

Review of the “Upscaling Jadelles Roll-Out in Solomon Islands” Programme, 2016-2019

Final Review Report

May 2020





**REVIEW OF THE “UPSCALING JADELLE ROLL-OUT IN SOLOMON ISLANDS” PROGRAMME
FINAL REVIEW REPORT**

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For

Review Reference Group
UNFPA Solomon Islands Field Office
UNFPA Pacific Sub-Regional Office



and the

Ministry of Health and Medical Services
Government of Solomon Islands



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Foreword



It is with great pleasure that we present the independent review of UNFPA supported Upscaling Jadelle Rollout (UJR) Programme implemented in Solomon Islands between 2016 and 2019.

Good quality and culturally relevant data is crucial for the development and implementation of evidence-based policies and programmes. This was underscored at the International Conference on Population and Development (ICPD) held in Cairo in 1994 and reaffirmed at the ICPD25 Nairobi Summit in 2019.

Adapting to the COVID-19 pandemic travel restrictions and changed priorities the consultation was conducted remotely with support from the local consultant. It was an effective methodology and recognised within UNFPA as a good example of adaptation.

This evaluation is the result of a successful collaboration among many individuals and institutions. In particular the Ministry of Health and Medical Services and the Solomon Islands Planned Parenthood Association along with a range of other partners participating in interviews, providing data and contributing to the review of the draft report. UNFPA is proud to have partnered in this way.

The findings in the review highlight lessons learnt, challenges, recommendations and opportunities for future action to more effectively support the national Family Planning program in Solomon Islands. UNFPA is committed to using the recommendations from this review to improve and reorient planning, implementation and monitoring of existing Sexual and Reproductive Health (SRH) programmes in the country. Our goal is zero unmet need for family planning by 2030 and the recommendations and lessons of this review are an important step forward in reaching the zero in Solomon Islands.

Jennifer Butler

Dr Jennifer Butler
Director and Representative,
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REVIEW AND PROGRAMME SNAPSHOT

Key Point	Description
<i>Review</i>	
Name of the Activity	Review of the 'Upscaling Jadelles Rollout in Solomon Islands' Programme (2016-2019)
Review Timeline	February - April 2020
Review Overall Objectives	<ol style="list-style-type: none"> 1) document the results (quantitative and qualitative) from the UJR Programme in Solomon Islands 2) identify key challenges 3) identify lessons learned 4) identify best practices 5) make recommendations for sustainability of the intervention after the end of the project
Review Specific Objectives	<ol style="list-style-type: none"> 1) to assess the effectiveness or the extent to which the UJR Programme intervention's objectives have been achieved 2) to assess the impact of UJR Programme looking at positive and negative, primary and secondary, medium to long term effects produced by the interventions, whether directly or indirectly, intended or unintended 3) to assess the UJR Programme's sustainability focusing on the inputs and systems and continuation of benefits from the intervention after the support has ceased
Review Research Questions	<ol style="list-style-type: none"> 1) to what extent were the UJR Programme objectives (outputs and outcomes) achieved 2) what were the major factors influencing the achievement or non-achievement of the objectives 3) what has happened as a result of the UJR Programme intervention? What real difference has the activity made to the beneficiaries? How many people have benefitted from this intervention? 4) to what extent would the benefits of the UJR Programme continue if donor funding ceased? 5) what are the major factors that affect the sustainability of provision of Jadelles as a method of contraception in Solomon Islands
Review Locations	Home office (Grand Cayman, Cayman Islands) Honiara and environs directly Outside Honiara and environs via telephone/skype/similar Lives saved modelling (done by specialist with UNFPA in Suva, Fiji)
Review Approach	<ol style="list-style-type: none"> 1) document assembly and review 2) analysis of records and secondary analysis 3) case assessments (programme participant survey) 4) focus group discussions (implementing agents) 5) key informant interviews (senior personnel and some implementing agents) 6) quotes from audio clips of beneficiaries, providers and managers 7) oversight by a Review Reference Group 8) inputs by a specialist with UNFPA on lives saved modelling
Review Management	UNFPA Pacific Sub-Regional Office (day to day) UNFPA Pacific Sub-Regional Office (technical support, including field support) Review Reference Group - UNFPA, PSRO, APRO, DFAT, SI MHMS

Key Point	Description
<i>Programme</i>	
Name of the Programme	Upscaling Jadelle Rollout in Solomon Islands
Programme Timeline	2016-2020
Country	Solomon Islands
Programme Goal	Improved family planning service coverage in Solomon Islands
Programme Outcomes (long-term)	<ol style="list-style-type: none"> 1) provision of family planning services and access to information on family planning in Solomon Islands improved 2) community outreach and family planning services improved
Programme Outcomes (short-term)	<ol style="list-style-type: none"> 1) health workers capacity, skills on family planning services (Jadelle insertions and removal) and information strengthened 2) communities are motivated to demand for family planning services (Jadelle implants)
Programme Outputs	<ol style="list-style-type: none"> 1) training of health workers in Jadelle insertion and removal core competencies as per the Revised Solomon Islands Evidence Based Family Planning Guidelines and Training Manual 2) increased knowledge of communities on family planning choices, services and information
Programme Activities	<ol style="list-style-type: none"> 1.1) carry out Jadelle training programmes 1.2) review and update Solomon Islands Evidence Based Family Planning Guidelines and the Family Planning Training Manual 1.3) follow-up processing of Jadelle and support to credentialing and certification of trained nurses and midwives with Solomon Islands Nursing Council 1.4) procure Jadelle implant supplies 1.5) liaise with NMS to include Jadelle implant in the Essential Medicines Listing 2016 1.6) reprint of the Family Planning Wheels family planning cards 2.1) engage with communities, faith-based organisations, youth groups, women's groups and male advocates around family planning choice and family planning services and information
Components	<ol style="list-style-type: none"> 1) procurement and supplies 2) local capacity development 3) community motivation and outreach 4) printing and publication 5) technical assistance and travel
Financial Allocation	US\$709,710.97 (2017-2019)
Implementing Agency	Ministry of Health and Medical Services (MHMS) Solomon Islands Planned Parenthood Association (SIPPA) signed a memorandum of understanding with MHMS to support implementation
Financing Agency	Department of Foreign Affairs and Trade (DFAT), Government of Australia
Administering Agency	United Nations Population Fund (UNFPA) <ul style="list-style-type: none"> • Solomon Islands Field Office • Pacific Sub-Regional Office

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LIST OF ABBREVIATIONS

AUD	Australian Dollar
DFAT	Department of Foreign Affairs and Trade (Australia)
FP	Family Planning
GBV	Gender-Based Violence
M&E	Monitoring and Evaluation
MHMS	Ministry of Health and Medical Services, Solomon Islands Government
NMS	National Medical Stores (of Solomon Islands Government (SIG))
OCED/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
PSRO	UNFPA Pacific Sub-Regional Office (Suva, Fiji)
RBM	Results-Based Monitoring
RRG	Review Reference Group
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
SRH	Sexual and Reproductive Health
ToC	Theory of Change
UJR	Upscaling Jadelle Rollout
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
USD/US\$	United States Dollar

GLOSSARY OF RELEVANT TERMS

Term	Definition
Activity	Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources, are mobilised to produce specific outputs.
Assumptions	Variables or factors that need to be in place for results to be achieved. Assumptions can be internal or external to the particular programme or organisation.
Coherence	OECD DAC define coherence as the extent to which an intervention fits within the context of other interventions, government and otherwise, in a country, sector or institution.
Effectiveness	The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.
Efficiency	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.
Evaluation	<p>The systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results.</p> <p>UNEG expands the definition as follows: An evaluation is an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area, institutional performance, etc. It focuses on expected and achieved accomplishments, examining the results chain, processes, contextual factors of causality, in order to understand achievements or the lack thereof. It aims at determining the relevance, impact, effectiveness and sustainability of the interventions and contributions of outside organisations.</p>
Gender	Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age.
Gender Equality	Refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.
Gender Equity	Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women.
Goal	A specific end result desired or expected to occur as a consequence, at least in part, of an intervention or activity. It is the higher order objective that will assure national capacity building to which a development intervention is intended to contribute.

Term	Definition
Human Rights Based Approach	A human rights-based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress. A human rights-based approach identifies rights-holders and their entitlements and corresponding duty-bearers and their obligations, and works towards strengthening the capacities of rights-holders to make their claims and of duty-bearers to meet their obligations.
Impact	Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.
Independent Evaluation	An evaluation carried out by entities and persons free of the control of those responsible for design and implementation of the development intervention.
Indicator	Indicators are quantitative or qualitative variables that allow stakeholders to verify changes produced by a development intervention relative to what was planned. Quantitative indicators are represented by a number, percentage or ratio. In contrast, qualitative indicators seek to measure quality and often are based on perception, opinion or levels of satisfaction.
Inputs	The financial, human, and material resources used for the development intervention.
Log frame	Also known as a Logical Framework, similar to Results Framework. Management tool used to improve the design of interventions, most often at the project level. It involves identifying strategic elements (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure.
Monitoring	Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.
Outcome	Outcomes represent changes in the institutional and behavioural capacities for development conditions that occur between the completion of outputs and the achievement of goals/desired impacts. OECD adds that outcomes include both short-term and medium-term effects of an intervention's outputs.
Outputs	Outputs are changes in skills or abilities and capacities of individuals or institutions, or the availability of new products and services that result from the completion of activities within a development intervention within the control of the organisation. They are achieved with the resources provided and within the time period specified.
Relevance	The extent to which the objective of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies.
Reliability	Consistency or dependability of data and evaluation judgements, with reference to the quality of the instruments, procedures and analyses used to collect and interpret evaluation data.
Results	Results are changes in a state or condition that derive from a cause-and-effect relationship. OECD offers more precision: The output, outcome or impact (intended or unintended, positive and/or negative) of a development intervention.

Term	Definition
Results Chain	The causal sequence for a development intervention that stipulates the necessary sequence to achieve desired results – beginning with inputs, moving through activities and outputs, and culminating in individual outcomes and those that influence outcomes for the community, goal/impacts and feedback. It is based on a theory of change, including underlying assumptions.
Results-Based Management	RBM is a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the achievement of desired results (outputs, outcomes and higher level goals or impact). The actors in turn use information and evidence on actual results to inform decision making on the design, resourcing and delivery of programmes and activities as well as for accountability and reporting.
Results Monitoring	Results monitoring is a continuous process of collecting and analysing information to compare how well a project, programme, or policy is being implemented against expected results.
Rights Holders	Women and girls and men and boys in the cities where a programme is being implemented, and who are entitled to rights derived from various local, national and international policies and agreements, and appropriate legislative, administrative, or other measures adopted by a state or relevant local authority towards the full realisation of human rights.
Sustainability	Sustainability concerns the measurement of whether the benefits of an activity are likely to continue after donor funding has been withdrawn. This includes environmental as well as financial sustainability.
Target Group	The specific individuals or organisations for whose benefit the development intervention is undertaken (sometime referred to as 'beneficiaries')
Theory of Change	<p>A tool for developing solutions to complex social problems. A basic TOC explains how a group of programme's activities produces early and intermediate accomplishments which sets the stage for producing long-range results. A more complete TOC articulates the context and reasons for the interventions, assumptions about the process through which change will occur and specifics the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be bought about and documented as they occur.</p> <p>Theory of change involves an exploration of the changes we want to help bring about and how we think the change processes might happen. It involves the articulation of hypotheses about how change will happen and interrogation of the assumptions underpinning those hypotheses. Theory of change thus goes beyond the assertion in a results change that A leads to B, and explores how and why we think A will lead to B – the intermediate steps, the transmission mechanisms, the different possible causal pathways.</p>
Validity	The extent to which the data collection strategies and instruments measure what they purport to measure.

EXECUTIVE SUMMARY

This report presents findings from a Review of the Upscaling Jadelle Rollout (UJR) Programme implemented in Solomon Islands. The Review covered implementation from mid-2016 through the end of 2019, but if information was available before 2016 and after 2019, this was also considered. The Review was conducted by a Consultant, Dr. David Cownie, on behalf of UNFPA's Pacific Sub-Regional Office (PSRO) in Suva, Fiji, and the UNFPA Solomon Islands Field Office in Honiara, Solomon Islands. His work was supported by a local consultant, Ms. Georgina Maka'a, who carried out all on-site field consultations¹. While the Covid-19 pandemic constrained access to some interviewees, specifically senior policymakers in MHMS, sufficient documents were assembled and sufficient interviews were taken to draw conclusions. A total of thirty senior health professionals, clinical health delivery providers, and Jadelle users were interviewed, including fifteen case studies administered to Jadelle Implant users.

The Review had three **Objectives**:

1. To assess the effectiveness or the extent to which the UJR Programme interventions' objectives have been met (document results, identify key challenges, identify lessons learned, identify best practices, make recommendations for sustainability).
2. To assess the impact of UJR Programme looking at positive and negative, primary and secondary, medium to long-term effects produced by the interventions, whether directly or indirectly, intended or unintended.
3. To assess the UJR Programme's sustainability focusing on the inputs and systems and continuation of benefits from the intervention after the support has ceased.

To respond to these three objectives, the Review was organised around five core **Research Questions**:

1. To what extent were the UJR Programme objectives (outputs and outcomes) achieved?
2. What were the major factors influencing the achievement or non-achievement of the objectives?
3. What has happened as a result of the UJR Programme intervention? What real difference has the activity made to the beneficiaries? How many people have benefitted from this intervention?
4. To what extent would the benefits of the UJR Programme continue if donor funding ceased?
5. What are the major factors that affect the sustainability of provision of Jadelle as a method of contraception in Solomon Islands?

Approach

The approach comprised start-up with an extensive review of Programme documentation, other UNFPA materials, documentation on Solomon Islands, and meeting with UNFPA in Suva, Fiji (Pacific Sub-Regional Office) and Honiara, Solomon Islands (Field Office). An Inception Report was thereafter drafted and circulated and finalised, elaborating approach. Three field instruments were developed and employed for field interviews: 1) case study guide targeting Jadelle users; 2) focus group discussion instrument targeting health workers involved in Jadelle provision; and 3) key informant interview instrument covering a range of people with knowledge of the Programme. Dr. Cownie contracted a local consultant, Ms. Georgina Maka'a, to conduct field interviews, while Dr. Cownie conducted key informant interviews. Travel to Solomon Island was cancelled due to Covid-19, so beyond start-up interviews all interviews were conducted by Ms. Maka'a, or via skype for Dr. Cownie. Dr. Cownie's travel to Suva, Fiji was also cancelled.

1 The Covid-19 pandemic led to the cancellation of Dr. Cownie's travel to Solomon Islands in March 2020. Fortunately, he was in Honiara and Suva on a second consultancy, and was therefore able to directly meet with UNFPA beforehand.

While some interviews were conducted via skype, the bulk of the interviews were conducted by Ms. Maka'a on-site prior to the institution of social distancing measures. With the rapid onset of Covid-19, all one-on-one interviews were halted as well. Nevertheless, sufficient interviews were conducted to be able to prepare the Review Report.

Family planning impact modelling was performed by a specialist at UNFPA's Sub-Regional Office for the Pacific.

A number of Review Reference Group meetings were held discussing various versions of the report, covering the Draft Report issued on 31 March, the Final Report on 15 April, and the Revised Final Report on 21 April.

Effectiveness

Effectiveness responds to Research Questions 1 and 2 on outputs and outcomes and factors affecting the achievement or non-achievement of objectives. The relevant assumptions for Research Question 1 was Assumption 1: 'that outputs were delivered in an efficient manner', Assumption 3 'that progress is made towards indicators as planned over the course of the Upscaling Programme' and Assumption 4 'that the Programme is able to effectively mitigate risks'. For Research Question 2, the relevant assumption is Assumption 1 'that demand for Jadelle Implants is sufficient for Government to continue to support supply, despite constraints'.

Field findings suggest that continued provision, competently delivered by trained, certified health staff, would yield continued uptake with Jadelle as a preferred means of family planning. Jadelle Implant demand remains high, with its five year timeline especially important for livelihoods and household social, economic, and child spacing planning. With childbearing at fairly young ages, some grandmothers access family planning in part to ensure they can support the caregiving needs of their grandchildren as well. High levels of satisfaction with Jadelle was stated, even in some cases in the face of perceived health impacts. However, this does not appear to have lowered demand for other means of family planning as part of a broader life cycle decision-making.

At Outcome level, **Effectiveness has been partially achieved**, with Long-Term Outcome 1 (provision of family planning services and access to information on family planning in Solomon Islands improved) and Short-Term Outcome 1 (health workers capacity, skills on family planning services (Jadelle insertions and removal) and information strengthened) **mostly achieved**, and Long-Term Outcome 2 (community outreach and family planning services improved) and Short-Term Outcome 2 (communities are motivated to demand for family planning services - Jadelle implants) only **somewhat achieved**. In other cases, outcome performance could have been significantly improved if output delivery had been more consistent, but this was largely outside the control of the Programme itself.

Specifically, the long-standing audit problem meant that expected activities (supervision, advocacy, training, demand generation) to be implemented by the Ministry from 2018 through 2019 did not take place at anticipated levels. With the audit, UNFPA could not release funds for the UJP to the Ministry, and in addition had to revise the Programme focus for procurement to conduct activities directly. While the UN system can handle these activities, it is a labour intensive process that has the potential to slow down implementation. This led to inefficiencies in delivery affecting the UJP. The required Direct Payment Modality meant significant administrative burdens to the UNFPA Solomon Islands Field Office and the UNFPA Regional PSRO in Fiji, with particular problems around collecting vendor information of individual participants during training and workshops, difficulties in securing agreement from businesses (e.g., travel agents, venues/hotels, caterers, etc.) in delivering services for later payment, and constraints in more remote provinces on means to deposit funds electronically.

Research Question 1 assumptions 1, 3 and 4 challenges reflect an inability to deliver due to factors outside the control of the Programme, but **Outcome 1 performance remained sound, reflecting the strength of the service should operational problems be overcome**.

Research Question 2 Assumption 1 findings reflect the fact that **demand is high, and that further investment in Jadelle would be warranted**.

Impact

Impact responds to Research Question 3 on user perceptions of impacts on their lives (Assumption 1), and in terms of impacts on the number of unplanned births having been reduced due to Jadelle method of contraception (Assumption 2).

At Outcome (2) level, **Impact has been mostly achieved**, with user satisfaction high even in cases where health side-effects may arise. Assumption 1 on impacts on lives was very positive, while for Assumption 2 on unplanned births, findings suggest that unintended pregnancies averted and live births averted grew by over 50% during UJP implementation (2016-2019) over previous implementation (2014-2015).

The most recent UNFPA progress report (UNFPA Solomon Islands, 2020b) notes that the 2015 Demographic and Health Survey found high levels of unmet need for contraceptives, especially among young people. Under these circumstances, **demand can be expected to continue**, a finding consistent with feedback from health officers interviewed in the field.

Sustainability

For this Review, Sustainability refers to: 1) Jadelle procurement and distribution system functioning including in the absence of external financing; and 2) continued high demand for Jadelle. Sustainability was relevant for the Research Questions as follows:

- EQ1 To what extent were the UJR programme objectives (outputs and outcomes) achieved? (Specific to Assumption 2: 'that progress towards outcomes supported sustainability')
- EQ4 To what extent would the benefits of the UJR Programme continue if donor funding ceased? Based on findings from EQ3 on Impact, should the donor use remaining funds and or continue funding for the programme?
- EQ5 What are the major factors that affect the sustainability of providing the Jadelle method of contraception in Solomon Islands?

