DFAT:

Transformative Agenda

2020 Annual Report

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Acronyms and Abbreviations

ANC/PNC	Antenatal care/postnatal care
BCC	Behaviour change communication
CSE	Comprehensive sexuality education
DFAT	Department of Foreign Affairs and Trade (Government of Australia)
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
FLE	Family life education
FP	Family planning
FPNSW	Family Planning New South Wales
GBV	Gender-based violence
HFRSAA	Health Facility Readiness and Service Availability Assessment
HMIS	Health management information system
ICPD	International Conference on Population and Development
IEC	Information, education and communications
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
JICA	Japan International Cooperation Agency
LARC	Long-acting reversible contraceptive
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LMIS	Logistics Management Information System
M&E	Monitoring and evaluation
MDSR	Maternal death surveillance and response
MFAT	Ministry of Foreign Affairs and Trade (Government of New Zealand)
MICS	Multiple Indicator Cluster Survey
MPDSR	Maternal and perinatal death surveillance and response
NGO	Non-governmental organization
OFA	Outstanding financial advance
PICTs	Pacific island countries and territories
PSEA	Prevention of sexual exploitation and abuse

PSRO	Pacific Sub-Regional Office
RMNCAH	Reproductive, maternal, neonatal, child and adolescent health
SDGs	Sustainable Development Goals
SIPPA	Solomon Islands Planned Parenthood Association
SOP	Standard Operating Procedure
SPC	The Pacific Community
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TA	Transformative Agenda
TMICS	Tonga Multiple Indicator Cluster Survey
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

The Government of Australia's Department of Foreign Affairs and Trade (DFAT) has committed to supporting improved realization of sexual and reproductive health and rights (SRHR) for women, adolescents and youth across the Pacific. "Transformative Agenda for Women, Adolescents and Youth in the Pacific"

Managed by the United Nations Population Fund (UNFPA) Pacific Sub-Regional Office (PSRO), the Transformative Agenda (TA) programme invests in improving SRHR in six priority countries: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. The programme seeks to reduce unmet need for family planning over a 51-month period (2018-2022) with an AUD $30 million investment.

Achieving this overall objective builds on three synergistic programme outcomes: increased and improved *supply* of integrated sexual and reproductive health (SRH) information and services, particularly for family planning; increased *demand* for integrated SRH information and services, particularly for family planning; and a more conducive and supportive *environment* for people to access and benefit from quality SRH, especially contraceptive choice.

This annual report covers activities under the programme from January to December 2020. It highlights major changes; key achievements, challenges and lessons learned; progress towards the results framework and management issues.

A year of challenges

The year saw enormous challenges from the COVID-19 pandemic. States of emergency, lockdowns and national curfews were declared during the first quarter of 2020 in all TA countries. In-country travel and mobility were restricted until the third quarter, constraining access to health services. Regional implementing partners and UNFPA Suva based staff were not able to travel in the region to deliver technical assistance as originally planned. Substantial health human resources were shifted into scaling up COVID-19 preparedness and public health measures. Fallout from the pandemic included severe pressures on economies. Additional duress came from the two tropical cyclones that struck during the year, Harold and Yasa. Samoa also experienced a measles outbreak.

Continued commitment of Governments to the SRH/FP agenda

Despite these pressures, political commitment to sexual and reproductive health was on display through the specific declarations of Samoa, Tonga and Vanuatu to mobilize financing for ICPD25 Nairobi Summit commitments. UNFPA Pacific convened a high-level panel on the first anniversary of the summit in November that concluded with a decision to convene annual regional review meetings to track continued progress and maintain momentum in achieving national commitments. In October, the Hon. Tuilaepa Dr. Sailele Malielegaoi, Prime Minister of Samoa co-launched the International Out of School CSE Guidelines, stating his full commitment to CSE and becoming a key champion for Pacific.

Throughout the year, UNFPA worked closely with implementing partners to support countries to make progress on priorities they identified in regional planning in late 2019.

Assessing health workforce readiness

By the end of 2020, the Solomon Islands and Vanuatu had completed the data collection for the Health Facility Readiness and Service Availability assessments (HFRSAA). The exercise is now completed for all six DFAT focus countries, with 872 out of 936 health facilities (93%) assessed. Four

countries have validated findings and issued reports (Fiji, Kiribati, Samoa and Tonga). Information from the HFRSAA provides the baseline for several key indicators that can be used to measure progress quarterly and annually through spot checks. Results of the HFRSAA have already informed decision-making. For example, Samoa applied the mapping of services in its measles response, while Fiji used the data to inform COVID-19 preparedness. In Kiribati, data guided decisions to scale up family planning services and select health providers for family planning training. Several countries are using HFRSAA results to inform the development of new RMNCAH policies.

