework adapted to their situation. There is a need for integration of social policy, social planning and social development
- Governments need to target social protection interventions and spending to address priority needs. The conditions of especially vulnerable groups require immediate attention.
- Services and delivery mechanisms need to be strengthened and better resourced. This means building capacity and reforming relevant ministries.
- There is a need for governments to strengthen coordination among departments of health, education, employment, housing, youth, women and welfare.
- Greater coordination is needed among Government, Civil Society Organisations /NGOs, Private Sector and donor agencies. In this regard, more government and private sector cooperation and public-private partnerships should be encouraged.
- An enabling environment for civil society organizations, churches and NGOs be fostered so that they can also engage in effective delivery of social protection services. Their capacities to provide these services need to be enhanced by government, regional organizations and donor agencies.

- Donor agencies need to safeguard existing allocations for social services and social protection sectors and should provide more social protection funding to governments in medium and long term basis. Their support for civil society organizations and NGOs should be increased.
- Micro-finance facilities should be given more emphasis.
- Traditional safety nets need to be much better understood, supported and strengthened. These should be incorporated into government, civil society and donor planning.
- Vocational training for out of school youth need to be established in all PICs. The educational and training needs of disable persons need attention and facilitation.
- There is a need for inter-governmental (regional) cooperation in framing social policies on issues such as poverty alleviation, employment, education, health, labour standards, HIV/AIDS, food security, disability, housing and natural disaster management. The pooling of resources regionally, including setting up 'trust funds' to target among other things, disaster management and other social exigencies require consideration.
- There is a need for reforms to key regional institutions so that social development capacity is enhanced and that they are better resourced to provide social services –both expertise and resources.

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