At outcomes 1 and 2 level, **Sustainability has been partially achieved**, largely due to sustained demand for the method that is projected to grow. Strengthened outreach, including responding to misconceptions and confusion on possible side-effects, would assist further. Overcoming constraints in training and certification would significantly improve reach, and would help expand reach to more rural areas. Success in delivery of Activity 2, evidence-based family planning guidelines and training manual, Activity 4 on Jadelle procurement systems and supplies, Activity 5 on Essential Medicines Listing, and Activity 6 on Family Planning Wheels reprint, supported sustainability. Constraints in delivery of Activity 1, training health workers, delivery of Activity 3, credentialing and certification of trained health workers, and Activity 7, engaging with various groups and civil society organisations, all challenged Sustainability. Yet had the financing issue not arisen, the period before Upscaling showed that all of these were achievable, save constraints in credentialing which would likely have persisted until constraints within the procedures with the Nursing Council and supervision issues are overcome.

Conclusions and Recommendations

There are nine key **conclusions** arising from the review:

1. **The Theory of Change behind the intervention is sound.** Training, skills development and recognition of these skills (including health workers feeling that they have the competencies required), institutional strengthening, and community engagement (females and males, outreach service providers and Jadelle users themselves) form a sound basis for expanded demand for and use of Jadelle implants and other family planning services. Users themselves reported productive impacts as well, linked to community outreach and demand creation.
2. The Jadelle method was popular because it **met both reproductive and productive needs.** Users tended to argue that they were at a point in their lives where they did not want to have children for a few years, and that this was important so that they could concentrate on business, education, or similar.
3. The Jadelle method was felt to be a **cost effective family planning method** because it did not require repeated travel to the clinic.
4. The Jadelle method was felt to **integrate well into the range of family planning methods**, and was perceived to be one choice among others depending on need at the time. Some Jadelle users had used other methods before, were intending to use other methods in future, and did not rule out returning to Jadelle in future.
5. The UJP figures showed a **doubling of the demographic impacts** of the Programme due to upscaling. By 2018, Jadelle had already yielded one-third of all family planning demographic impacts.
6. The UJP **achieved core delivery targets**, even in the face of serious external constraints.
7. **Monitoring and reporting were actively used** for planning, problem solving, and advocacy.
8. Evidence suggests that **outreach is central to the efficacy of the Jadelle method**, with the long-term family planning implications of Jadelle requiring effective public engagement, including a focus on men.
9. Overall, the review concludes that the **UJP was effective, had positive impacts on the lives of users, and with supply and operational support, could be sustained in the future.**

The following **recommendations** should be considered:

1. As a non-programmatic recommendation, Solomon Islands relies on UNFPA to support family planning **bulk purchases**, and will continue to need to do so, including Jadelle.
2. The operational constraints identified during the Review suggest that UNFPA should continue to play a **strategic role in the roll-out of Jadelle**, including support to SIPPA for outreach, institutional strengthening of the Nursing Council, public messaging and support to outreach, and continued support to Government.
3. **Outreach** is central to the acceptability of the Jadelle method. Married users argued that husbands and wives needed to make the decision about Jadelle together, while some negative rumours about the implant highlighted the value of accurate information. Male advocates were critical in this regard, whether during community outreach or at health facilities.
4. The popularity of the Jadelle method suggests that demand constraints will not play a role for the foreseeable future, and that the mix of uninterrupted supply and effective demand-creation will continue to **expand access and use**. To the extent that UNFPA can support both of these, it should consider doing so.
5. There is a particular role for UNFPA in helping to **expand rural reach** with the Jadelle method, as part of its overall family planning programming.
6. While considerable attention was devoted to monitoring and reporting, there was a lack of clarity in some of the reporting that suggests **additional attention to regional support for the Country Office** in this regard.

1. BACKGROUND, OVERVIEW AND APPROACH



1.1. Background

The country of Solomon Islands is located in the southern Pacific Ocean, consisting of six major islands and over 900 smaller islands, of which less than 100 are inhabited year round. Altogether it has a land area of some 28,400km², spread out from northwest to southeast across a distance of over 1,500 kilometres. The population was estimated at around 680,000 in 2019² (projected from 2009, when the population was 515,870³), with most living in rural areas and smaller communities spread across the major islands and smaller islands neighbouring these major islands⁴.

Solomon Islands gained its independence in 1978 after 82 years of British protectorate colonial rule, with a Prime Minister heading the government and a unicameral Parliament comprising 50 members. As with other Commonwealth countries, the British Queen is the nominal head of state within a constitutional monarchy, with a Governor-General as a representative of the Queen appointed with the advice of Parliament. In practice, the parties are weak, and this has led to a sequence of parliamentary coalitions with little durability. Five years of civil unrest ('the tensions') from 1998 to 2003 set the country back many years, and has undermined national integration since then. With coupled with earthquakes and tsunamis since then, Solomon Islands has faced many challenges that have undermined economic progress⁵.

2 <https://www.statistics.gov.sb/statistics/social-statistics/population>

3 <https://www.statistics.gov.sb/statistics/demographic-statistics/census>

4 <https://www.adb.org/sites/default/files/publication/27795/sol-2018.pdf>.

Also see <https://www.britannica.com/place/Solomon-Islands>

5 <https://www.britannica.com/place/Solomon-Islands/History>

Governance structures in Solomon Islands remain weak, and there is little implementation capacity, nor are there clear avenues for public engagement in development. Civil society, which is central to public engagement, is very limited in Solomon Islands.

Despite its sometimes troubled history, levels of poverty in Solomon Islands are relative low, at 12.7% (2013 data), compared to a much higher 37.5% in neighbouring Papua New Guinea⁶. Unemployment rates are very low, at just over 1%, but this is largely due to dominance of the informal sector and rural livelihoods. Malnutrition is estimated at 12.3% among the population (2015-2017 average), while stunting of underfives was a high 31.6% (2015 data), reflecting long-term malnutrition⁷. The country is classified in the 'low human development' category and a least developed state. On the Human Development Index, Solomon Islands ranks 156th.⁸

Gross Domestic Product (GDP) was USD2,132 per capita (2017), with a GDP growth rate of between 2.8% and 3.2% over the past few years⁹. Fish and timber remain key resources, despite heavy exploitation and the lack of value added to either sector, while plantation crops comprising mostly of palm oil, copra and cacao are important exports. The service sector, including Government, employs the majority of the active workforce¹⁰. The country has considerable mining resources, including bauxite, phosphates and gold, but the mining sector remains poorly developed.

Development in Solomon Islands is guided by the 2016-2035 Solomon Islands National Development Strategy, with targets set for 10, 15 and 20 years, and linked to a 5 year Medium-Term National Development Strategy, 5 year Provincial Strategic Plans, 5 year Sector Strategic Plans, and ministerial plans¹¹. The longer-term Strategy is intended to provide stability and continuity in planning and implementation, aimed at long-term recovery and reform. Unity, stability and effective governance are top priorities, along with sustained growth that reaches all, poverty alleviation, improved service provision, and stronger disaster risk management, response and recovery given that the country is prone to a range of natural disasters¹².

In terms of key health indicators, the underfive mortality rate was 20 per 1,000 live births in 2018, a relatively low rate given a low level of development. Health expenditure comprised 5% of GDP in 2014, with a per capital health expenditure of USD108¹³. The 2015 Health Systems Review¹⁴ concluded that "health outcomes have been comparatively good relative to the fiscal context" (page xii). The report goes on to note that the system is relatively accessible and focuses on reaching all Solomon Islanders with low out-of-pocket costs, and that relatively efficient and effective health financing and service delivery mechanisms has "produced above-average health outcomes relative to income per capita, and has been resilient to the political and economic crises that have affected the country in recent years" (page xiv). Among the key service delivery issues noted was the underfunding of family planning services, and as a consequence limited access to these services within the framework of the safe motherhood programme (page 94 and page 111).

For family planning, the 2015 Demographic and Health Survey (NSO, 2017¹⁵) notes that one-third of all recent births were unplanned, with 12% indicating that they did not want any more children but

6 <https://www.adb.org/countries/solomon-islands/poverty>

7 <https://www.adb.org/countries/solomon-islands/poverty>

8 https://www.undp.org/content/dam/fiji/docs/ProDocs/Pacific_SRPD_2018-2022.pdf

9 <https://www.adb.org/countries/solomon-islands/poverty>

10 <https://www.britannica.com/place/Solomon-Islands>

11 <https://www.adb.org/sites/default/files/linked-documents/cobp-sol-2017-2019-ld-01.pdf>

12 <https://www.adb.org/sites/default/files/linked-documents/cobp-sol-2017-2019-ld-01.pdf>

13 <https://www.who.int/countries/slb/en/>

14 World Health Organisation. https://apps.who.int/iris/bitstream/handle/10665/208212/9789290616931_eng.pdf?sequence=1&isAllowed=y

15 www.statistics.gov.sb › sino-documents

nevertheless gave birth. Total fertility rates were 4.4 children per women, compared to a desired 3.4 children. One-third (35%) of currently married women had unmet family planning needs, of which 20% had unmet needs for birth spacing, and 15% had unmet needs for limiting the number of births.

38% of demand for family planning services were met by current supply, with the figures lowest for Honiara (31.9%) and more broadly for the broader island of Guadalcanal (29.6%). Demand for family planning was extremely high for unmarried women, at 93%, whereas only 35% of married women had unmet demand.

Just under one-quarter (24.3%) were using any method of modern family planning. Of these, sterilisation and injectables were most commonly mentioned, at 9% and 8.2% respectively, while implants at the time of the 2015 survey reached 2.4%.

1.2. Upscaling Jadelle Rollout

The “Upscaling Jadelle Rollout in Solomon Islands” Programme is a three-year initiative (from 2016) overseen by the United Nations Population Fund (UNFPA) with financial support from the Department of Foreign Affairs and Trade (DFAT) of the Government of Australia. In November 2018 an agreement was signed extending the Programme until 30 November 2019, which was subsequently final extended through 30 June, 2020, with both extensions focused on procurement and supplies.

UNFPA Solomon Islands Field Office supports implementation through the Ministry of Health and Medical Services (MHMS) and Solomon Islands Planned Parenthood Association (SIPPA), with their local partners, while UNFPA’s Pacific Sub-Regional Office based in Suva, Fiji provides backstopping and oversight financial and technical services.

The Programme goal is “improved family planning service coverage in Solomon Islands”. Programme Outcomes (long-term) comprise: 1) provision of family planning services and access to information on family planning in Solomon Islands improved; and 2) community outreach and family planning services improved. Programme Outcomes (short-term) comprise: 1) health workers capacity, skills on family planning services (Jadelle insertions and removal) and information strengthened; and 2) communities are motivated to demand for family planning services (Jadelle implants).

There are two core Programme Outputs, linked to the two short-term Programme Outcomes: 1) training of health workers in Jadelle insertion and removal core competencies as per the Revised Solomon Islands Evidence Based Family Planning Guideline and Training Manual; and 2) increased knowledge of communities on family planning choices, services and information.

Seven activity sets aligned with the two Outputs were as follows:

- 1.1 Carry out Jadelle training programmes
- 1.2 Review and update Solomon Islands Evidence Based Family Planning Guidelines and the Family Planning Training Manual
- 1.3 Follow-up processing of Jadelle credentialing and certification of health workers trained
- 1.4 Procure Jadelle implant suppliers
- 1.5 Liaise with NMS to include Jadelle implant in the Essential Medicines List review for 2016
- 1.6 Reprint of the Family Planning Wheels
- 2.1 Engage with communities, faith-based organisations, youth groups, women’s groups and male advocates around family planning choice and family planning services and information

The Programme is implemented through five components:

1. Procurement and supplies
2. Local capacity development
3. Community motivation and outreach
4. Printing and publication
5. Technical assistance and travel

1.3. Review Approach

With the pending completion of the Upscaling Jadelle Rollout (UJR) Programme in June 2021, UNFPA commissioned a Review of the Programme focused on achievement of Programme objectives, impacts specific to users and understanding what the method meant for users' lives and their families, and considering the sustainability of the Programme in two respects: 1) system functioning including in the absence of external financing; and 2) continued high demand for Jadelle Implants.

The Consultancy began with meetings held between the Client and the Consultant in Suva, Fiji (for the Pacific Sub-Regional Office) and Honiara, Solomon Islands (for Solomon Islands Field Office). This set the grounds for undertaking the document review and thereafter field interviews.

In early March 2020 an Inception Report was drafted, discussed, and finalised with the Review Reference Group. A key element in this Inception Report was the completion of the UNFPA-template Review Matrix (see Annex A below). In that Review Matrix, the Consultant indicated each evaluation question, stated relevant assumptions for each evaluation question, specified indicators that would inform the evaluation question as well as information sources, and then indicated methods and tools to secure analyses to the questions.

For the last issue, tools for data collection, these comprised programme materials, the implementation of a Key Informant Interview Instrument to senior stakeholders, the implementation of a Focus Group Discussion Instrument to health officers directly delivering services, and Case Study Guide targeting women who had received the Jadelle Implant.

The Evaluation Questions guiding the review were as follows:

- To what extent were the UJR Programme objectives (outputs and outcomes) achieved?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- What has happened as a result of the UJR Programme intervention?
 - What real difference has the activity made to the beneficiaries?
 - How many people have been affected?
 - What are the impacts in terms of access to family planning choices and realisation of reproductive rights of women in Solomon Islands?
 - What are the life savings impacts on mothers and infants?
- To what extent would the benefits of the UJR Programme continue if donor funding ceased? Based on the previous set of questions, should the donor use remaining funds and/or continue funding for the Programme?
- What are the major factors that affect the sustainability of providing the Jadelle method of contraception in Solomon Islands?

1.3.1. Literature Review

At the start of the consultancy both the UNFPA PSRO and UNFPA Solomon Islands Field Office provided a range of Programme documents. These were supplemented by broader planning documents and sector reviews and similar. These are listed in Annex E.

1.3.2. Review Matrix

Upon completion of the literature review and start-up discussions with UNFPA, UNFPA's Review Matrix template was completed. UNFPA uses this as a template tool to ensure that evaluations and similar assessments, such as this Review, clearly state the key research questions (in the matrix, referred to as evaluation questions, or EQ) by assumptions about delivery. Information sources and methods and tools for data collection are also identified. Findings are then tracked as implementation proceeds, presented in summary form. This is in final version now, and included in Annex A.

1.3.3. Development of Field Instruments

Three data collection tools were prepared, based on the completion of the Review Matrix. They were finalised on 5 March 2020:

- Key Informant Interview Instrument – targeting stakeholders (see Annex F)
- Focus Group Discussion Guide – targeting health workers delivering services (see Annex G)
- Case Study Guide – targeting users of the Jadelle implants (see Annex H)

Each tool begins with a confidentiality clause consistent with UN requirements.

1.3.4. Consultations

As noted above, Dr. Cownie met with the Assistant Representative of UNFPA PSRO V. Raitamata and the UNFPA PSRO Monitoring and Evaluation Specialist M. Qasenivalu while in Suva, Fiji. Thereafter he met with Dr. S. Adhikari, Sexual and Reproductive Health Specialist, and K. Maenu'u, Programme Assistant at the UNFPA Solomon Islands Field Office, in Honiara, Solomon Islands. Both meetings involved briefings on the Programme, expectations for the Review, planning for proceeding with the Review, and responding to questions on Programme performance.

Dr. Cownie added a local consultant to the team, Ms. Georgina Maka'a, with whom he had worked on a previous UN Women consultancy in Solomon Islands. She began fieldwork in early March, with the aim in particular in focusing on case assessments of women who had used the Jadelle Implants, and individual and group discussions with health workers providing direct services in Jadelle Impact provision. During the fieldwork, duty-bearers and rights-holders were interviewed (see Annex B). This included:

- Jadelle users on Guadalcanal and Malaita
- Government health workers (clinics as well as hospitals), Honiara and Gizo
- SIPPA health workers, Honiara, Guadalcanal
- Pharmacist, Central Medical Stores, Honiara, Guadalcanal
- Former Co-ordinator of Reproductive Health, now Clinical Nurse Consultant, Gizo Hospital
- Programme Manager of Reproductive and Child Health, MHMS, Honiara, Guadalcanal
- Malaita Provincial Health Services, Kilufii Hospital, Malaita

1.3.5. Report Preparation

The short timeline of the Review meant that the initial Report was prepared in a short timeline. Nevertheless, this Final Review Report was informed by part of field interviews and write-ups. The Final Review Report was further informed by discussions held with the Review Reference Group and UNFPA, as well as written comments.

1.4. Deliverables

Deliverables under the contract comprise:

- Set 1: desk review of documents; design and updating of review matrix and data collection tools; final inception report; presentation of inception report
- Set 2: data collection; PowerPoint presentation to PSRO with Solomon Office online overall preliminary findings; analysis of findings; draft review report
- Set 3: incorporation of feedback; presentation of draft final report; presentation of (final) report

1.5. Constraints

There were two constraints facing the consultancy: 1) the rapid timeline; and 2) the advent of the Covid-19 pandemic. To mitigate the short timeline, Dr. Cownie took advantage of the fact that he was travelling to both Suva, Fiji and Honiara, Solomon Islands, on another project to meet with both UNFPA PSRO and UNFPA Solomon Islands. This allowed an on-site briefing that clarified many points. In addition, a local consultant was also appointed to conduct in particular interviews with rights-holders (women reached by the Project) and duty-bearers (health workers responsible for direct service provision and those overseeing the Project).

Both of the actions proved to be central to mitigating the impacts of the second constraint: the rapid onset of the Covid-19 pandemic. By the time the Consultant was due to travel to Solomon Islands and Fiji, restrictions made such travel impossible. Further, the very people needing to be interviewed for this Review were busy with Covid-19 preparations. Nevertheless, sufficient interviews were conducted, including via skype, to be able to draw conclusions about the intervention, and the gaps that remain have been noted in this report.

1.5.1. Covid-19 Lessons Learned

The especially difficult part of trying to cope with the Covid-19 pandemic for this evaluation was the rapidity of the onset of the pandemic, with the situation changing dramatically in just one week. As a result, only partial mitigation was possible. In future evaluations of a similar nature, it will be possible to institute further mitigatory activities, further informed by what we have learned in the interim. Once the true nature of the pandemic and its potential to affect Solomon Islands were fully considered in that brief timeline, the following means of mitigation were immediately instituted:

- Dr. Cownie cancelled his trip after rapid consultations with UNFPA PSRO and UNFPA Solomon Islands Field Office, which was quickly followed by advice from Solomon Islands' government to avoid unnecessary travel.
- The local consultant was asked to stop all in-person interviews, unless mitigatory measures were possible, and even then this was discouraged. For the one-on-one that proceeded none showed signs of illness, nor did the consultant. Further, no group discussions were allowed, even if social distancing was possible. Social distancing and no touching protocols were immediately instituted.

- In all cases possible, skype/phone interviews were held rather than in-person. Mr. Maku'u's travel to Gizo was cancelled and she conducted interview with Gizo respondents over the phone.
- With the loss of some primary information sources, the Consultant went back through the various reports on UJP with an eye to identifying anything overlooked. This led to additional details being included on Programme delivery that reinforced important conclusions.
- The UNFPA PSRO team gave Review Reference Group members additional time to comment on drafts of the report, including three rounds for revised versions of the report, and discussions about the findings. The aim was to avoid overburdening these officers and letting them provide inputs – verbal and in writing – as they came available.
- This extended review cycle was especially important to the Consultant because, on various occasions, he returned to the primary data findings as well as Programme reports to see if anything was overlooked. While this review cycle found that no key issues were overlooked, there were weaknesses in some of the arguments that needed attention. This allowed the Consultant to speak more confidentially about issues around myths and Jabelle, discontinuation, side effects, and issues around violence against women, among others.