Building the capacity of health workers to deliver FP/SRH services

Family Planning New South Wales (FPNSW) provided technical support to develop a family planning training curriculum and tools that are based on World Health Organization (WHO) guidelines and can be customized by countries. By the end of December 2020, Fiji, Kiribati and Tonga had trained 18 champion trainers based on the curriculum. The champion trainers of Fiji and Kiribati had trained an additional 33 master trainers on the same curriculum. Similar training is slated for Samoa, Solomon Islands, Tonga (only for the master training) and Vanuatu in 2021, while Fiji and Kiribati will roll out national training for healthcare providers. This training contributes to ensuring that at least one healthcare worker in each service delivery point in the country can provide youth-friendly disability inclusive family planning services.

In Samoa, an orientation of 57 health workers on family planning guidelines brought new skills to 88 per cent of 16 government and NGO service delivery points, including 100 per cent of all public sector service delivery points and one NGO-managed service delivery point. The process resulted in a 4 percentage point increase in knowledge among participants who routinely provide SRH and family planning services.

In Tonga, 41 health workers completed in-service training on emergency obstetric care to increase their understanding of how to reduce the risks of maternal and newborn morbidity and mortality. The training contributes to strengthened and sustained national capacity in emergency obstetric care through the continued accreditation of skilled health-care providers. Additionally, 36 health workers were trained on supply chain design to better manage contraceptives and other health commodities. The training resulted in proposals to improve recordkeeping and reporting.

Improving health information management

A functional health management information system (HMIS) requires regular monitoring, spot checks and data quality assurance processes. In 2020, Tonga used Tupaia MediTrak to collect spot check data in the third and fourth quarters that are being compared to HFRSAA baseline data. In 2021, all other countries are expected to complete training on the platform, and conduct quarterly or six monthly spot checks in at least 50-75 per cent of their health facilities.

In Kiribati, UNFPA supported customization of the mSupply Hub and linking the hub to Tupaia for online monitoring of reproductive health commodities, improving end-to-end visibility of logistics data. Implementation of HFRSAA recommendations on logistics and physical monitoring and the monthly review of mSupply reports have contributed to increasing the share of health facilities with no stockouts of any contraceptives from 2 per cent in 2019 to 67 per cent in 2020. Data indicate increased use of family planning commodities and a rise in couple-years protection.

The Burnet Institute initiated regional work on strengthening HMIS by compiling a recommended list of SRH indicators in line with regional and international commitments and adding each country's

commitments in national and sectoral development plans. This recommended list was mapped against the SRH indicators produced by the HMIS in Fiji, Kiribati and Solomon Islands.

Sustaining SRH/FP services in emergencies

UNFPA supported greater national capacities to coordinate and deliver the Minimum Initial Service Package (MISP) for SRH/family planning during emergencies. Six MISP modules and three additional modules on disability inclusion that complement the MISP were contextualized for the Pacific. They have been completed and tested with IPPF member associations and health workers in Kiribati, Solomon Islands and Vanuatu. In Samoa, 22 service providers and programme managers across 11 organizations were trained on MISP. The proportion of participants who could correctly identify all scenarios for use of emergency contraception rose by 19 percentage points. A draft MISP Action Plan has become the basis for advocacy for national implementation, under a taskforce co-led by the Samoa Family Health Association and the Ministry of Health.

Close engagement with national authorities in Fiji on how to embed MISP in the Health Emergency Response Plan enhanced awareness and contributed to the prioritization of MISP services during the Tropical Cyclone Yasa response in December 2020.

Strengthening Adolescent SRH and disability inclusive services

FPNSW developed a regional youth-friendly and disability-inclusive SRH guidelines template in 2020 benchmarked against WHO standards of quality of care for adolescents, informed by findings of the HFRSAAs, and reviewed by Women Enabled International and the Pacific Disability Fund to ensure disability inclusiveness. By the end of 2020, UNFPA was working with health ministries in Kiribati and Solomon Islands to adapt the guidelines. These discussions as well as negotiations with health ministries in the remaining four TA countries led to the inclusion of youth-friendly SRH guidelines in several ministry annual operational plans in 2021.

Extending family life education/comprehensive sexuality education

Based on a synthesis report making recommendations on integrating FLE/CSE into school curricula, UNFPA assisted Kiribati and Samoa to begin implementing the recommendations. In Kiribati, a FLE/CSE integrated curriculum for years 7-9 was rolled out, reaching an estimated 9,911 in-school young people. Other steps included a virtual training of trainers for 21 curriculum officers and teacher instructors on CSE. Scoping and sequencing were completed for integrating FLE/CSE into years 10 and 11. Vanuatu finalized the scoping and sequencing for grade 11 syllabus revision to integrate FLE according to international standards. Samoa developed a draft conceptual framework for FLE and completed a review of secondary curriculum for FLE. Solomon Islands completed the FLE assessment.[1]

Additionally, a mapping study of existing FLE tools for out-of-school CSE was carried out. Data were collected from 35 organizations that implement CSE and 5,753 young people. This review will inform the revision and or development of out-of-school CSE in the 6 countries.