Even then, the rapid onset of Covid-19, with its serious effects on those involved in public health, meant that we did not always succeed:

- We tried hard to make ourselves available on repeated occasions to the interviewees from MHMS and DFAT, and the Administrative Assistant at the UNFPA Solomon Islands Field Office repeatedly followed-up by phone with them. These interviews were all arranged for skype, but in the end most did not take place.
- In the early days, the issue of those being interviewed directly, even with social distancing, were noted to be allowed only if no symptoms were present, but this did not consider whether either party had been exposed to someone prior to that.
- Some of the less common symptoms of Covid-19 were not known at the time, and therefore symptoms considered did not include less common ones.
- In the end, the Consultant not being able to travel to Solomon Islands meant that the insights gained from such a visit was lost. While the Consultant had been in Honiara just a few weeks earlier for another consultancy (and had worked on projects for Solomon Islands on a number of occasions from 2012), this was a loss that could not be mitigated.

2. EFFECTIVENESS



2.1. Introduction

As noted in the Glossary above, Effectiveness is defined as “the extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance”. This was elaborated in the ToR as having two parts:

EQ1 To what extent were the UJR Programme objectives (outputs and outcomes) achieved?

EQ2 What were the major factors influencing the achievement or non-achievement of the objectives?

2.2. EQ1: Achievement of Objectives

The support under the Upscaling initiative follows on from previous support from UNFPA to the Government of Solomon Islands to provide Jadelle Implants and supportive services as a form of family planning from 2014, with high levels of uptake from 2014-2016¹⁶. An additional AUD\$200,000 was secure from DFAT bilateral in Solomon Islands to effect this.

Between October 2014 and December 2016, a total of 14,700 Jadelle Implants were provided, 399 health workers were trained, of which 120 were credentialed and certified for insertion and removal of the Implants, and demand for Jadelle grew significantly over this period. For 2017-2019, the Programme slowed, but nevertheless an additional 7,800 Jadelle Implants were provided (and 3,200 more were expected to be shipped in early 2020). From 2017-2018, an additional 28 health workers were trained from 2017-2019, while over this timeline a total of 65 health workers received their credentials and were certified for Jadelle¹⁷.

From 2014 through to the end of 2019, a total of 29 training sessions were held with health workers from Government and from Solomon Islands Planned Parenthood Association (SIPPA)¹⁸.

16 UNFPA Solomon Islands (2016). 2015 Annual Report – Solomon Islands, prepared by the Office of the United Nations Population Fund, Honiara, Solomon Islands.

17 Mimeo, ‘nurses credentialed’, provided by the Office of the United Nations Population Fund, Honiara, Solomon Islands.

18 UNFPA Solomon Islands (2020). Donor Report: Upscaling Jadelle Rollout in Solomon Islands, Honiara, Solomon Islands.

Results against targets were included in the 27 February 2020 donor report (UNFPA Solomon Islands, 2020b). Where relevant, Review findings have been included under 'endline' and noted as such:

Table 1: UNFPA Results Reporting

Result #	Result Area	Baseline	Endline
1	National contraceptive prevalence rate in the country improved	35% (2006 DHS)	29% (2015 DHS)
2	Unmet need of family planning (all women)	24.0 (1996) unmet need 18.6 (2013) unmet need	17% (2020) unmet need
3	Client satisfaction level of family planning services in health facilities	Increase client satisfaction in health facilities and community	No Programme data. However, Review findings show high levels of satisfaction
4	# of registered nurses and midwives credentialed and certified in Jadelle implant insertion and removal	58 certified and credentialed	124 delivered (+161 pending assessments and submission to the Nursing Council for certification)
5	Endorsed family planning guideline and training manuals for health workers incorporating impacts core competencies applied in the country	Still under review	Jadelle training package updated, but is to be updated again prior to UJP completion in 2020
6	# of Jadelle training events conducted in the country	No target set. 27 from 2014, including 2 in 2014, 9 in 2015 (total = 11)	During UJP, 8 in 2016, 7 in 2017, 1 in 2018, 2 in 2019 (total = 18). All nine provinces & Honiara covered
7	# of key health workers trained in Jadelle implants	Target: 250 39 in 2014, 123 in 2015 (total = 162)	Reach: 427 130 in 2016, 94 in 2017, 13 in 2018, 28 in 2019 (total = 265)
8	Community satisfaction level of family planning information and services	Increased community satisfaction	No data available for 2020
9	# of community integrated outreach health services conducted	Not defined	No data available for 2020
10	% consumption rate of Jadelle Implant utilisation	> 80% (number of Jadelle procured by number of Jadelle uptake)	No data available. However, Review findings suggest all 14,000 Jadelle provided through the Programme have been distributed, yielding a 100% coverage
11	# of outreach and communications activities completed	Target: 300+ communities reached	Reach significantly slowed due to the audit issues with MHMS, but target specified as reached
12	# of people who are able to identify the various family planning services and information and are able to make an informed decision on the Jadelle option	Not defined	No data available for 2020

Source: UNFPA Solomon Islands (2020b). Donor Report: Upscaling Jadelle Rollout in Solomon Islands, prepared by the UNFPA Solomon Islands Office in collaboration with the UNFPA PSRO, Honiara, Solomon Islands.

Detailed findings for outcomes and outputs are elaborated as follows:

Research Question 1: To what extent were the UJR Programme objectives (outputs and outcomes) achieved

Output 1: Training of health workers in Jadelle insertion and removal core competencies as per the Revised Solomon Islands Evidence-based Family Planning Guidelines and Training Manual.

- Of the 7 activities, activities 2, 4, 5, and 6 were delivered at expected levels. Activities 1 and 3 were partially delivered, and Activity 7 was delivered at a slower rate during UJR than before it began.
 - Activity 1: Carry out Jadelle training programmes in the country. (partially delivered)
 - Activity 2: Review and update Solomon Islands Evidence-Based Family Planning Guideline and the Family Planning Training Manual. (mostly delivered)
 - Activity 3: Follow-up processing of Jadelle credentialing and certification of health workers trained. (partially delivered)
 - Activity 4: Procure Jadelle implant supplies. (fully delivered)
 - Activity 5: Liaise with NMS to include Jadelle implant in the Essential Medical Listing review for 2016. (fully delivered)
 - Activity 6: Report of the Family Planning Wheels. (fully delivered)
 - Activity 7: Engage with communities, faith-based organisations, youth groups, women's groups and male advocates around family planning choice and family planning services and information. (delivered at a slower rate, and faded over time)
- Training quality was reported to be consistent with guidelines in reporting, confirmed by key informants. Fourteen of the fifteen Jadelle Implant users were satisfied with insertion (none had yet removed). Interviews with health workers underline high ratings given to training quality.
- Certification constraints meant that insufficient numbers were certified to conduct Jadelle Implants compared to plans. This fell largely outside the control of the Programme, and related to constraints associated with procedures in place with Solomon Islands Nursing Council, and the problems arising with the Direct Payment Modality.

Output 2: Increased knowledge of communities on family planning choices, services and information

- Interviews with male advocates, mid-wives and key informants suggest that outreach remains quite constrained, and shows no sign of improving. It is mostly an issue of time, availability and resources, but also the shortfalls in supportive supervision which would incentivise outreach. Without external assistance, it is unclear how far these activities can reach.
- Many of the users interviewed had heard about the family planning method via friends and neighbours. Half had seen or heard at least one public message. Those who were attending clinics for family planning purposes heard about Jadelle at the visit.
- Key informants report that constraints in health workers being able to reach out to the community has constrained messaging, messaging often critical in reinforcing what people hear on the radio.
- Key informants report that those seeking family planning services are informed about Jadelle as part of the broader discussion.
- Programme delays were reported to have reduced public information campaigns with assumed negative impacts on Output 2.

Outcome 1: Provision of Family Planning services and access to information on Family Planning in Solomon Islands improved; Outcome 1.1: Health worker capacity, skills on family planning services and information strengthened

- Jadelle uptake figures show healthy demand. However, under the Rollout, health worker training was constrained due to the inability of the Programme to provide funds to the Ministry of Health and Medical Services (MHMS) due to the pending audit from 2018 onward. Delivery did take place in 2017.

- Interviews with users found high rates of onward information transmission, with the method highly recommended by these users. This held even for those who had faced medical side-effects they felt were associated with the Impact, warning others that this had happened, but suggesting they discussion with their health care providers nonetheless.
- Most Jadelle users had previously used other means of family planning, and some were shifting to other means upon removal of the Jadelle implant after five years. Jadelle was widely felt to be a better family planning method due to its effectiveness over a five year duration.
- Constraints on information dissemination and community outreach has likely constrained Programme reach, coupled with high turnover in health personnel that was said to disrupt continuity.

Outcome 2: Community outreach and family planning services improved; Outcome 2.1: Communities are motivated to demand Jadelle family planning services)

- Training constraints meant that lower numbers of family planning service providers were trained than anticipated.
- Certification constraints meant that lower numbers of family planning services were credentialed than anticipated.
- Health workers report that shortages of personnel and the demand for health services at health facilities has meant that direct health worker outreach on Jadelle or other means of family planning remained constrained.
- None of the users reported that they heard from health workers about Jadelle in any public forum.
- Over half of the users had heard something about Jadelle on the radio, and some had seen posters, but these were largely at the health facilities.
- Users report that their husbands were consulted and supportive of their use of Jadelle. Users also report that they had informed other married women of Jadelle, and those who had followed up noted that in some cases the other woman's husband agreed, but in other cases did not.

Research Question 2: What were the major factors influencing the achievement or non-achievement of the objectives (as described under outcomes)

- Main constraint: inability to transfer funds to MHMS
- Other constraint: constraints in financing led to delays in training delivery under the Rollout
- Other constraint: constraints in certification process meant that a number of trainees were not certified
- Other constraint: some misconceptions around the method arising from rumours, although demand continued to rise. It means that communications and outreach are very important for this method
- Other constraint: shortage of health personnel, and constraints on ability to engage in outreach
- Other constraint: some users report medical side-effects
- Other constraint: risk could not be fully overcome, UN system not designed for engagement in direct delivery
- Main opportunity: demand for Jadelle remains high
- Other opportunity: users of Jadelle were pleased with the long-term and reliable nature of the implants
- Other opportunity: UN supply planning with MHMS effective
- Other opportunity: users of Jadelle noted that the long-term and reliable nature of the implants allowed them to provide for their families and engage in a range of livelihood opportunities that would have been constrained due to unplanned pregnancy
- Other opportunity: supply was not constrained in terms of availability to the Programme

2.3. EQ2: Factors Affecting Achievement of Objectives

The slow-down was, according to the 2018 UNFPA Solomon Islands Field Office Annual Report, due to the following (pages 1-2)¹⁹:

- Previous audit issues have hampered implementation of family planning programme which resulted in very minimal support to Jadelles rollout and upscale programme implementation.
- The delay by the Government to refund unspent funds back to UNFPA took longer (at 7 months) than expected. This led to a small window of opportunity of five months for quality implementation (during 2018).
- The engagement of local technical assistance did not take place until July given the massive administration paperwork required and therefore again, small window of opportunity for delivering outputs.
- The country has encountered a major issue on its medical and supplies shortage and as such addressing the issue of this matter became a top priority for the Ministry of Health. Consequently, timely reporting of the HRCS Quarterly Inventory form has also been affected and or not submitted to field office in a timely manner.

Problems continued into 2019, as noted in the 2019 Annual Report (pages 1-2)²⁰:

- The longstanding audit issue with the MHMS significantly affected implementation of planned activities.
- All the activities implemented with MHMS were under direct payment modality, which was not only labour intensive and inefficient, but the delays in processing payment to vendors was a potential reputational risk for UNFPA.
- The sudden transfers of staff at the MHMS also affected the motivation of focal persons at the key departments, negatively affecting Programme implementation.
- Hiring of local Technical Assistance for the Jadelles Programme was delayed, given administrative delays in PSRO the Consultant took up another contract and so valuable time was lost.
- Late submission of RHCS reports and non-availability of data, mainly because of the high absenteeism of the warehouse manager, has been challenging.
- Implementing activities under the Direct Payment Modality is challenging in Solomon Islands because of the administrative burden for both the office and the implementation partner, especially having to collect vendor information of individual participant during any training/workshop and the difficulties in getting the vendor to agree to provide services before they receive the payment, given that most businesses in the provinces run under small funding and most also do not have bank accounts.

19 UNFPA Solomon Islands (2019). 2018 Annual Report – Solomon Islands, prepared by the Office of the United Nations Population Fund, Honiara, Solomon Islands.

20 UNFPA Solomon Islands (2020). 2019 Annual Report – Solomon Islands, prepared by the Office of the United Nations Population Fund, Honiara, Solomon Islands.

3. IMPACTS

3.1. Introduction

As explained in the Inception Report, Impact has a very specific meaning for this Review, and is associated with impacts on users, and what they argue this meant for their lives and their families. In this respect, this is not a considered assessment of actual impacts, but perceived impacts by those users interviewed. This is supplemented by feedback from health workers on their perceptions of impacts, and opinions from key stakeholders as well. The specific evaluation question and sub-questions are as follows:

- EQ3 What has happened as a result of the UJR Programme intervention?
 - 3.1 What real difference has the activity made to the beneficiaries?
 - 3.2 How many people have been affected?
 - 3.3 What are the impacts in terms of access to family planning choices and realisation of reproductive rights of women in Solomon Islands?
 - 3.4 What are the life savings impacts on mothers and infants?

As noted above, a total of fifteen Jadelle users were interviewed in two provinces where most Jadelle contraceptive users resided, comprising the Honiara area and on the island of Malaita. All of those interviewed were Jadelle users, and non-users were not interviewed. All were current users, but a few were nearing the end of the five year period and were going to have the implants removed soon. Their profiles were as follows:

Table 2: Profile of Jadelle Users

Location	Age	Jadelle	Marital Status
Fiu, Malaita	37	2012, repeated in 2018	Married
Gilbert, Honiara	22	2015	Married
King George, Malaita	30	2018	Married
Border, Makira	35	2014	Married
Bitama, Malaita	45	2015	Married
Malu'u, Malaita	not certain	2015	Married
Taliseh, Malaita	29	2018	Married
Lunga, Malaita	47	2017	Single
Ngalifasi, Malu'u, Malaita	26	2015	Married
White River, Honiara	22	2015	Single
Border, Honiara	32	2014	Married
Kwoii, Malu'u, Malaita	35	2014	Married
Derora, Malaita	47	2015	Married
Forest Valley, Honiara	34	2016	Married
White River, Honiara	34	2015	Married

We asked respondents to discuss the situation of other users and non-users, and respondents provided some insights in this regard.

For duty-bearers providing Jadelle delivery, four one-on-one key informant interviews were conducted with senior personnel, while Dr. Cownie also held discussions with UNFPA PSRO and UNPFA Solomon Islands Field Office. Five discussions were held with health service providers in the field, covering seven health workers who had been trained and certified in Jadelle delivery or community outreach.

3.2. EQ3.1: What Real Difference has the Activity Made to the Beneficiaries

Case study interviewees were asked to discuss how they felt their use of Jadelle had affected their lives. Questions included perceptions of ability to control family planning decisions, how this method might vary from others in terms of the effectiveness of this control and what this implies for livelihoods, and what their experiences in terms of livelihoods effects have been. The first issue is discussed under 3.4 below, while the second and third points are discussed herein. Below are some of the responses:

'It really helps me and my family because I did not get pregnant and children did not disturb me going to work'.

Gilbert Camp, Honiara, Guadalcanal

'Because my kids are all in school, I need this money to make sure their needs are taken care of. Because I'm not pregnant, I have ways to raise this money'.

Bitama, Malaita

A case study respondent in White River, Honiara, Guadalcanal had a longer-term take on the question, specifically referring to younger, unmarried women:

'I will recommend it to students especially this is to help them complete their education, this will avoid unplanned pregnancy'

'This method is really helpful in terms of spacing, when you are with your partner you don't need to worry about anything and you just get busy with other things, like in my case I go to work, and also sell things to support my family'.

Fiu, Malaita

'When I put the Jadelle implant it helped me to find money as well. I do gardening, I make things to sell'.

Ngalifasi, Malu'u, north Malaita

'I strongly recommend this method to every woman because it will really help you as a woman, to do other things'.

White River, Honiara, Guadalcanal

'It really helped me to bring up my last child, I have 3 children, but with the implant I'm free to do whatever I want to do, it allows me to freely move around, enables me to find other income apart from my work supporting my family'.

Forest Valley, Honiara, Guadalcanal

'I took the method and it gave me time for other family commitments. I tell other women this'.

Border, Guadalcanal

'Nowadays life is difficult, it is hard to get enough money for daily needs. With this method, I can be sure to earn'.

Maluu, Malaita

'I want to advise women that it is good to have Jadelle because when we have it, it avoids continuous pregnancy and we will have opportunities to support our own elder children'.

Border, Guadalcanal

'I am free to do things, market, I can go to Honiara doing marketing, how long I will stay there and come back, can do marketing at home'.

Dorota, Malaita

'When I took it, it does not disturb me from doing things, as I can do marketing so that I cannot be busy with other things'.

Kwoii, Malu'u, Malaita

The findings were quite consistent: many respondents argued that practicing effective family planning allowed them to meet important livelihood needs, and when mentioned, were mentioned in terms of their ability to provide for their families. But more to the point, practicing this form of family planning meant that they could better plan for the longer term, because of the efficacy of the method for five years. These findings were reinforced by responses to some other questions, where reference was made to engaging with the husband in the Jadelle conversation that didn't just involve family planning decision-making, but consideration of the economic implications of family planning. Impacts on child spacing were felt to be important from a number of perspectives, including the ability to care for children, the ability to assist with grandchildren, having the time to engage in a range of livelihoods activities, and overall positive health impacts were all noted. The majority of respondents, in commenting on livelihoods impacts, were quite clear: this was a game changer. Having family planning at all was critical, but having a service that was reliable and long-lasting made a critical difference.

3.3. EQ3.3: Effects on Access to Family Planning Choices and Realisation of Reproductive Rights

The effects on reproductive rights was quite specific: it gave married couples the ability to plan for the long-term. The majority of case study respondents had previously used other forms of family planning, but found that it was difficult to keep going to the clinic to ensure proper coverage. Jadelle represented the first time that they did not have to worry about forgetting, or being unable, to secure the necessary services.

As noted with regard to 3.1, virtually all of the respondents discussed Jadelle before they adopted the method, and in all cases but one the husband agreed; in the last case, the women went ahead anyway after informing her husband she would proceed.

Virtually all of the respondents spoke positively with other women about the efficacy of Jadelle, often quite enthusiastically. Some had told up to a dozen other women, with the focus on married women in most cases, but in some situations unmarried women. In those cases where they followed up with these other women, the findings were mixed on whether their husbands would allow them to adopt the method.

Jadelle was felt to be by far the cheapest method of family planning, largely due to the fact that repeated trips to the health facility were not required and therefore these costs not incurred (basic health services, including family planning, are provided for free in Solomon Islands).

Virtually none of the respondents felt that there were cultural limitations to adopting Jadelle, although a few raised religious concerns. Even here, however, it was noted that 'this is a decision within our household, not outside'.

'I can see that the Jadelle has a very positive impact on my family planning decisions, my last daughter was born four years ago'.

Taliseh, Malaita

'For me I have the chance to raise my daughter, if I did not have Jadelle I would have gotten pregnant again'.

White River, Honiara, Guadalcanal

'I only have two children. This is my decision'. Ngalfasi, Malu'u, northern Malaita

Border, Makira, Guadalcanal

'It really helped me to bring up my last child, with the implant I'm free to do other things'.

Forest Valley, Honiara, Guadalcanal

'This method when you insert, you just stay relaxed and not worry about anything. This is good for married women especially for those whose other children are not well spaced'.

Maluu, Malaita

The role of husbands in decision-making was also discussed, with virtually unanimous agreement that this is something that a husband and wife should discuss together, even if she made the final decision. As we were speaking to users, of course, it meant that they had been successful in securing the husband's approval, save one case where he disagreed but she decided to proceed anyway, and informed him of this. In interviews with health workers, they were able to note cases where the husband did not approve, and as a result the woman did not return for the service. Outreach officers, including male advocates, offered mixed findings, contending that informing both wives and husbands would overcome the concerns of many husbands.

When asked about whether they had discussed the method with others and where some of these women had decided to try the methods, where they knew the outcome it was roughly half and half noting that their friend's husbands would not let them proceed. Some of the comments are noted below:

'The couple must agree before the wife can use the method. Some women went ahead with family planning of all sorts but did not discuss with their husbands, and it just led to problems'.

Fiu, Malaita

'If a woman does not inform her husband before taking it, it can cause disagreements between them. My advice, speak to each other, decide together'.

Gilbert Camp, Honiara, Guadalcanal

'Even when the husband disagrees, if it is a danger to the wife to become pregnant, she has to make that decision'.

Taliseh, Malaita

'Any wife must consult her husband before using any method'.

Kwoii, Malu'u, Malaita

'Definitely an argument will arise between the couple, because they should both agree before the woman uses Jadelle'.

Ngalifasi, Malu'u, northern Malaita

'Not consulting the husband would lead to problems because husbands are the heads of the family and need to be consulted all the time'.

White River, Honiara, Guadalcanal

'The wife must consult their husbands before using Jadelle because the husband needs to understand that this means they can space their family for five years'.

Maluu, Malaita

There were two core reasons why the use of Jadelle was ending: 1) a decision that it was time to have another child; or 2) side-effects arising from using the method (or believed to be due to the method). For the latter, six of the fifteen case study respondents noted medical issues of concern. For the others, numbness, headaches, dizziness and back pain were commonly mentioned, some of whom faced the problem from the beginning, and others where this only set in years later. As one noted, "sometimes I experience headache, dizziness, so I think they are caused by this implant, sometimes when I carry heavy loads, I feel my left side is weak and I cannot lift heavy things, I feel numb" (Derora, Malaita). Another said that, three years later, she started to see symptoms, 'for the last year I've had dizziness, headaches, shortness of breath, and back pain'.

Jadelle was felt to be by far the cheapest method of family planning, largely due to the fact that repeated trips to the health facility were not required.

Virtually all of those who were intending to end Jadelle, including those noting the above symptoms, argued that they would still use family planning to ensure proper child spacing or, in the case of older respondents, no more children.

3.4. EQ3.4: Live Savings Impacts on Mothers and Infants

The Technical Specialist for Reproductive Health at UNFPA PSRO kindly conducted modelling of the impacts of contraceptive distribution in Solomon Islands on the following:

- Couple years of protection
- Unintended pregnancies averted
- Unintended birth averted
- Maternal deaths averted
- Unsafe abortions averted
- Disability Adjusted Life Years (DALYs) averted
- Total savings in US dollars

The following table shows the achievements for each of these for the two timelines: 2014-2015, prior to UJP, and 2016-2020, during UJP:

Table 3: Calculations of Programme Effects (Jadelle only)²¹

Demographic Impact	2014-2015		2016-2019	
	Total	Annual ²²	Total	Annual ²³
Couple years of protection	10,898	5,449	42,560	10,640
Unintended pregnancies averted	2,531	1,266	8,527	2,132
Unintended birth averted	1,189	595	4,007	1,002
Maternal deaths averted	2	1	5	1.4
Unsafe abortions averted	1,013	506	3,411	853
Disability adjusted life years averted	1,027	514	3,435	859
Total savings in US dollars	226,395	113,198	762,694	190,667

Figures show annual numbers higher for the UJP period than the time prior, with figures almost twice as high on average. The UNFPA PSRO officer also projected for all means of family planning, including Jadelle. The following table shows the 2016-2019 UJP timeline against all means of family planning for the same timeline, and then the calculation of Jadelle as a component of the total:

Table 4: Calculations of Programme Effects (Jadelle compared to other means of family planning)

Demographic Impact	2016-2019		
	UJP	All (inc. Jadelle)	% Jadelle
Couple years of protection	42,560	140,934	30.2
Unintended pregnancies averted	8,527	26,343	32.4
Unintended birth averted	4,007	12,378	32.4
Maternal deaths averted	5	17	29.4
Unsafe abortions averted	3,411	10,538	32.4
Disability adjusted life years averted	3,435	10,620	32.4
Total savings in US dollars	762,694	2,356,193	32.4

21 The comparison is not exact, as pre-UJP went into 2016, while 2020 was only 6 months.

22 For pre-UJP, the annual figure is derived by dividing the total by 2.

23 For UJP, the annual figure is derived by dividing the total by 4.

During the UJP timeline, the proportion of all demographic impact benefits from Jadelle was roughly one-third of all family planning impact benefits in Solomon Islands. This is almost a 60% rise from the 2014-2015 timeline, when the figure was around 20%.



3.5. EQ3.2: Number of Beneficiaries

Findings from Programme reporting yielded the following reached by the UJP:

- **252** nurses and midwives were trained from the advent of the UJP (May 2016-November 2019), compared to 175 trained from October 2014 to May 2016, for a total of 427. Health workers were trained from all nine provinces and Honiara. The two timelines are different, of course, and suggests that the numbers trained were consistent across both period.
- **29** batches of training was provided covering all nine provinces plus Honiara City Council health area. The number of training sessions for the UJP period is not stated, but given higher numbers, would be expected to be higher than for the prior period due specifically to the longer timeline.
- Of the 427 health workers trained, 304 were registered nurses, and the remainder were midwives. Of these, 124 were credentialed and certified by Solomon Islands Nursing Council since 2015, of which **75** were credentialed through the UNFPA component since 2016. MHMS funding constraints significantly undermined the speed of credentialing and certification.
- Clinical guidelines provided by WHO in 2018 were used to update the training package which was used during health worker training.
- A total of **14,000** units of Jadelle were procured and shipped to Solomon Islands under the UJP, while 5,000 remain available but have not yet been shipped. This is a significant increase of the 3,000 estimated to have been covered from 2014-2016. From 2014 through 2019, a total of 17,365 women had been reached with Jadelle Implant services.
- By 2018, Jadelle formed 60% of all family planning use, growing from under 10% in 2015.
- From 2014-2017 some 300 communities were reached through integrated Programme outreach activities. Reach under the UJP, however, is not separated out, so the specific outreach for that timeline is not clear. For 2018, training yielded three outreach actions, but the number of communities is not reported. For 2019, this expanded to six outreach actions across two batches of training, but here again the number of locations reached is not reported.

4. SUSTAINABILITY

4.1. Introduction

As explained in the Inception Report, Sustainability has a very specific meaning for this Review, and relates to considering the sustainability of the Programme in two respects: 1) system functioning including in the absence of external financing; and 2) continued high demand for Jadelle Implants. Sustainability was relevant to the following evaluation questions:

- EQ1 To what extent were the UJR programme objectives (outputs and outcomes) achieved? (Specific to Assumption 2: 'that progress towards outcomes supported sustainability')
- EQ4 To what extent would the benefits of the UJR Programme continue if donor funding ceased? Based on findings from EQ3 on Impact, should the donor use remaining funds and or continue funding for the programme?
- EQ5 What are the major factors that affect the sustainability of providing the Jadelle method of contraception in Solomon Islands?

4.2. Progress Towards Outcomes Affects Sustainability

Reporting and field findings support the conclusion that the delivery of activities towards Output 1 and Outcome 1.1 (Short-Term) contributes to Outcome 1 on improved family planning delivery. **The Theory of Change is sound in this regard, including field findings that use of Jadelle coincides with use of other methods before and after. In these respects, signs for sustainability are positive.**

However, the findings for Outcome 2 are less clear. While health facility-based delivery of family planning services does appear to have improved because of the popularity of Jadelle and its 'fit' for its target groups, outreach was marginal, while with the exception of health facility-based posted messaging on Jadelle, only radio outreach was effective in supporting demand. **Findings suggest that much more could and should be done in terms of Outcome 2, if resources are available and if Jadelle supplies can be maintained. This should include dealing with rumours around the method,** with rumours ranging from concerns about being able to be tracked, to perceptions that the method could not possibly work for as long as it did, to worries that it could make a women sterile. There were also concerns that if single women used the technique, she would not conduct herself within cultural norms.

4.3. Programme Approach Effects on Sustainability

The logic of the Theory of Change remains sound, the problem was constraints in delivery. Some of these delivery constraints were systemic, specifically limited capacity to deliver the full range of family planning services outside the health facility (information dissemination, community outreach). But even complex and expensive supply chains functioned well enough to get supplies to health facilities where trained and certified health workers were delivering the services, and family planning consultations included Jadelle. The method was very popular, and it meets the needs of many of the women targeted by the Programme, with lower costs and longer efficacy.

At the very least, **development partners should consider three aspects of support: 1) international/regional procurement support so that supplies are reliable; 2) support training and credentialing processes in recognition that this takes time; and 3) support public health awareness-raising actions in terms of training, materials development, and similar, supporting health facility-based delivery of Jadelle services.**

Reporting and field findings support the conclusion that the delivery of activities towards Output 1 and Outcome 1.1 (Short-Term) contributes to Outcome 1 on improved family planning delivery. The Theory of Change is sound in this regard, including field findings that the use of Jadelle coincides with use of other methods before and after. In these respects, **signs for sustainability are positive.**

However, the findings for Outcome 2 are less clear. While health facility-based delivery of family planning services does appear to have improved because of the popularity of Jadelle and its 'fit' for its target groups, outreach was marginal, while with the exception of health facility-based posted messaging on Jadelle, only radio outreach was effective in supporting demand. **Findings suggest that much more could and should be done in terms of Outcome 2, if resources are available and if Jadelle supplies can be maintained. This should include dealing with rumours around the method, noted by health service providers.**

4.4. Post-Programme Benefits Sustainability

Field findings and reporting underline high levels of demand for Jadelle that shows no sign of fading. National storage and distribution protocols function as well as can be expected in a complex implementation environment. Should sufficient health workers be trained and accredited to deliver Jadelle, this is no reason to assume that Jadelle use would not continue to arise. A key constraint is the cost of the method on open markets, and for this reason UN international procurement and regional storage and distribution would be critical to ensure that these benefits do continue.

EQ4.1: Would the benefits of UJR Programme continue if donor funding ceased

The 2020 (UNFPA Solomon Islands 2020b) donor report noted seven key challenges, of which five are relevant here:

- Limited human resource capacity at the Ministry of Health and Medical Services significantly affected the overall implementation rate, further compounded by sudden transfers of staff at the Ministry, including the Family Planning Focal Person
- Delayed submission of inventory reports during 2017 and 2018, and non-submission of 2019 National Medical Stores reports because of high absenteeism
- Solomon Islands Nursing Council did not meet in 2019
- Lack of appropriate instruments, equipment and supplies at peripheral health facilities, undermining the delivery of family planning services.
- Inadequate supportive supervision to the lower level health facilities from the Centre and the Provincial health offices.

EQ4.2: Should the donor use remaining funds and/or continue funding for the Programme

The logic of the Theory of Change remains sound, the problem was constraints in delivery. Some of these delivery constraints were systemic, specifically limited capacity to deliver the full range of family planning services outside the health facility (information dissemination, community outreach). But even complex and expensive supply chains functioned well enough to get supplies to health facilities where trained and certified health workers were delivering the services, and family planning consultations included Jadelle. **The method was very popular, and it meets the needs of many of the women targeted by the Programme, with lower costs and longer efficacy.**

At the very least, development partners may consider three aspects of support: 1) international/regional procurement support so that supplies are reliable; 2) support training and credentialing processes in recognition that this takes time; and 3) support public health awareness-raising actions in terms of training, materials development, and similar, supporting health facility-based delivery of Jadelle services.

EQ5: What are the major factors that affect the sustainability of providing the Jadelle method of contraception in Solomon Islands

These findings yield the following conclusions on sustainability as per possible support from UNFPA:

1. **UN support is needed to ensure regional supply chains are effective and prices are affordable.**
2. Weaknesses in Outcome 2 require reconsideration of strategies and levels of effort in creating broader awareness of, and demand for, Jadelle.
 - Given that virtually all married women engage their husband's in this decision, **targeting males** as well with gender-appropriate messaging is strongly warranted. This is a strength of SIPPA's work, and this may need further support to **strengthen messaging, training and delivery**. Working with SIPPA would also ensure that younger, often single women would be reached.
 - Further, given that most of the women reached with Jadelle have informed other women of the method, **there may be considerable scope to expand their roles**. This would be especially important in overcoming the various rumours about the method. The UN would be in a position to support innovative programming in this regard.
3. The Nursing Council needs specific support to help overcome constraints associated with **credentialing**.
4. Gaps remain in the Reproductive Health Division's delivery of training services that may warrant additional UNFPA support. This support would be intended to strengthen the Division's ability to deliver the training in future. Training on removal needs to be accelerated, and it remains unclear whether there is capacity to handle this within the Ministry at this juncture.

Other Sustainability Issues

The above sustainability issues were specific to the evaluation questions. Nevertheless, there are additional sustainability issues that warrant consideration:

- There are a number of development partners active in the health sector that are involved in sector strengthening. There may be scope to **leverage UNFPA's reputation** in family planning to support improved outreach and public awareness raising, including with SIPPA.
- **Follow-on visits to Jadelle users** in the first few months after insertion, including the health officer discussing matters with both the husband and wife where relevant, to discuss side effects, concerns, etc. may help avoid early removal. Further, it would help to reinforce user advocacy for adoption by other married women, a dissemination method that proved important for Jadelle.
- Issues around **violence and access to family planning** could not be fully explored in this Review, but violence was mentioned as a concern by some of the current users in discussing the situation facing other women, and it was repeated by a few of the health workers as well. This was not, however, noted as a Jadelle-specific issue, but rather related to family planning more generally. The issue revolved around ensuring that husbands were involved in family planning decision-making, according to current users, while for health workers the focus was equally on the central role of community outreach that included males.
- If future technical support is to be provided, the appointment of a **full-time national consultant** to assist with the details of implementation proved to be a sound model.
- **Support to the Nursing Council** may be a good investment to help strengthen the delivery of family planning services. Given the centrality of accreditation, the Theory of Change would need to be revised reflecting this.
- The importance of **reaching more remote areas** with the Jadelle method was mentioned by a number of key informants. This may be an important space for UNFPA in terms of Jadelle, especially if it reinforces other family planning programming.

It is evident that Jadelle as a family planning method is highly valued, for both productive and reproductive reasons. The willingness of users to speak to other women about the efficacy of the method was noted, as was user satisfaction. A five year planning horizon was felt to be important, and the gaps in coverage by methods that required multiple clinic visits underlined why users valued Jadelle. Support to Solomon Islands to expand service provision, and improve the quality of service delivery, would warrant consideration.

5. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

Findings are brought together with conclusions and recommendations, organised around the five Review Questions. There are some overlaps between the topics under the review questions that specifically affected recommendations. For this reason, reference is made across recommendations.

5.2. Findings, Conclusions and Recommendations by Review Question

Review Questions	Findings	Conclusions	Recommendations
<p>Q1. To what extent were the UJR Programme objectives (outputs and outcomes) achieved?</p>	<p>Key Finding 1a: <i>Long-Term Outcome 1</i> (provision of family planning services and access to information on family planning improved) and <i>Short-Term Outcome 1</i> (health worker capacity improved, better skills on Jadelle insertions and removal, and information strengthened) were mostly achieved.</p> <p>Key Finding 1b: Long-Term Outcome 2 (community outreach and family planning services improved) and Short-Term Outcome 2 (communities are motivated to demand for Jadelle services) were somewhat achieved.</p> <p>Key Finding 1c: Output 1 'training of health workers in Jadelle insertion and removal and core competencies around Family Planning Guidelines and Training Manual' was mostly achieved, with limitations arising due to factors outside the control of the Programme.</p> <p>Key Finding 1d: Output 2 'increased knowledge of communities on family planning choices, services and information' was somewhat achieved. Radio reach, the quality and regular delivery of Jadelle advice as part of family planning consultations were quite positive, but where limited due to constraints in outreach within the health sector, even with the particular skills of Solomon Islands Planned Parenthood Association in terms of outreach, including male advocacy.</p>	<p>Conclusion 1: The Programme delivered on outcomes and outputs. The Jadelle method's demographic impacts show Jadelle as an increasingly important family planning method, while at the same time integrating well with other family planning methods. Delivery targets were achieved, even in the face of external constraints. Demand is not a problem, even when community outreach has been constrained.</p>	<p>Recommendation 1a: Continue to support Solomon Islands with bulk purchases of family planning supplies, including Jadelle</p> <p>Recommendation 1b: UNFPA should continue to support Solomon Islands in the strengthening of Jadelle as a family planning method. Any new programming should include support to SIPPA for outreach, Nursing Council institutional strengthening, public messaging and support to outreach, and continued support to Government has per the UJP.</p>

Review Questions	Findings	Conclusions	Recommendations
<p>Q2. What were the major factors influencing the achievement or non-achievement of the objectives?</p>	<p>Key Finding 2a: An unmet response to an audit affected UNFPA’s ability to provide sector financing to the Ministry of Health and Medical Service, with a shift to a direct payment modality. While delays were in part overcome by the hiring of a local advisor to allow UNFPA to deliver services directly, the administrative burden remained considerable.</p> <p>Key Findings 2b: Jadelle has proven to be an important addition to the family planning methods on offer to an increasing number of women, and is seen by users as one approach among a range of viable methods. It is cost effective, as multiple return visits are not necessary, is reliable, and meets both productive and reproductive purposes. In these respects, it is both valued and in high demand.</p>	<p>Conclusion 2a: Constraints were associated primarily with accreditation of health workers and outreach, the former due to constraints facing the health sector generally and the Nursing Council specifically, the latter due to constraints in health delivery that limits outreach.</p> <p>Conclusion 2b: The main opportunity is that demand for Jadelle remains high, and finding suggest that it will continue to grow in population and, with outreach, geographically.</p>	<p>Recommendation 2a: UNFPA should consider expanding support to the Nursing Council, with an eye towards helping improve both directly providing the needed services, and in terms of sustaining operations.</p> <p>Recommendation 2b: Outreach needs to be reinforced, and UNFPA can play an important role in this regard. This includes helping Government reach new, more remote locations.</p>
<p>Q3. What has happened as a result of the UJR Programme intervention? What real difference has the activity made to the beneficiaries? How many people have benefitted from this intervention?</p>	<p>Key Finding 3a: Many Jadelle users argued that practicing effective family planning allowed them to meet important livelihood needs, and provide for their families.</p> <p>Key Finding 3b: Lasting five years, Jadelle allowed for long-term planning, in terms of having children, caring for existing children, and investing in productive activities.</p> <p>Key Finding 3c: The long-term efficacy of Jadelle meant that users did not have to constantly return to the health facility, and further that users did not have to risk gaps in family planning use when unable to secure services.</p> <p>Key Finding 3d: By 2018 it is estimated that Jadelle comprised one-third of all family planning services, and grew rapidly from the period prior to UJP starting in 2016 and the period before (2014-2015), with demographic impacts doubling from 2014/15 to 2016/2019.</p> <p>Key Finding 3e: Targets were met in terms of Jadelle supplies, training, use of guidelines, and reach to planned health facilities. Constraints were faced in terms of accreditation.</p>	<p>Conclusion 3: At Outcome 2 impact level, impact has been mostly achieved. Jadelle users expressed high levels of satisfaction with the method, even when facing some health problems they felt arose from use of the method. The five year efficacy of the family planning method was critical in this regard, with key impacts on productive and reproductive needs. Many of these users advised other women to consider the method. Demand can be expected to remain high.</p>	<p>Recommendation 3: UNFPA should continue to play a strategic role in supporting improved demand for Jadelle family planning services within the framework of support to family planning in Solomon Islands. This includes support to SIPPA for expanded outreach and male advocacy, Nursing Council institutional strengthening, public messaging and support for outreach, and continued support to Government. Outreach is key to family planning decision-making by families. With outreach, demand can be expected to continue to grow, and if well targeted to include reach to more remote areas, can expand geographically as well.</p>