Community mobilization and outreach on SRH/FP

[1] Tonga completed the development of FLE curricula for grades 9-11 using MFAT resources.

A total of 18,806 people in all six countries were reached with family planning and SRHR related community mobilization events and peer education. Nearly half of the people reached (45%) were young people. Fiji reached 498 young people through outreach in the remote highlands and SRH/FP training of young people in registered youth groups. In Kiribati 1,864 people, including from outer islands, were reached through role plays, dramas, radio programmes or training. A total of 7,724 Samoans were reached through outreach messages or peer education on SRH/FP. In the Solomon Islands 7,538 people were provided with SRH/FP information and services through outreach events. A total of 975 young Tongans received training or information at one of the outreach activities. Finally, in Vanuatu a total of 207 young people received an orientation on assessing SRH needs of adolescents and youth, or were trained on informed-decision making related to SRH/FP, amongst others.

Supporting the development of RMNCAH and Youth policies

Initial steps have been taken by four countries (Fiji, Kiribati, Tonga and Vanuatu) to develop new RMNCAH policies and strategies that will be fully costed and aligned with global, regional and national health goals. Consultants were recruited in Fiji, Kiribati, Tonga, and Vanuatu to conduct desk reviews of existing RMNCAH policies, key informant interviews and focus group discussions. In Vanuatu, to inform the adolescent health elements, consultations were held with young people across the country, yielding 23 recommendations to close gaps in youth-friendly health services.

With 30 per cent of Tonga's population aged 15-34, the TA provided timely support to draft Tonga's first-ever National Youth Policy and Strategy in 2020. The strong participation of youth-focused and youth-led organizations, and young people with disabilities produced a draft emphasizing priorities such as CSE, youth employment, and youth health, including family planning services. The policy is expected to back improved legislation and policies for youth health, given an HFRSAA finding that no health facilities offer youth-friendly SRHR services aligned to international standards.

In Vanuatu, the development and launch of the National Youth Policy were facilitated by the TA, which specifically includes family planning and the integration of FLE in the formal education curriculum. This commitment demonstrates motivation in the Ministry of Youth and Sports Development, but more technical support and collaboration with other ministries would boost action to carry it forward.

Multiple Indicator Cluster Survey/Demographic Health Survey

At the end of 2020, UNFPA had assisted Fiji, Samoa and Tonga with national MICS/DHS. Tonga completed the analysis of the MICS/DHS and the snapshot, factsheet and major findings from the MICS/DHS were completed and released. Samoa also completed draft major findings and snapshot that will be published in 2021. Additionally, a fact sheet on SRH/FP was developed from preliminary MICS/DHS results. Data from the fact sheet were used for situational assessments and informed key activities such as targeting communities for adolescent and youth-friendly SRH activities. As Fiji was in its preparation phase, support was provided to develop questionnaires which will generate data disaggregated by age, gender and disability. Seventy-seven enumerators were trained, 40 of whom were women. Female enumerators learned skills to ask female survey respondents sensitive questions around women's health and SRH.

Kiribati's first nationwide survey monitoring the well-being of women, girls and children, the Kiribati Social Development Indicator Survey, is expected to fuel evidence-based planning and programmes .

The TA supported the dissemination workshop for the KSDIS and data have already been used to review the midwifery curriculum, and develop the RMNCAH policy.

Population and Household Census

UNFPA in 2020 supported Kiribati and Vanuatu in finalizing Population and Household Census questionnaires and field management plans and data collection was completed in 2020 despite the COVID pandemic. The Censuses will generate exhaustive information for clearer analysis and monitoring of family planning and adolescent SRH by age, sex, education level, religion, island group and wealth quintile providing a basis for health sector planning for service delivery, and financial and human resource needs.

Midterm review findings and follow-up

DFAT contracted an independent consultant team to carry out an external midterm review of the TA programme from August to December 2020. Implementing partners and UNFPA actively engaged in this process. The main recommendations largely focused on narrowing the scope of the programme to ensure that unmet need for family planning remains the focus, and putting greater emphasis on and funding into supply (outcome 1) and demand (outcome 2), with reduced scope on an enabling environment (outcome 3).

The review recommended revising the M&E framework to be more realistic and measurable, and to strengthen results-based management, including by hiring a senior M&E adviser. UNFPA began revising the framework in late 2020; recruitment of the adviser is underway. Other measures aimed at increasing operational efficiencies have reduced the number of days for processing requests for advances from implementing partners, from 15.3 days on average in 2019 to 6.1 days in 2020.