Review Questions	Findings	Conclusions	Recommendations
<p>Q4. To what extent would the benefits of the UJR Programme continue if donor funding ceased?</p>	<p>Key Finding 4a: The method and its delivery both worked. Assuming that UNFPA include Jadelle in its bulk delivery of family planning services to Solomon Islands at an affordable cost, the popularity of the method and its value to the Ministry suggests that use will be sustained.</p> <p>Key Finding 4b: Expanding use, nevertheless, will be affected by constraints affecting demand creation and delivery, and this is where technical assistance would play a key role.</p>	<p>Conclusion 4: A cost effective, well liked family planning method can be expected to continue to have the intended demographic impacts, if delivery continues to grow, and if attention is given to both supply and demand. Effective Programme management by the UNFPA team and the Ministry was important to this growth, with implementation adapted as it proceeded.</p>	<p>Recommendation 4: UNFPA should continue to play a strategic role in the roll-out of Jadelle, as per Recommendation 3. Further, UNFPA should play a specific role in demand-creation and expansion in access and use, including in rural areas. In so doing, UNFPA should continue to carefully use monitoring data in reporting and advocacy.</p>
<p>Q5. 1. What are the major factors that affect the sustainability of provision of Jadelle as a method of contraception in Solomon Islands?</p>	<p>Key Finding 5a: The UJP model proved to be effective. There were important gaps in programming that need attention.</p>	<p>Conclusion 5: The Theory of Change behind the intervention is sound. Training, skills development and recognition of these skills (including health workers feeling that they have the competencies required), institutional strengthening, and community engagement (females and males, outreach service providers and Jadelle users themselves) form a sound basis for expanded demand for and use of Jadelle implants and other family planning services. Users themselves reported productive impacts as well, linked to community outreach and demand creation.</p>	<p>Recommendation 5: The Theory of Change remains sound, but there are gaps in the programming itself that need attention to effect the desired changes as per the Theory of Change. It is therefore recommended that the Theory of Change be reviewed to consider gaps in programming for any future programme design. Monitoring, reporting and learning should be strengthened, with additional support from UNFPA PSRO in this regard. Other recommendations are covered under Recommendation 4 for the future of the method.</p>

ANNEX A: EVALUATION MATRIX

This annex includes the Evaluation Matrix by findings and conclusions.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
EQ1: To what extent were the UJR programme objectives (outputs and outcomes) achieved?			
<p>Assumption 1: That outputs were delivered in an effective manner</p>	<ul style="list-style-type: none"> Monitoring system tracking of delivery Timing of delivery and delays That reporting systems accurately tracked implementation Reasons for delays and deviations from intended delivery have been clearly reported on Central measure of Coherence 	<ul style="list-style-type: none"> Programme material (annual reporting, quarterly materials, special reports, other) Clarifications from Programme personnel based on queries Narrative about delivery from key informants (UNFPA SI, MHMS, SIPPA) Results of delivery from focus group discussions with health workers 	<ul style="list-style-type: none"> Programme progress reporting Specific questions to senior officers in UNFPA (unstructured) Key informant interviews with service providers (semi-structured key informant interview instrument) Focus group discussions with field implementers from Government and SIPPA (semi-structured focus group discussion instrument)

Status upon final report preparation:

UNFPA progress reporting gave various insights into provision of Jadelle implants and services.

Field tools were developed, revised, approved and implemented to collect these data.

Senior government key informant: our supply chains are complex, but the regional medical stores work with a range of private sector partners to ensure reach. Because we ship multiple supplies together, this means that we have agencies providing services for us, even when the Ministry of Finance's payments systems are slow. This is how we get all medical goods out there, including Jadelle. The system works, supply stock outs were not reported.

Senior reproductive health officer: Those that have been trained sometimes lack confidence, but with practice, they become good and then they are fine. We tell them we are here to help backstop them but they don't see the need.

What we don't do enough of us outreach, we need more health promotion, but we lack the finance even when team members are available.

SIPPA Nurse: We are well equipped to deliver this service. I was trained and certified by the International Planned Parenthood Association. This has allowed me to reach out to many women. We reach out on a range of family planning methods, and we discuss Jadelle among them.

Central Government reproductive health officer: The training methods used were very good, it was new to us, we learned much by doing. We became very confident.

Honiara Clinic Nurse: Once we did enough insertions, we gained confidence and knew we knew what we were doing.

<p>Assumption 2: That progress towards outcomes supported sustainability</p>	<ul style="list-style-type: none"> Monitoring systems tracking delivery of training and support services Interview results reporting on what was learned and how it was applied, and what gaps remained Central measure of Sustainability 	<ul style="list-style-type: none"> Clarifications from Programme personnel based on queries Insights about delivery results from key informants (UNFPA SI, MHMS, SIPPA) Insights about delivery results from health workers Programme monitoring reports from Solomon Islands Field Office 	<ul style="list-style-type: none"> Specific questions to senior officers in UNFPA (unstructured) Key informant interviews with service providers (semi-structured key informant interview instrument) Focus group discussions with field implementers from Government and SIPPA (semi-structured focus group discussion instrument) Case studies instrument (users)
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Status upon final report preparation:

Secondary materials reviewed.

Tools were developed, revised, approved and implemented.

Sufficient case studies took place across Guadalcanal, Malaita and Gizo to draw conclusions from user insights.

Senior reproductive health officer: Training worked, and once they got over their fears, they could deliver Jadelle competently. But remember that those who have been trained don't tend to be from remote areas, that is where reach is lower.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
<p>Provincial Reproductive Health Officer: Remove is for two reasons: 1) side effects; and 2) she didn't speak with her husband at the beginning.</p> <p>Nurse Outside Honiara: Pre-counselling is important, we need to have the husband involved. That means that when she gets the implant it will be accepted. It is also important that we have male advocate health workers around to also be involved.</p> <p>The other thing is some religious people, especially the Catholics, who say we are interfering with God's creation. But we explain that this is about the health and well-being of the mother and her ability to provide for her family.</p> <p>Central Government reproductive health officer: The strength of the method is that mothers only have to come at the beginning and at the end, unless there is a complication. Unlike other family planning methods where they have to visit over and over.</p> <p>Honiara Clinic Nurse: We find that it is important for wives to speak with their husbands, because husbands may have many misunderstandings, and there are rumours out there that it may harm the woman. We definitely need to target women.</p> <p>Malaita Nurse: There is no problem with demand, a lot of women are very interested.</p>			

<p>Assumption 3: That progress is made towards indicators as planned over the course of the Upscaling Programme</p>	<ul style="list-style-type: none"> ▪ Reporting systems tracking delivery of training and support services ▪ Reporting systems tracking of other deliverables 	<ul style="list-style-type: none"> ▪ Programme Progress Reports 	<ul style="list-style-type: none"> ▪ Specific questions to senior officers in UNFPA (unstructured) ▪ Document review
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Status upon final report preparation:

UNFPA progress reporting gave various insights into provision of Jadelle implants and services.

A range of documents were reviewed, including all Upscaling Jadelle reports.

Senior government key informant: Demand for Jadelle really did take off, if we got it out there, it moved. A lot of our clients especially in rural areas are very busy, and the clinics can be far away. They can't take time and pay for transport to go back and forth, and lose their time as well. So if you have something like Jadelle that lasts for 5 years, it is relevant for them.

<p>Assumption 4: That the Programme is able to effectively mitigate risks</p>	<ul style="list-style-type: none"> ▪ Programme risk statement ▪ Programme systems to track progress and obstacles 	<ul style="list-style-type: none"> ▪ Programme Progress Reports ▪ Programme monitoring reports from Solomon Islands Field Office 	<ul style="list-style-type: none"> ▪ Specific questions to senior officers in UNFPA (unstructured) ▪ Document review
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Status upon final report preparation:

Reporting highlighted severe delays in implementation that, while mitigated, meant that some delivery targets around training could not be met, but that Jadelle supplies were delivered in excess of Programme expectations.

Risk statements reviewed in Programme reporting.

UNFPA having to directly deliver through their procurement systems slowed training, and financial constraints within the country undermined certification. This slowed those elements, but Jadelle itself was delivered in the expected numbers.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
EQ2: What were the major factors influencing the achievement or non-achievement of the objectives?			
Assumption 1: That demand for Jadelle Implants is sufficient for Government to continue to support supply, despite constraints	<ul style="list-style-type: none"> Opinion findings from Programme personnel, key informants Questions directed around delays in implementation 	<ul style="list-style-type: none"> Clarifications from Programme personnel based on queries Insights about delivery results from key informants (UNFPA SI, MHMS, SIPPA) Insights about delivery results from health workers 	<ul style="list-style-type: none"> Specific questions to senior officers in UNFPA (unstructured) Key informant interviews with service providers (semi-structured key informant interview instrument) Focus group discussions with field implementers from Government and SIPPA (semi-structured focus group discussion instrument)

Status upon final report preparation:

Field findings and monitoring data show very high demand, but that there are some constraints associated with state delivery of services.

Senior government key informant: we have an integrated procurement system for health sector products, whether its family planning, immunisations or whatever. The procurement system works the same for Jadelle. National Medical Stores distributes to second level medical stores around the country, located in each region. They then distribute via the private sector.

It is when we have slow downs from the Ministry of Finance that supplies slow, but we always try and plan ahead. Because of slow payments, not all suppliers will list with us, including transport companies. The smaller ones don't have the cash flow to make it through show payments, but in some parts of the country there are these smaller providers.

Senior reproductive health officer: demand is not a problem, we just need health workers able to deliver it. Awareness of Jadelle is out there.

Provincial Reproductive Health Officer: Demand is good, but we need to keep up awareness because it is different than other methods. And awareness to be by mouth, because many people don't read.

SIPPA Nurse: When we counsel and she is married, we discuss with her how she wants to approach her husband on this. We try and make sure that our male advocates have been out in the communities so that men are aware of Jadelle, and how it can help their wives and families.

Central Government reproductive health officer: Demand isn't really a problem, it is there. There are some where they husband's say they cannot use Jadelle, and others say their religion won't allow. But most are not affected, and they can come for the service.

Honiara Clinic Nurse: We are busy providing Jadelle, and we don't do outreach. But we do advise those who come to us.

Malaita Outreach Male Advocate: Outreach is important. I spend much of my time travelling and speaking with people. The response has been very good.

Assumption 2: That disruptions in delivery affected achievement of targets and undermined sustainability	<ul style="list-style-type: none"> Opinion findings from Programme personnel, key informants Questions directed around delays in implementation 	<ul style="list-style-type: none"> Clarifications from Programme personnel based on queries Insights about delivery results from key informants (UNFPA SI, MHMS, SIPPA) Insights about delivery results from health workers 	<ul style="list-style-type: none"> Specific questions to senior officers in UNFPA (unstructured) Key informant interviews with service providers (semi-structured key informant interview instrument) Focus group discussions with field implementers from Government and SIPPA (semi-structured focus group discussion instrument)
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Status upon final report preparation:

Progress reports note delays in aspects of the Upscaling Programme due to negative audit findings within Government that were not resolved during the Programme, and the need for UNFPA to directly deliver training and similar services, which as an agency it is not best placed to do.

Field findings confirm that the disruptions have affected training and accreditation targets, but issues of sustainability are less directly affected.

Senior government key informant: Because of the audit issue, funds were not being released through Government to deliver some of the services under the UJP. This was specific to those aspects of UJP involving training, supervision, credentialing and outreach. All these are important. For outreach, as you know there are so many challenges from half-baked information. This is where our work in public health matters.

SIPPA Nurse: There is no question that with the male advocates going out, we get more women asking about Jadelle. If they don't go out, this goes down.

Malaita Outreach Male Advocate: The Nursing Council really should look at this, and there should be rewards for nurses who provide this service.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
EQ3: What has happened as a result of the UJR programme intervention? What real difference has the activity made to the beneficiaries? How many people have been affected?			
Assumption 1: That those reached by services contend that the Jadelle implants led to important, positive impacts on their lives	<ul style="list-style-type: none"> User satisfaction Service providers feedback on users Central measure of Impact 	<ul style="list-style-type: none"> Users Service providers National consultant interview 	<ul style="list-style-type: none"> Case study instrument (users) Focus group discussion instrument (service providers) One-on-one interview with the national consultant

Status upon final report preparation:

User satisfaction high, some side-effects have resulted in use stopping.

Very high levels of onward referral of other women for Jadelle implants.

Service providers note high levels of uptake because of the long-term planning that can take place because of this method. SIPPA reports in particular that single women are using Jadelle to ensure no interruptions to their education or business plans.

Senior government key informant: This is the number one method to give women power over their own reproductive health. We need to keep this out in the public.

Senior reproductive health officer: Young women who are not married want Jadelle, they want to continue their education, they want to make their way in a job or business. The problem for the young ones is that the parents don't approve, because they want to assume that without family planning the daughter would abstain.

This was also noted by a second reproductive health officer, who indicated that parents and especially men were often ill informed about what family planning was about. 'I hear a lot of negative comments from villagers but when I explain why it's important for women to use family planning, especially Jadelle, I see that they understand because I also share some success stories with them so they somehow understand why it's important'.

Reproductive Health Specialist: One problem is that we don't do sufficient post-insertion counselling of those who receive Jadelle, about whether they had side effects, whether they like the method. And the issue of removal, only a few know how to remove. Those who were trained on insertion need to be trained on removal.

Reproductive Health Specialist: Violence against wives could be a problem, which is why husbands and wives must discuss. We are in a position to meet with both of them.

Provincial Reproductive Health Officer: There could be violence from the husband, and this can be mixed up with some of the rumours around the method. Some argue that it is against religion. But it really means that husbands and wives need to talk, and both need to be involved.

SIPPA Nurse: When the wife didn't speak to the husband in advance, there could be trouble. We have had situations where the husband hits where the insert is trying to break it. So we remove the implants. And when we work with new women, we advise them to speak with their husbands.

Central Government reproductive health officer: We do want to reach mothers who have many children, so that they know that there is something they can do. We worry about maternal deaths. For young people, it is better that they go to SIPPA, that is for young people.

Malaita Outreach Male Advocate: The lack of training on removal is a problem.

User: 'This method when you insert, you just stay relaxed and not worry about anything. This is good for married women especially for those whose other children are not well spaced'. Maluu, Malaita

User: 'For me I have the chance to raise my daughter, if I did not have Jadelle I would have gotten pregnant again'. White River, Honiara, Guadalcanal

User: 'I can see that the Jadelle has a very positive impact on my family planning decisions, my last daughter was born four years ago'. Taliseh, Malaita

User: 'I only have two children. This is my decision'. Ngalifasi, Malu'u, northern Malaita

User: 'Jadelle helped a lot as it prevented unplanned pregnancy, so there is time to support my family'. Border, Makira, Guadalcanal

User: 'It really helped me to bring up my last child, with the implant I'm free to do other things'. Forest Valley, Honiara, Guadalcanal

User: 'I took the method and it gave me time for other family commitments. I tell other women this'. Border, Guadalcanal

User: 'Because my kids are all in school, I need this money to make sure their needs are taken care of. Because I'm not pregnant, I have ways to raise this money'. Bitama, Malaita

User: 'Nowadays life is difficult, it is hard to get enough money for daily needs. With this method, I can be sure to earn'. Maluu, Malaita

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
		User: 'When I put the Jadelle implant it helped me to find money as well. I do gardening, I make things to sell'. Ngalifasi, Malu'u, north Malaita	
		User: 'I want to advise women that it is good to have Jadelle because when we have it, it avoids continuous pregnancy and we will have opportunities to support our own elder children'. Border, Guadalcanal	
		User: 'When I took it, it does not disturb me from doing things, as I can do marketing so that I cannot be busy with other things'. Kwouii, Malu'u, Malaita	
		User: 'I am free to do things, market, I can go to Honiara doing marketing, how long I will stay there and come back, can do marketing at home'. Dorota, Malaita	
		User: 'It really helped me to bring up my last child, I have 3 children, but with the implant I'm free to do whatever I want to do, it allows me to freely move around, enables me to find other income apart from my work supporting my family'. Forest Valley, Honiara, Guadalcanal	
		User: 'I strongly recommend this method to every woman because it will really help you as a woman, to do other things'. White River, Honiara, Guadalcanal	
		User: 'It really helps me and my family because I did not get pregnant and children did not disturb me going to work'. Gilbert Camp, Honiara, Guadalcanal	
		User: 'This method is really helpful in terms of spacing, when you are with your partner you don't need to worry about anything and you just get busy with other things, like in my case I go to work, and also sell things to support my family'. Fiu, Malaita	
		User: A case study respondent in White River, Honiara, Guadalcanal had a longer-term take on the question, specifically referring to younger, unmarried women: 'I will recommend it to students especially this is to help them complete their education, this will avoid unplanned pregnancy'	
		User: 'The couple must agree before the wife can use the method. Some women went ahead with family planning of all sorts but did not discuss with their husbands, and it just led to problems'. Fiu, Malaita	
		User: 'If a woman does not inform her husband before taking it, it can cause disagreements between them. My advice, speak to each other, decide together'. Gilbert Camp, Honiara, Guadalcanal	
		User: 'Not consulting the husband would lead to problems because husbands are the heads of the family and need to be consulted all the time'. White River, Honiara, Guadalcanal	
		User: 'Any wife must consult her husband before using any method'. Kwouii, Malu'u, Malaita	
		User: 'Definitely an argument will arise between the couple, because they should both agree before the woman uses Jadelle'. Ngalifasi, Malu'u, northern Malaita	
		User: 'The wife must consult their husbands before using Jadelle because the husband needs to understand that this means they can space their family for five years'. Maluu, Malaita	
		User: 'Even when the husband disagrees, if it is a danger to the wife to become pregnant, she has to make that decision'. Taliseh, Malaita	

Assumption 2: That the number of unplanned births has reduced due to the method	<ul style="list-style-type: none"> ▪ UNFPA PSRO projections ▪ User questions ▪ Delivery agent feedback 	<ul style="list-style-type: none"> ▪ UNFPA PSRO officer will do projections ▪ Users ▪ Service providers 	<ul style="list-style-type: none"> ▪ Case study instrument (users) ▪ Focus group discussion instrument (service providers) ▪ One-on-one engagement with the UNFPA PSRO Officer preparing the projections
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Status upon final report preparation:

Both users and service providers highlight the vital role that Jadelle has played in effective family planning. Other means of family planning often led to gaps in coverage, in particular because of the time and financial costs of travel to health facilities. Virtually all those involved in health service delivery were certain that Jadelle had prevented a considerable number of unplanned births. Projections show some 8,500 unintended pregnancies averted during the UJP period.

Reproductive Health Specialist: Jadelle really helped reach young women in particular. Awareness is good. But the Programme did not really reach women in the very remote areas of the country, and they are the ones who really need it.

'Family planning is one priority are of the Ministry of Health, so every clinic in the country should provide Jadelle, but only a handful of nurses are trained. So I think we really need to go out an reach into the country'.

Nurse Outside Honiara: The problem with other methods is that many women can't make it back to the clinics at the right time, so they discontinue. This isn't a problem for Jadelle.

Malaita Outreach Male Advocate: Sometimes we do find supply problems, and we ask her to come back. Then we don't see here, and then we find she comes because she is pregnant.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
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EQ4: To what extent would the benefits of the UJR programme continue if donor funding ceased? Based on findings from 3 above should the donor use remaining funds and or continue funding for the programme

<p>Assumption 1: That satisfaction with the method will lead to consistent demand</p>	<ul style="list-style-type: none"> User questions Delivery agent feedback 	<ul style="list-style-type: none"> Users Service providers 	<ul style="list-style-type: none"> Case study instrument (users) Focus group discussion instrument (service providers)
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Status upon final report preparation:

Field findings show high levels of satisfaction with the method, but some rumours and misunderstandings remain. Findings highlight the importance of public outreach.

Reproductive Health Specialist: 'Now I see a lot of women are doing awareness to other women, becoming a mouthpiece for the method'.

'Word is out on the method, it is the one family planning method that people come and ask about specifically'.

Provincial Reproductive Health Officer: There are some people out there who don't want to see family planning, in a few cases religious organisations, but sometimes local leaders. But this is not most of them.

SIPPA Nurse: We don't find much that constrains demand for Jadelle. Even with religion, we work closely with them to make sure that they understand what it is we are doing.

Malaita Nurse: there are rumours, but they are not so big and demand seems to be there. The worrisome ones are linked to religion, saying that the implant is linked to 666. Others say that they husband's tell them to take it out because they are being tracked. There is a worry on Malaita about being tracked, so rumours do spread.

<p>Assumption 2: The Government can deliver, securing budget allocation, and/or securing donor financing</p>	<ul style="list-style-type: none"> Insights into budgeting decision processes Within Ministry commitment to budget and resource allocation to Jadelle Routinisation of implementation 	<ul style="list-style-type: none"> Key informants in Ministry Key informants knowledgeable about the topic 	<ul style="list-style-type: none"> Key informant interviews with senior Government officials (semi-structured key informant interview instrument) Key informant interviews with Ministry planners (semi-structured key informant interview instrument) Key informant interviews with service providers (semi-structured key informant interview instrument)
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Status upon final report preparation:

There was a consensus among those involved in delivery that Jadelle could continue to grow significantly as long as it was available and delivered by trained, competent medical personnel.

There was both scope for increased demand in already-reached locations, and particular demand in more remote locations.

However, in particular for the latter, the work of male advocates was especially critical to overcome some cultural determinants of low use.

Reproductive Health Specialist: Male advocates are very important in making sure that men are on board.

Provincial Reproductive Health Officer: It doesn't make sense to train health workers and then they can't use the method because they are not accredited.

Central Government reproductive health officer: Even though the funding is coming to an end, the government should take over because the impact of the implant on users really saves women's lives. If we don't do this, we'll have too many unplanned pregnancies. But if we can't solve the problem of accreditation, we will not be able to continue the programme properly.

Malaita Outreach Male Advocate: A real problem is making sure that nurses are trained and accredited. Another problem is that we lack the funds for proper outreach.

Assumptions to be Assessed	Indicators	Sources of Information	Methods and Tools for Data Collection
EQ5: What are the major factors that affect the sustainability of providing the jadelle method of contraception in Solomon Islands			
Assumption 1: As with Assumption 2 under EQ1	<ul style="list-style-type: none"> Monitoring systems tracking delivery of training and support services Interview results reporting on what was learned and how it was applied, and what gaps remained Central measure of Sustainability 	<ul style="list-style-type: none"> Clarifications from Programme personnel based on queries Insights about delivery results from key informants (UNFPA SI, MHMS, SIPPA) Insights about delivery results from health workers 	<ul style="list-style-type: none"> Specific questions to senior officers in UNFPA (unstructured) Key informant interviews with service providers (semi-structured key informant interview instrument) Focus group discussions with field implementers from Government and SIPPA (semi-structured focus group discussion instrument) Case studies instrument (users)

Status upon final report preparation:

Field findings highlight the importance of public information campaigns, community outreach, health worker training and certification, and male advocacy as key determinants.

Senior government key informant: Open market purchases of family planning methods is too expensive, so we need UNFPA to continue to assist with procurement, which within the regional framework for the Pacific means value for money. With this, we can continue with Jadelle.

SIPPA Nurse: Reaching out to communities is key, not just for demand but also for understanding.

One problem is that it is difficult to reach out to rural women, and that is where the need is great.

Malaita Outreach Male Advocate: In the end, religious feelings aren't going to be as important as the discussions between a husband and wife. There are many Catholics here that use Jadelle, because they recognise that this is a personal think within their families.

Malaita Nurse: For the future, more attention is needed on ensuring that young women are reached. We sometimes have mothers bringing their daughters for Jadelle in other parts of Solomon Islands, but not on Malaita. But we need these young women reached.

ANNEX B: INTERVIEWS CONDUCTED

Position	Name	Organisation
Assistant Representative	Raitamata, V.	UNFPA PSRO
Co-ordinator, Reproductive Health (now Gizo Hospital Clinical Nurse Consultant)	Jagilly, H.	MHMS, Government of Solomon Islands
Monitoring and Evaluation Specialist	Qasenivalu, M.	UNFPA PSRO
Nurse	Alebaea, M.	Malu'u Clinic, Malaita Province Health Services
Nurse	[name withheld upon request]	Rove Clinic, Honiara
Nurse, Reproductive Health and Child Services	Panda, J.	MHMS, Government of Solomon Islands
Pharmacist, Medical Stores	Angoa, B. (Dr)	MHMS, Government of Solomon Islands
Programme Assistant	Maenu'u, K.	UNFPA Solomon Islands Field Office
Programme Manager Reproductive Health and Child Services	Pego, N.	MHMS, Government of Solomon Islands
Provincial Reproductive Health Co-ordinator, Kilufii Hospital, Malaita	Iro, M.	Malaita Province Health Services
Registered Nurse	Irobaea, L.	Malu'u Clinic, Malaita Province Health Services
Registered Nurse	Margreth, M.	Solomon Islands Planned Parenthood Association, Honiara
Registered Nurse	Turia, W.	White River Clinic, Honiara
Sexual and Reproductive Health Specialist	Adhikari, S. (Dr)	UNFPA Solomon Islands Field Office
Review Reference Group Member	Narayan, R.	UNFPA PSRO
Review Reference Group Member	Simpson, T.	UNFPA PSRO
Review Reference Group Member	Leal, A.	UNFPA PSRO
Review Reference Group Member	Raitamata, V.	UNFPA PSRO
Review Reference Group Member	Adhikari, S. (Dr)	UNFPA Solomon Islands Field Office
Review Reference Group Member	Adedeji, O.	UNFPA PSRO
Review Reference Group Member	Qasenivalu, M.	UNFPA PSRO
Review Reference Group Member	Rolls, L.	UNFPA PSRO
Review Reference Group Member	Paredez, S.	UNFPA PSRO
Review Reference Group Member	Jaya, J.	UNFPA PSRO
Review Reference Group Member	Shameem, S.	UNFPA PSRO
Review Reference Group Member	Domonakibau, F.	UNFPA PSRO
Review Reference Group Member	Robinson, A.	UNFPA PSRO

Jadelle Users: Location	Island
Gilbert Camp, Honiara	Guadalcanal
White River, Honiara	Guadalcanal
Forest Valley, Honiara	Guadalcanal
Border	Guadalcanal
Border	Guadalcanal
White River, Honiara	Guadalcanal
Fiu	Malaita
Derora	Malaita
Kwoii, Malu'u	Malaita
Ngalifasi, Malu'u	Malaita
Lunga	Malaita
Taliseh	Malaita
Maluu	Malaita
Bitama	Malaita
King George	Malaita

ANNEX C: TERMS OF REFERENCE

Review of the “Upscaling Jadelles Roll-Out in Solomon Islands” Programme 2016-2019

Terms of Reference



January 2020

1. Introduction

In May 2016, UNFPA and the Australia DFAT signed an agreement²⁴ whereby DFAT would provide UNFPA Solomon Islands Field Office a contribution of AUD \$432,000 (US\$ 311,040) for the implementation of the Support for Upscaling Jadelle Rollout (UJR) in Solomon Islands for the period 2016-2017. Although the agreement was signed in May 2016, the actual programme started on 6 June 2017 and was scheduled to end on 30 November 2018. In November 2018, the two parties signed an agreement to extend the programme completion date to 30 November 2019.

The partnership funding arrangement states, that at the end of this pilot project, a review of the project would need to be undertaken to provide evidence and information on the UJR programme's credibility and usefulness including lessons learned to guide future programmatic policy and planning related to this intervention.

The overall purpose of reviewing the UJR programme is mainly grounded on learning, decisional and accountability purposes. The review is critical for stakeholders to learn and better understand the achievements of the programme, what worked, what did not work and how we can better the performance of the programme if it was to continue in Solomon Islands. A key aspect of the review is to also understand the reasons behind requests for early Jadelle removal by clients, as encountered during the implementation of the programme. Undertaking the review will also assist DFAT to understand the results of the project and its effectiveness for its consideration in funding similar future initiatives. Ensuring accountability and sustainability amongst program stakeholders is also a key reason to undertake the review.

The key users of the assessment findings will be the Australia DFAT, UNFPA Pacific Sub Regional Office, Solomon Islands MOH and the RMNCAH Committees, UNFPA Senior Management, and the Review Office of UNFPA in HQ and APRO.

2. The Upscaling Jadelle Rollout (UJR) in Solomon Islands Programme 2016-2019

Family planning is the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as natural methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility.

One of the most effective modern methods of contraception is the Jadelle contraceptive implant. Jadelle consists of 2 small rods that are inserted into the client's upper arm to prevent pregnancy for up to 5 years and can be inserted or removed only by a trained provider at any time requested by the woman client. In Solomon Islands, the Jadelle contraceptive implant was first introduced in 2004. It was not a popular method of contraception during that time, as many women did not know much about this method. Since then jadelle was available in Solomon Islands but its uptake was very low.

In October 2014, UNFPA supported the upscaling of the implant in Solomon Islands. The initiative included the first national training workshop on Jadelle insertion where 39 health workers and 10 medical doctors were trained and a total of 42 women had insertion of Jadelle. In 2015, Jadelle insertion trainings at the provincial levels were organized for an additional 161 health workers to enable improved access to implant services from many more sites across the country.

Building on this success, the UJR programme for the period 2017 to 2019 was designed and implemented to support increased coverage of family planning services, under Solomon Islands National Health Strategic Plan 2016-2020 and the National Development Strategy 2016-2035 and also in line with FP2020 commitment made by Solomon Islands. The UJR programme was also aligned with the RMNCAH

²⁴ Agreement was signed in an exchange of letter referenced by UNFPA as EoL Number 70438/20.

Corporate Plan 2016-2020, which aimed at improving family planning services for women and young girls and reducing the unmet need for family planning in Solomon Islands.

The UJR had a total budget allocation of US\$ 311,040 distributed amongst the following components including UNFPA indirect costs:

Figure 1: UJR Programme Budget Allocation 2016-2017 (USD) Total Budget = USD 311,040

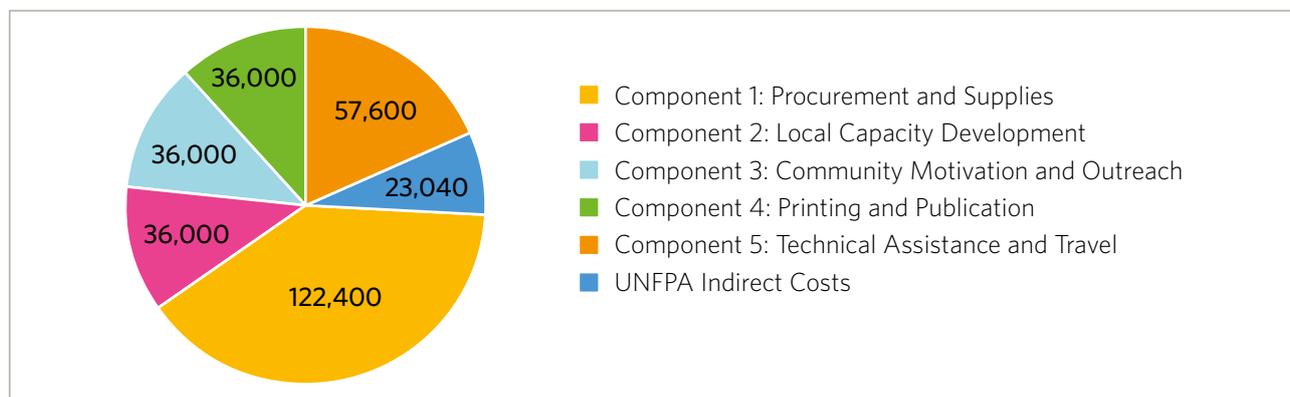


Table 1: UJR Programme Implementation Rate 2017-2019

UJR Programme Year	Budget Allocation	Actual Expenditure	Implementation Rate
2017	76,800.00	12,837.73	16.7%
2018	207,471.97	20,182.82	9.73%
2019	425,439.00	164,986.00	38.88%
Overall Total 2017-2019	709,710.97	198,006.55	27.97%

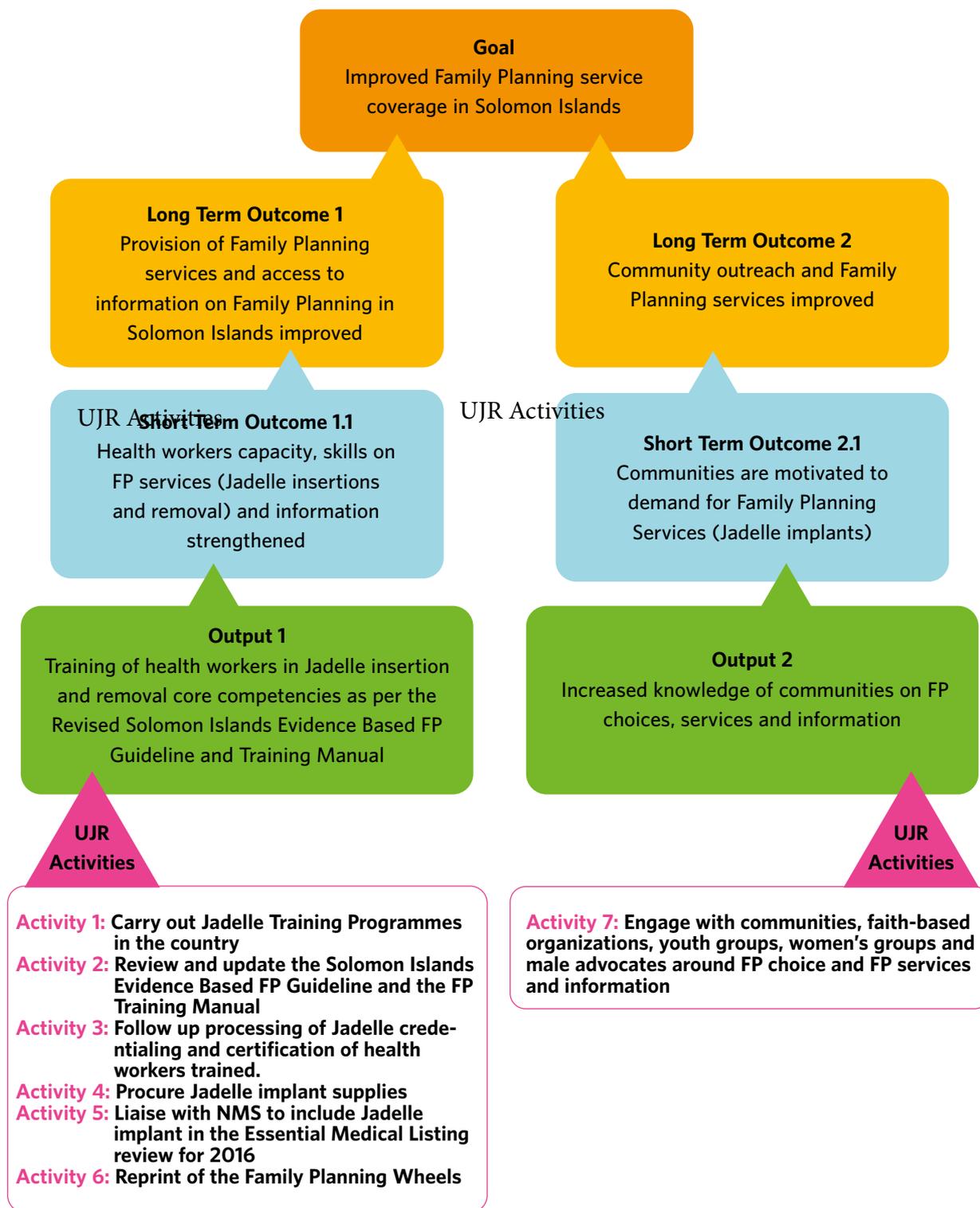
[Source: UNFPA ATLAS COGNOS generated 23/01/2020]

The overarching intended goal of the UJR programme is an Improved Family Planning service coverage in Solomon Islands. To achieve this, the programme focuses on two long term outcomes geared towards

1. generating demand for the Jadelle implant; and
2. improving access to FP services and information

To achieve the long term outcomes, the UJR has 2 short term outcomes focussing on building capacity to insert and remove Jadelle and the creation of an increased demand for Jadelle services in Solomon Islands. The 2 outputs mainly capture more trained health workers on Jadelle services and increased knowledge on the Jadelle method of contraception amongst other contraceptive choices available. Figure 2 below outlines the full theory of change for the program from activities to the overall goal. The UJR contains a total of 12 indicators to track the progress towards the achievement of the intended results at the different levels outlined in the results framework attached in **Annex 1**.

Figure 2: Upscaling Jadelle Rollout Programme 2016-2017 THEORY OF CHANGE



Objectives and Scope of the UJR Programme Review

Objectives

The overall objective of the review is to document the results (quantitative and qualitative) from the UJR programme in Solomon Islands, identify key challenges, lessons learned and best practices and make recommendations for sustainability of the intervention after the end of the project. The review is also expected to be useful for DFAT, in terms of making funding decisions in the future to support similar projects in Solomon Islands or other countries in the Pacific.

The specific key objectives are:

1. To assess the **effectiveness** or the extent to which the UJR programme intervention's objectives have been achieved.
2. To assess any **impact** of the UJR programme looking at positive and negative, primary and secondary, medium to long-term effects produced by the interventions, whether directly or indirectly, intended or unintended; and
3. To assess the UJR programme's **sustainability** focusing on the continuation of benefits from the intervention after the support has ceased.

Scope

The scope of the review under each objective will cover the following outlined below.

On programme results and effectiveness, the review will assess the key gains from the project, that will also include review of progress in the achievement of outputs and outcomes against what was planned in the UJR programme theory of change and results framework. The results will be presented through a series of case studies about how the intervention made changes in the lives of women and their families in Solomon Islands.

On impact, the assessment will further identify and analyse the direct and indirect, intended or unintended positive and negative primary and secondary long-term effects produced by the interventions. The focus of the effects will be particularly in terms of but not limited to:

- the access to FP choices and realization of reproductive rights of women in Solomon Islands,
- the saving ²⁵of lives particularly of mothers and infants,

In regards to sustainability, the review will assess how the results from the project would continue to benefit the people after, particularly in reviewing the structures, mechanisms and/or processes that are in place to ensure that the intervention continues even after the end of the project.

Within the above analytical framework, the review will also assess the major constraints and challenges encountered during the project implementation; lessons learned and best practices as well as make recommendations for future programming.

As regards the geographical scope, the review will cover Honiara and selected provinces in Solomon Islands, particularly those sites that benefitted from the activities implemented under the project. Where applicable the assessment would analyse the results of the intervention among adolescents and young girls, women experiencing violence and others special groups.

3.

25 This could look at lives saved not lost using modelling including cost savings from prevention of unplanned pregnancies

4. Review Criteria and Questions

The review will focus on the five key questions below. All questions will also need to be addressed through the lens of gender equality and human rights. The consultant will be required to further unpack these questions using the review matrix outlined in **Annex 2**. Table 2 below outline the questions by Indicative criteria.

Table 2: Review Questions

Review Questions	Review Criteria				
	Effectiveness	Impact	Sustainability	Gender Equality	Human Rights
1 To what extent were the UJR programme objectives (outputs and outcomes) achieved?	✓	✓		✓	✓
2 What were the major factors influencing the achievement or non-achievement of the objectives?	✓			✓	✓
3 What has happened as a result of the UJR programme intervention? What real difference has the activity made to the beneficiaries? How many people have benefited for this intervention? [To be addressed in terms of but not limited to access to more FP choices and realization of reproductive rights of women in Solomon Islands and life savings to mothers and infants.		✓		✓	✓
4 To what extent would the benefits of the UJR programme continue if donor funding ceased?			✓	✓	✓
5 What are the major factors that affect the sustainability of provision of Jadelle as a method of contraception in Solomon Islands			✓	✓	✓

5. Review Methodology

The review exercise will be inclusive, and participatory, as well as gender and human rights²⁶ responsive with the objective to promote ownership, learning and accountability for results. The review will follow the goal based approach to assess whether intervention reaches goals and objectives. The socio-economic assessment approach will also be utilized to study the various social and economic structures, processes, and changes within the target groups and stakeholders. At the same time the beneficiary assessment approach will also be adopted to gain the views of key intended beneficiaries at all levels of the program.

The selected consultant will design the methodology and tools to assess the effectiveness, impact and sustainability of the UJR programme to be able to come up with evidence to support the answers to the review questions. This will need to be submitted with the bid including the cost of deploying the selected method and must include: an analytical framework; a strategy for collecting and analysing data; a series of specifically designed tools; and a detailed work plan. Methods should include but not be limited to:

26 The review will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. It will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

1. Documentary Desk Review of Program documents
2. Program Participant Survey
3. Key Informant Interviews
4. Focus Group Discussions; and
5. Analysis of Records and Secondary Analysis – Causal Attribution Analysis and Modelling
6. Video clips from beneficiaries, providers and program managers on the jabelle programme

A list of program documents will be provided for the consultant’s review and assessment. A survey of the various relevant beneficiaries will be conducted to seek the views and perceptions around the related questions. At the same time, face to face interviews will be conducted with identified key informants in UNFPA, Government, suppliers, implementing partners and other key stakeholders that would contribute to provide answers and findings to the review questions.

It is recommended that a focus group discussion is organized to address certain questions and sub questions that would be developed by the consultant in the assessment matrix. The review will also need to undertake some analysis of records including secondary analysis preferably a causal attribution analysis to determine and confirm theory of change and the several impacts identified under the scope above. Annex 3 maps the prescribed tools proposed to be used for each of the review questions. The consultant will need to review, validate and build on this proposal as appropriate.

6. Review Process

The review will be conducted in four phases as outlined below:

Phase	Description
1. Preparatory	UNFPA will lead finalization of the draft TOR and recruitment of an external consultant, in consultation with DFAT and MHMS.
2. Inception	The consultant will work with UNFPA technical team to confirm the methodological design for the review as proposed by the consultant in his/her proposed bid and submission. The consultant will review all relevant documents, and complete the review matrix requirements in Annex 2, data collection tools strategy for analysing the information and document all these in an inception report for submission to UNFPA for final review and approval
3. Field Work (Data collection and analysis)	The consultant will travel to Solomon Islands, including to selected intervention sites, to conduct the data collection and consultations using the tools and methods approved in the inception report.
4. Analysis and Reporting	The consultant will analyse the data collected and will document the findings and outcomes of the analysis in a report. A draft final report will be prepared and will include an updated review matrix. The structure of the report is outlined in Annex 3
5. Dissemination and Follow Up	UNFPA will work with the country and donor to identify appropriate fora and medium to disseminate the findings and the recommendations from this review. A response and action plan on the final report will also be developed to ensure follow up to this exercise.

7. Expected outputs and deliverables of the Review

The consultant's expected deliverables of the review will be as follows:

1. **An Inception report (max 20 pages including Annexes):** following an initial desk review, which outlines the scope, methods and chapter plan for the final report including tools for interviews, a work plan and a completed review matrix that would continuously be updated throughout the review process
2. **PowerPoint Presentation on Preliminary findings and recommendations and a 2-pager** brief with main findings and recommendations to support wider dissemination
3. **A Draft Review Report (max 40 pages including the executive summary and excluding annexes)**
4. **A Final Review Report** based on comments received on the draft report during the validation phase.

The entire assignment is expected to be completed within 60 days as outlined in detail below.

Consultant Review Tasks and Number of Days

Phase and Activity	Number of Days
Inception	
Briefing Meetings (skype)	0.5
Desk Review of documents	2
Design and updating of review matrix and data collection tools	4
Draft Inception Report	4
Integration of feedback and Final Inception Report (max 20 pages)	1
Presentation of Inception Report	0.5
Data collection	
Field mission (Solomon Islands)	10
PowerPoint Presentation to PSRO with Solomon Office on-line Overall Preliminary Findings	0.5
Analysis and Reporting	
Analysis of findings	10
Draft Review Report	10
Incorporation of feedback	1
Presentation of draft final report	0.5
Finalization of Report	1
Total days	45

8. Review Consultant – Requirements and Qualifications

The review will be carried out by a professional review consultant. He/ she will have extensive previous experience in conducting similar project reviews particularly on the subject of family planning, reproductive health, reproductive health commodity security and/or the health sector management. Along with a good command in written and spoken English and excellent analytical and report writing skills, the consultant must have sound RBM knowledge and technical M&E skills. A general understanding of UNFPA's mandated areas of programming in SRH, youth, GBV and population and development will be a key advantage. His/her primary responsibilities will be:

- Setting out the methodological approach of the review and inception report;
- Implementing the approved work outlined in the inception report particularly the field work, analysis, report writing and dissemination of the review findings.
- liaising with the UNFPA review manager from the UNFPA PSRO and the technical team and providing updates as needed
- Attend to organized meetings with UNFPA and other stakeholders;
- Delivering the inception reports, and review report in line with the requested quality standards.

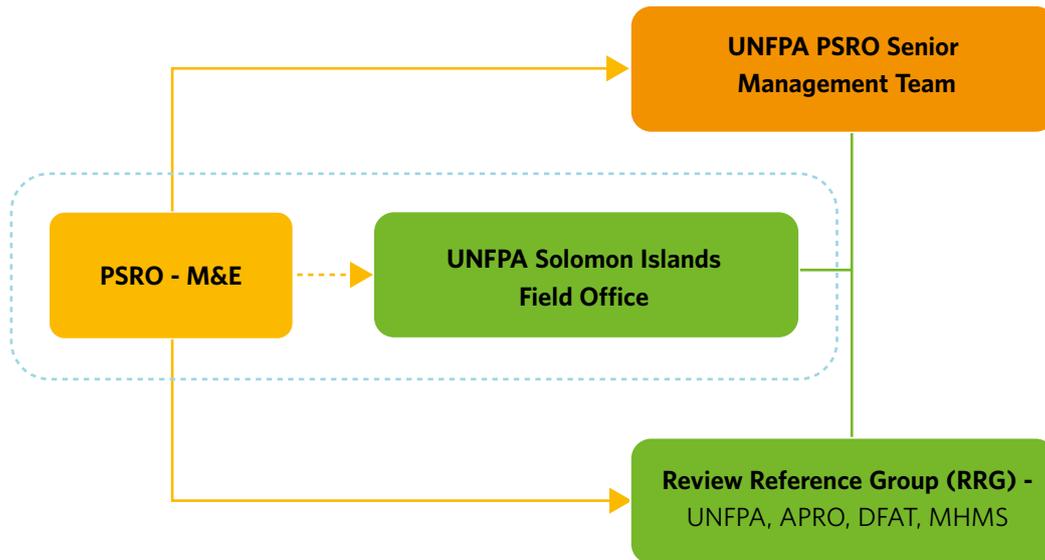
Minimum qualifications required:

- 10 years of experience in conducting and/or managing project reviews/ assessments/ evaluations. Preference will be given to those who have previously led or being involved in impact evaluations.
- Master's degree or equivalent in Development Studies, Sociology, Economics, Social Studies, public health, International Relations or other related field.
- Awareness of ethical risks in programming around sensitive issues, both in programme delivery and in all aspects of M&E.
- Proven skills in review methodology, research analysis, including quantitative and qualitative data collection and analysis techniques.

9. Management of the Programme Review

The review exercise will be managed by the Senior Management team of UNFPA PSRO under the general guidance of the UNFPA Representative. The UNFPA PSRO Monitoring and Evaluation Specialist with support from the UNFPA Solomon Islands Field Office, the PSRO Technical team and the SMT will provide the specific day to day management, coordination and logistics of the review.

A review reference group will be formed to provide technical oversight of the exercise. The group will guide and enhance the quality of the review exercise by peer reviewing and providing impartial and constructive feedback on the products of the review, endorsing the reports and will be supporting national participation and ownership through the review process.

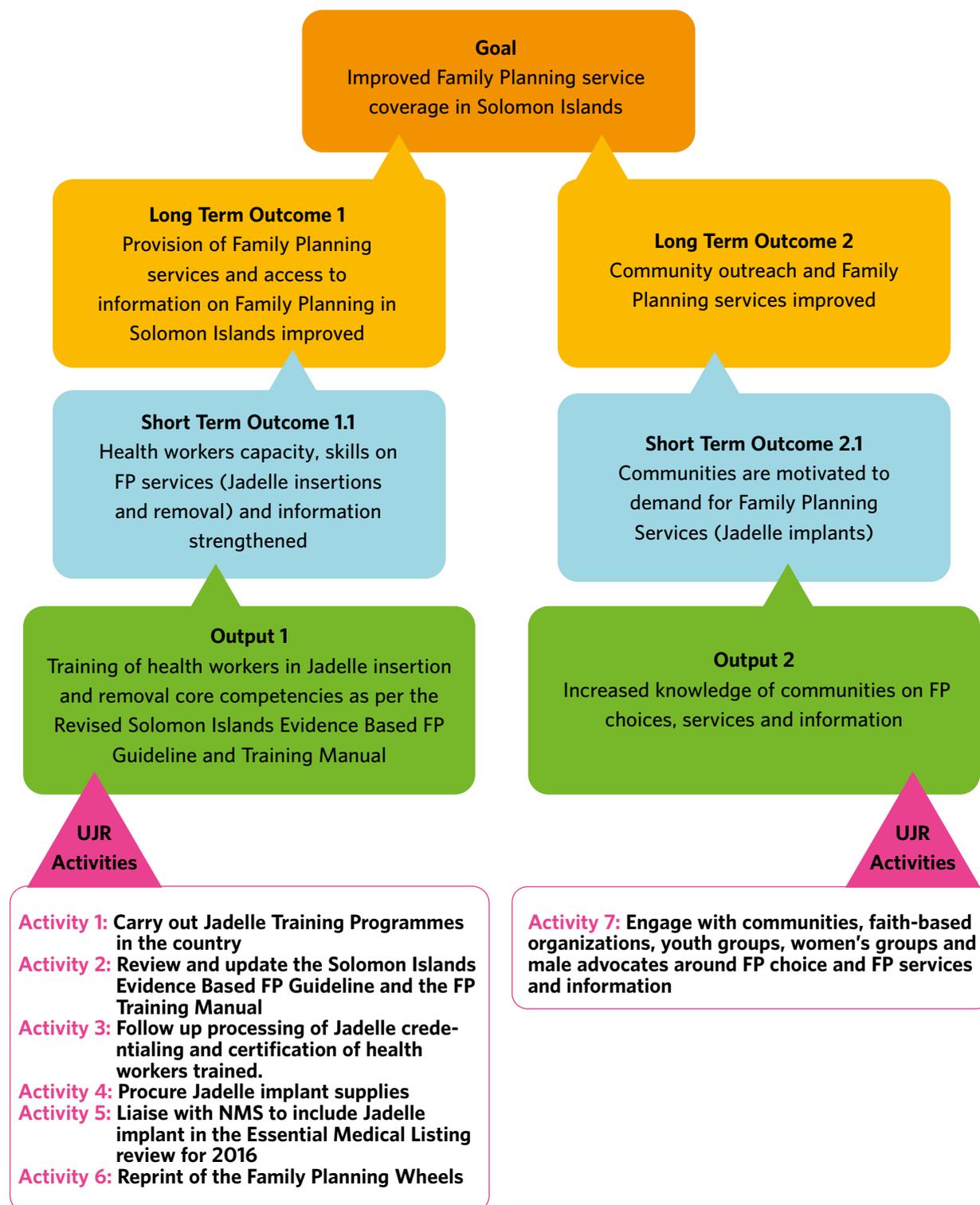


The Review Reference Group (RRG) composed of UNFPA PSRO, APRO, DFAT and Solomon Islands MOH will be the main decision-making body for the exercise to ensure quality and independence of the review to ensure compliance with UNEG Norms and Standards and Ethical Guidelines. Key roles and responsibilities of the RRG include:

- Endorsement of the Review TOR;
- Guide the consultant throughout the phases of the review;
- To review, quality assure, provide substantive comments and approve all the deliverables of the review consultant;
- To ensure that all relevant stakeholders are involved in the review
- To contribute to learning, knowledge sharing, the dissemination of the review findings and follow-up on the joint management response and action plan.

ANNEX D: THEORY OF CHANGE

Figure 2: Upscaling Jadelle Rollout Programme 2016-2017 Theory of Change



ANNEX E: RESULTS FRAMEWORK

Project Name		Upscaling Jadelle Rollout in the Solomon Islands				
Results	Indicators	Baseline	Target	Methodology/ Means of Verification	Frequency of Data Collection	
Goal: Improved Family Planning service coverage in Solomon Islands	National Contraceptive Prevalence Rate in the country improved	27 (based on 2007 DHS)	Improved contraceptive prevalence rate over time	Ministry of Health Core Indicator Report/ Family Health Card	Quarterly/ Annual	
	Unmet Need of Family Planning	TBD	Unmet Need for Family Planning declines in the near medium to long term.	Ministry of Health Core Indicator Report/ Family Health Card	Annual	
Long Term Outcome 1 Provision of Family Planning services and access to information on Family Planning in Solomon Islands improved	Client satisfaction level of FP services in health facilities	Not Available	High client satisfaction level from	Client Feedback Surveys/ Client Feedback Surveys Report	Quarterly/ Annual	
Short Term Outcome 1.1 Health workers capacity, skills on FP services (Jadelle insertions and removal) and information strengthened	Number of registered nurses and midwives credentialed and certified in Jadelle implant insertion and removal	59 (March 2015) (73 registered nurses and midwives are yet to be credentialed and certified. Process ongoing)	All registered nurses and midwives credentialed and certified to undertake Jadelle implant insertion and removal. Total number of nurses to be certified is targeted at 200		Quarterly/ Annual	
Output 1 Training of health workers in Jadelle insertion and removal core competencies as per the Revised Solomon Islands Evidence Based FP Guideline and Training Manual	Endorsed FP guideline and Training manuals for health workers incorporating implants core competencies applied in the country	FP Guideline and FP Training manuals in the country does not include implants	FP Guideline and FP Training manual for inclusive of Jadelle implants core competencies developed and applied	PSRO Programme Monitoring/ Country Quarterly BWP Progress Reports, Final Country FP Guideline and FP Training manuals	Quarterly/ Annual	
	Number of Jadelle Trainings conducted in the Country	9 (2015) (Excluding the initial training of 2014)	All 10 Provinces covered (Also to include Faith Based and Private Medical Clinics)	PSRO Programme Monitoring/ Country Quarterly BWP Progress Reports	Quarterly/ Annual	
	Number of key health workers trained in Jadelle implant.	161 (10 medical doctors, 74 midwives, 58 registered nurses; 18 nurse aides and 1 health promoter educator)	All key health workers trained and are delivering FP Services. Total number of health workers to be targeted is 250.			
Activity 1: Carry out Jadelle Training Programmes in the country	Jadelle training for Health and NGO staff training completed	9 Provincial Trainings conducted in 2015	Trainings completed	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Activity 2: Review and update the Solomon Islands Evidence Based FP Guideline and the FP Training Manual	FP Guideline and Training materials finalized, and endorsed by the SIG.	No Initial work on the review of the FP Guideline has started materials (2016)	Yes FP Guideline and training materials validated and approved by the SIG (2016)	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Activity 3: Follow up processing of Jadelle credentialing and certification of health workers trained.	Trained Health workers in Jadelle credentialed and certified by the Nursing Council	Not all trained health workers have been credentialed. Jadelle Certification of trained health workers completed	Jadelle credentialing and Certification of target health workers completed	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Activity 4: Procure Jadelle implant supplies	Jadelle implants supplies procured and distributed on time	Procurement & distribution of Jadelle completed (2015) ⁹	Timely Jadelle procurement and Distribution completed	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Activity 5: Liaise with NMS to include Jadelle implant in the Essential Medical Listing review for 2016	Jadelle implants captured in the Essential Medical Listing for 2016	Jadelle implant is not captured in the EML (2015)	Jadelle implant is included in the Essential Medical Listing	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Activity 6: Reprint of the Family Planning Wheels	Family Planning Wheels reprinted and distributed	No reprints done	Timely reprint of FP Wheel and Distribution completed	UNFPA Country BWP Progress Reports	Quarterly/ Annual	
Long Term Outcome 2 Community outreach and Family Planning services improved	Community satisfaction level of FP information and services	Not available	High	Client satisfaction survey Family Health Card	Quarterly/ Annual	
ST Outcome 2.1 Communities are motivated to demand for Family Planning Services (Jadelle implants)	Number of Community integrated outreach health services conducted.	177 Community outreach in for Family Planning motivation (2015). This is exclusive of Family Health Card home visits in Malaita and community outreach conducted by SIPPA AHD Stakeholders in 2015	TBD	PSRO Programme Monitoring/ Quarterly BWP Progress Reports	Annual	
	% Consumption rate of Jadelle Implant utilization	80% consumption rate of Jadelle Users (2014 to 2015)	Positive growth of Jadelle Implant utilization since 2014			
Output 2 Increased knowledge of communities on FP choices, services and information	Number of outreach and communication activities completed	177 Community outreach in for Family Planning motivation (2015). This is exclusive of Family Health Card home visit in Malaita and community outreach by SIPPA AHD Stakeholders		PSRO Programme Monitoring/ Quarterly BWP Progress Reports	Quarterly/ Annual	
	Number of people who are able to identify the various FP services and information and are able to make an informed decision on the Jadelle option.	>7,500 (2015) Current Jadelle users	Estimate >15,000	PSRO Programme Monitoring/ Quarterly BWP Progress Reports	Quarterly/ Annual	
Activity 7: Engage with communities, faith-based organizations, youth groups, women's groups and male advocates around FP choice and FP services and information	Engagements on FP choices and safe access convened and objectives met	177 communities reached (Guadalcanal, Malaita, central, Makira, Isabel, Western, Choiseu) Youth groups and	Engagements completed	TA consultations/ Country BWP Progress Reports	Quarterly/ Annual	

⁹ Total procurement since the start of the pilot in October 2014 and to date is 10,700

ANNEX F: DOCUMENTS CONSULTED

GoSI (2016). *National Development Strategy 2016-2035: Improving the Social and Economic Livelihoods of all Solomon Islanders*, Ministry of Development Planning and Aid Coordination, Honiara, Solomon Islands.

GoSI (2017). *Solomon Islands Poverty Maps Based on the 2012/13 Household Income and Expenditure Survey and the 2009 Population and Housing Census*, prepared by the Solomon Islands National Statistics Office in association with The World Bank, with support also provided by the Australian High Commission in the Solomon Islands, Honiara, Solomon Islands.

GoSI (nd). *Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey*, prepared by the Solomon Islands National Statistics Office in association with The World Bank, with support also provided by the Australian High Commission in the Solomon Islands, Honiara, Solomon Islands.

Middleton, J. and M. Bailey (2013). *Family Planning and Reproductive Health Commodity Assessment: Solomon Islands*, prepared for the Ministry of Health and Medical Services Solomon Islands and the UNFPA Pacific Sub-Regional Office, Honiara, Solomon Islands (draft, no final provided).

MHMS (2016). *National Health Strategic Plan 2016-2020*, prepared by the Ministry of Health and Medical Services, Government of Solomon Islands, Honiara, Solomon Islands.

NSO (2017). *Solomon Islands Demographic and Health Survey 2015*, prepared by the Solomon Islands National Statistical Office, Ministry of Finance and Treasury, in association with the Solomon Islands Ministry of Health and Medical Services and the South Pacific Community, Honiara, Solomon Islands.

NSO (nd). *2009 Population & Housing Census. National Report*, Solomon Islands National Statistical Office, Ministry of Finance and Treasury, Honiara, Solomon Islands.

UNFPA Independent Evaluation Office (2013). *Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA*, prepared by the UNFPA Independent Evaluation Office, New York, New York, United States.

UNFPA PRSO and Solomon Islands Field Office (2016). *UNFPA Multi-Country Programme, 2013-2018, Family Planning Component*, for the period May 2016 to November 2017, prepared by the UNFPA PRSO in collaboration with the UNFPA Solomon Islands field office, Suva, Fiji.

UNFPA PRSO and Solomon Islands Field Office (2017). *UNFPA Multi-Country Programme, 2017-2018, Family Planning Component*, prepared by the UNFPA PRSO in collaboration with the UNFPA Solomon Islands field office, Suva, Fiji.

UNFPA PRSO and Solomon Islands Field Office (2018). *Upscaling Jadelles Rollout in the Solomon Islands Donor Report 01 April 2017 - 30 July 2018*, prepared by the UNFPA PRSO in collaboration with the UNFPA Solomon Islands field office, Suva, Fiji.

UNFPA PRSO and Solomon Islands Field Office (nd). "Investment Case in Solomon Islands: Reducing Unmet Need for FP to Zero by 2020", PowerPoint Presentation prepared by the UNFPA PRSO in collaboration with the UNFPA Solomon Islands field office, Suva, Fiji.

UNFPA Solomon Islands (2016). *2015 Annual Report - Solomon Islands*, prepared by the UNFPA Solomon Islands Office in collaboration with the UNFPA PRSO, Honiara, Solomon Islands.

UNFPA Solomon Islands (2018). *Moving Towards Zero Unmet Need for Contraception in the Solomon Islands – Upscaling the Jadelle Method Proposal 2018-2019*, prepared by the UNFPA Solomon Islands Office, Honiara, Solomon Islands.

UNFPA Solomon Islands (2019a). *2018 Annual Report – Solomon Islands*, prepared by the UNFPA Solomon Islands Office in collaboration with the UNFPA PSRO, Honiara, Solomon Islands.

UNFPA Solomon Islands (2019b). “Brief Update on the Upscaling Jadelle Rollout in the Solomon Islands”, mimeo, prepared by the UNFPA Solomon Islands Office, Honiara, Solomon Islands.

UNFPA Solomon Islands (2020a). *2019 Annual Report – Solomon Islands*, prepared by the UNFPA Solomon Islands Office in collaboration with the UNFPA PSRO, Honiara, Solomon Islands.

UNFPA Solomon Islands (2020b). *Donor Report: Upscaling Jadelle Rollout in the Solomon Islands*, prepared by the UNFPA Solomon Islands Office in collaboration with the UNFPA PSRO, Honiara, Solomon Islands.

United Nations in the Pacific (2018). *United Nations Pacific Strategy 2018-2022. A Multi-Country Sustainable Development Framework in the Pacific Region*, United Nations in the Pacific, Suva Fiji and Apia Samoa.

WHO (2015). *Solomon Islands Health System Review*, Health Systems in Transition Vol. 5 No. 1 of 2015, prepared by N. Hodge, B. Slatyer and L. Skiller, edited by M. Whittaker for Asia Pacific Observatory on Health Systems and Policies for the World Health Organisation, Geneva, Switzerland.

Other: various correspondence from the Australian High Commission in Honiara and UNFPA including contract amendments, UNFPA for management of the Programme, Local Consultant deliverables (three sets, including credentialing procedures, training proposals and materials, monitoring tools, Programme monitoring materials, similar)

ANNEX G: KEY INFORMANT INTERVIEW INSTRUMENT

FINAL VERSION (V3) 5-3-20

Jadelle Evaluation Key Informant Interview Instrument Review of the “Upscaling Jadelle Roll-Out in Solomon Islands” Programme (2016-2019)

Prepared by the Evaluation Consultant Dr. David Cownie
For UNFPA Solomon Islands Field Office and UNFPA PSRO

Quality Control, Location, Introduction

1	KII Interviewer	
2	Interviewee 1 Position	
3	Interviewee 1 First Name	
4	Interviewee Male or Female	_____ - 1 female _____ - 2 male
5	Other Interviewee 2 Position	
6	Other Interviewee 2 First Name	
7	Interviewee Male or Female	_____ - 1 female _____ - 2 male
8	Other Interviewee 3 Position	
9	Other Interviewee 3 First Name	
10	Interviewee Male or Female	_____ - 1 female _____ - 2 male
11	Date and Time	Date: _____ Start Time: _____ End Time: _____ Total Time: _____
12	Co-operation	_____ - 1 high _____ - 2 medium _____ - 3 low
13	Recording ID	ID #: _____
14	Region (or National)	

Introductory Statements (confidential and in private)

Hello, my name is and I am helping Government and the United Nations to evaluate the Jadelle Impact Programme. Briefly, Jadelle is the family planning implant that you received. [If uncertain, describe how it would have been inserted]

Request for your participation

We are evaluating whether the Programme should continue, whether this particular type of family planning method is positive based on your experience, and whether you think it is possible to continue Jadelle Implant services into the future.

During the interview you have the right to:

- * Refuse to respond to a particular question or discussion point.
- * Leave the discussion at any time.
- * Tell us that you want your comments removed.
- * Terminate the interview.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else, including the Government.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms. Kirsten Maenu'u at the United Nations in Honiara at 677-23375.

Approval for Participation

Do you have any questions before we proceed? [Int: get a verbal response on the digital voice recorder]

Programme Implementation

15) Please explain your role(s) in the Programme.

15a) [For Judith Seke and other relevant staff, also ask] Please tell me more detail about Jadelle training, as well as post-training follow-up.

15b) [Ask Judith Seke for list of nurses trained so that your interviews with nurses are from this list]

15c) [For Judith Seke and other relevant staff, also ask] Can you please tell us about the advocacy work that has been done over the past few years on Jadelle. Please describe what was done, what that was selected, and how well you felt it worked.

15d) [For Solomon Islands Nursing Council] Please tell us about credentialing, what worked and what did not, constraints you faced, and how you worked around problems.

15e) [Ask Ministry of Health personnel] Tell us a bit about the printing of FP Wheels. Did any constraints arise, and if so how were problems solved, if they were? How will this be sustained in the future.

16) Were you involved in problem solving around Programme delivery? If so, please explain?

16a) [Mr. Wille Horoto, Government Pharmacist] Please tell me about procurement for Jadelle, what went well and what did not, what affected the smooth functioning of procurement, how problems were solved and what remain unsolved, and how these problems can be avoided in future Government implementation of Jadelle.

16b) [Mr. Wille Horoto, Government Pharmacist] Please tell me about the process of getting Jadelle placed on the Essential Medical Listing when the last review was conducted in 2016. Where does it stand now?

17) As you know, the Programme was substantially delayed due to issues around finances with the Ministry. What impacts do you think that had on the Programme?

18) The Programme included skills development among implementing personnel. Please tell us how well you think that went, what the strengths were, and what the problems were.

19) What about the involvement of male advocates in the Programme, how well did that go?

20) Are there cultural factors that undermined the efficacy of the Programme? Are there cultural factors that the Programme should have devoted more attention to but did not?

21) How well did faith-based organisations fit into the Programme, were there any issues around religious beliefs and use of the Jadelle method? If so, how were these handled, and did this work?

22) What groups of women do you think the Programme best reached? Why?

23) What groups of women do you think the Programme did not reach well? Why? Where did the Programme go wrong in terms of outreach, advocacy and similar that led to some groups being excluded?

Programme Impacts

24) The Programme had the following goal: improved family planning service coverage in Solomon Islands. Do you think that it had any effect on this goal? If so, why? If not, why not? Where was it deficient?

25) The Programme aimed to 'generate demand for the Jadelle implant'. Do you think it accomplished this? How was it undermined in its ability to accomplish what could have been possible? What could have been done better? What went well and why?

26) The Programme aimed at 'improving access to family planning services and information'. Do you think it accomplished this? How was it undermined in its ability to accomplish what could have been possible? What could have been done better? What went well and why?

27) The Programme had an objective of building capacity within health services (state and non-state) to insert and remove Jadelle. Do you think it accomplished this? How was it undermined in its ability to accomplish what could have been possible? What could have been done better? What went well and why?

28) The Programme had an objective of creating increased demand for Jadelle services. Do you think it accomplished this? How was it undermined in its ability to accomplish what could have been possible? What could have been done better? What went well and why?

29) Considering these goals and objectives, could you 'map out' what made the Programme work, and what undermined the Programme? We'd like to know how delivery could be improved in future, so want to understand where things went right, step by step, and where they went wrong.

Programme Lessons Learned

30) Given that the Programme support from the UN is ending, what do you think will happen with Government leading supply of Jadelle? How will this affect partnerships with faith based organisations, the Planned Parenthood Association, and other actors?

31) How would this affect various provinces in the country differently, if at all?

32) Do you think that the Programme may have led to violence against users?

33) Considering the constraints about accreditation for nurses, how would this affect sustainability in future?

34) Do you think that demand would continue for Jadelle? What if public awareness raising was cut back, for whatever reasons, would that affect demand?

35) What would you regard as the key lessons learned in terms of what worked well?

36) What about what didn't work well. What were the key lessons learned here?

37) Overall, what would you regard as the sustainability of any Jadelle provision in the absence of direct donor support? What could improve this situation?

38) Consider the nature of record keeping for Jadelle. What are the strengths and weaknesses of the Programme in this regard?

Recording

39) If you had to say one thing that you'd like to be quoted on, without specific attribution by your name or position of course, what would you say?

Closing Question

40) Do you have any closing comments?

Introductory Statements (confidential and in private)

Hello, my name is and I am helping Government and the United Nations to evaluate the Jadelle Impact Programme. Briefly, Jadelle is the family planning implant that you received. [If uncertain, describe how it would have been inserted]

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During the interview you have the right to:

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- * Leave the discussion at any time.
- * Tell us that you want your comments removed.
- * Terminate the interview.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else, including the Government.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms. Kirsten Maenu'u at the United Nations in Honiara at 677-23375.

Approval for Participation

Do you have any questions before we proceed? [Int: get a verbal response on the digital voice recorder]

Introduction

8) Please tell us a bit about your backgrounds in the health professional.

9) Please tell us about your experience with the Jadelle Programme, in terms of your desire to be involved, the training you were provided, certification, and other things about preparation, and then your experiences in implementation.

Training and Certification

10) Please tell us about the strengths and deficiencies in terms of training, from the very beginning in terms of preparations, the actual training itself, and anything that arose right after training was completed.

11) What about certification, what were the strengths and limitations in this regard?

12) What does all this imply for your professional careers? What can/should be done about it?

13) Overall, would you say that the training that was offered allowed you to competently delivery Jadelle services?

Implementation

14) Please describe to us how you deliver the service. How does it integrate with other family planning services you deliver? Did it in any way disrupt your ability to provide family planning services?

15) Please describe how you proceed with counselling women who want Jadelle. What do you discuss with them? What kinds of questions do they ask you? What are their main concerns? What are the main points of confusion they face?

16) What about the involvement of male advocates in the Programme, how well did that go?

17) Are there cultural factors that undermined the efficacy of the Programme? Are there cultural factors that the Programme should have devoted more attention to but did not?

18) How well did faith-based organisations fit into the Programme, were there any issues around religious beliefs and use of the Jadelle method? If so, how were these handled, and did this work?

19) What groups of women do you think the Programme best reached? Why?

20) What groups of women do you think the Programme did not reach well? Why? Where did the Programme go wrong in terms of outreach, advocacy and similar that led to some groups being excluded?

21) Did you run into situations where there simply weren't any Implants? If yes, what were the implications of this? How did the women needing this service respond to unavailability? Did this frustrate you in any way? Did you offer alternative family planning services in the interim?

22) Given that the Programme support from the UN is ending, what do you think will happen with Government leading supply of Jadelle? How will this affect partnerships with faith based organisations, the Planned Parenthood Association, and other actors?

23) Do you think that the Programme may have led to violence against users?

24) Considering the constraints about accreditation for nurses, how would this affect sustainability in future?

25) Do you think that demand would continue for Jadelle? What if public awareness raising was cut back, for whatever reasons, would that affect demand?

26) What would you regard as the key lessons learned in terms of what worked well?

27) What about what didn't work well. What were the key lessons learned here?

28) Consider the nature of record keeping for Jadelle. What are the strengths and weaknesses of the Programme in this regard? What was hardest to do, what did not go well?

Closing Question

29) Do you have any closing comments?

ANNEX I: CASE ASSESSMENT GUIDE

FINAL VERSION (V3) 5-3-20

Jadelle Evaluation Case Assessment Guide

Review of the “Upscaling Jadelle Roll-Out in Solomon Islands” Programme (2016-2019)

Prepared by the Evaluation Consultant Dr. David Cownie
For UNFPA Solomon Islands Field Office and UNFPA PSRO

Quality Control, Location, Introduction

1	Location/ Community	
2	Province	
3	First Name	
4	Marital Status	
5	Age	
6	Date and Time	Date: Start Time: End Time: Total Time:
7	Co-operation	_____ - 1 high _____ - 2 medium _____ - 3 low
8	Recording ID	ID #: _____

Introductory Statements (confidential and in private)

Hello, my name is and I am helping Government and the United Nations to evaluate the Jadelle Impact Programme. Briefly, Jadelle is the family planning implant that you received. [If uncertain, describe how it would have been inserted]

Request for your participation

We are evaluating whether the Programme should continue, whether this particular type of family planning method is positive based on your experience, and what use of this method has meant to you personally, what it has meant for your life, your well-being, and your future.

Obviously some of these questions may be sensitive, but we ask that you answer each question openly and honestly. Your views are especially important in deciding on the future of the method.

During the interview you have the right to:

- * Refuse to respond to a particular question or discussion point.
- * Leave the discussion at any time.
- * Tell us that you want your comments removed.
- * Terminate the interview.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else, including the Government.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Ms. Kirsten Maenu'u at the United Nations in Honiara at 677-23375.

Approval for Participation

Do you have any questions before we proceed? [Int: get a verbal response on the digital voice recorder]

Behavioural History

9) When did you first obtain the Implant?

10) Did the person who inserted it know what they were doing? Did you experience any pain, discomfort, or otherwise during and after its insertion? Did you experience any side effects after its insertion?

11) Did you decide on having the Implant on your own, or did you discuss it with your husband/partner, another relative, or someone else?

12) To your knowledge, how long is the Implant effective, how many years?

13) Did you have it removed? If so, why? Did you have any fears about the Implant that led you to decide to remove it? If removed, did you switch to another means of family planning?

14) Did you use another means of family planning prior to the Implant?

15) How did you hear about the Implant? From whom? Did you know anyone else who had used it? If yes, did they recommend it to you?

16) Did you see any posters, billboards or similar on the Implant? What about hearing about it from any media, including the radio, television, text messages, or other?

17) Did the method fail you and you got pregnant?

Attitudes

18) Consider how satisfied you were with the Implant during its use. Would you say that you were 'very satisfied', 'somewhat satisfied', 'somewhat unsatisfied', or 'very unsatisfied' with the Implant? Please explain.

19) Consider how well informed you felt you were in discussing it with the health worker. Were you 'very satisfied', 'somewhat satisfied', 'somewhat unsatisfied', or 'very unsatisfied' with the information provided? Please explain.

20) Consider how positive or negative overall you feel about the Implant in terms of how it helped you control your family planning decisions. Were you 'very positive', 'somewhat positive', 'somewhat negative', or 'very negative' about the Implant helping you in making these family planning decisions? Please explain.

21) Consider whether you would recommend this method to married women you know. Would you be 'very likely', 'somewhat likely', 'somewhat unlikely', or 'very unlikely' to recommend it? Please explain.

22) What about for unmarried women who are looking to avoid pregnancy, and consider it against other methods. Would you be 'very likely', 'somewhat likely', 'somewhat unlikely', or 'very unlikely' to recommend it? Please explain.

23) Consider a situation where the method would not be available to you in future, or to other women in this community. Do you think this would lead to unplanned pregnancies, or would women be able to use other methods just as well to prevent any unplanned pregnancies?

24) Consider a situation where a wife doesn't want to become pregnant at this time but is not in a position to get agreement from her husband in this regard. Would this be a useful method for her, or would it lead to too many problems?

25) Should a wife have the ability to decide on this method herself even if she doesn't ask her husband for fear that he may say no, or worse?

26) Consider the money and time required for this form of family planning versus other forms. Is this less in cost and less in time, more, or similar?

Advocacy

27) Have you recommended this method to anyone else? If yes, please give an example or a few, so that we can understand your rationale. If no, why not?

28) If you were asked by a health worker or someone similar to advocate on behalf of the Implant at the health facility, would you be willing to do so? I should add that this is not going to happen, rather we are simply interested in understanding whether you would recommend this family planning method to others.

29) If the availability of the method was not so reliable – say it took 3-4 visits to a health facility before it became available – do you think that this would undermine demand, or would women persist?

30) Culturally, do you think there is a 'mismatch' between the culture here and the use of this family planning method?

Recording

31) If you had to say one thing that you'd like to be quoted on, without specific attribution by your name or location of course, what would you say?

Closing Question

32) Do you have any closing comments?



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