Improved expenditure

The overall expenditure of DFAT-TA funds has risen between 2019 and 2020, from US $3,206,170 to US $4,372,919, despite the impact of COVID-19. This constituted an increase of 36 per cent. Though this was largely due to bringing the regional technical partners fully on board to support the implementation of the TA, national implementing partners are also improving their absorption capacity.

UNFPA has instituted advances of two-quarter disbursements, enabling more flexibility for partners while also assuring expenditure monitoring and reporting. All partners have been requested to develop two-year workplans for the 2021-2022 period, further enabling the smooth flow of funds to them.

Opportunities for collaboration with DFAT in 2021

Next year, 2021, will be a year of opportunities for strengthening the SRH/FP agenda in the Pacific. At the fourteenth Pacific Health Ministers Meeting, UNFPA will continue to advocate for zero unmet need for family planning. UNFPA will also support national ICPD25 consultations and follow-up actions on country commitments. A Regional Review of ICPD25 commitments is proposed for 2021. UNFPA will ensure that the objectives of the TA that are in alignment with ICPD25 commitments are advocated for. Additionally, UNFPA will carry out deeper analysis and validation at the country level of the family planning and maternal health costing studies developed in 2020, which will feed into the development of costed RMNCAH implementation plans which are funded by the TA and will also be used to advocate for transition financing for contraceptive supplies. Moreover, in 2021 the UNFPA Supplies Partnership programme will continue to work in tandem with the TA programme,

and will support quarterly spot checks on FP/SRH services in all six countries. Finally, In the event of humanitarian emergencies, DFAT (either through the TA or other funding opportunities) could be engaged to support the immediate restoration of family planning services and access to life-saving SRH services in countries where these could be adversely affected.

1. Introduction and context

The United Nations Population Fund (UNFPA) Pacific Sub-Regional Office (PSRO) implements programmes in 14 Pacific Island countries and territories (PICTs). It supports sexual and reproductive health (SRH) and fulfilment of reproductive rights as essential for gender equality, the empowerment of women and young people, and women's participation in the economy. Under the 2030 Agenda for Sustainable Development, Sustainable Development Goal (SDG) target 3.7 calls for universal access to SRH, including family planning, as a key driver of poverty reduction and sustainable development.

Yet key SRH indicators in the Pacific show alarming trends. Adolescent birth rates are rising in 10 out of 14 PICTs, against the trend in most other regions. Fertility rates are growing in 6 out of 14 PICTs, given low contraceptive prevalence rates and some of the world's highest rates of unmet need for family planning.

The Government of Australia's Department of Foreign Affairs and Trade (DFAT) has committed to supporting improved realization of sexual and reproductive health and rights (SRHR) for women, adolescents and youth across the Pacific. An AUD $30 million investment in UNFPA PSRO is DFAT's single largest investment in SRHR to date.

The DFAT-supported "Transformative Agenda for Women, Adolescents and Youth in the Pacific" invests in improving SRHR in six priority countries: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. The programme seeks to reduce unmet need for family planning over a 51-month period aligned with UNFPA's five-year Pacific Sub-Regional Programme 2018-2022.

Achieving this overall objective builds on three synergistic programme outcomes:

- Increased and improved *supply* of integrated SRH information and services, particularly for family planning
- Increased *demand* for integrated SRH information and services, particularly for family planning
- A more conducive and supportive *environment* for people to access and benefit from quality SRH, especially contraceptive choice

This annual report covers the period from **January to December 2020**. It highlights major changes in the region and individual countries; key achievements, challenges and lessons learned; progress towards the results framework and management issues.

2. Regional context

2.1 Political and humanitarian context

Political context

Four Pacific countries, namely the Federated States of Micronesia, Papua New Guinea, Samoa and Solomon Islands presented Voluntary National Reviews to the UN High-level Political Forum in July 2020. Among the Transformative Agenda (TA) countries, Samoa was the only one that specifically reflected national efforts to make progress on SRH and family life education (FLE). The Government of Samoa specifically highlighted improved access to SRH services, including through a partnership between the Ministry of Health and the Samoa Family Health Association. It has helped expand services to rural communities by opening new branches in Motootua and Savaii. The review noted that other government and civil society partnerships have specifically improved maternal health service delivery as well as community engagement and awareness. Understanding of the value of providing SRH information in schools has advanced through the FLE curriculum.

A few months after Samoa's presentation, the Prime Minister of Samoa, the Hon. Tuilaepa Dr. Sailele Malielegaoi, co-launched the International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education for use in 11 Pacific countries. The Prime Minister has become a champion of comprehensive sexuality education (CSE)

UNFPA Pacific convened a High-level Panel on the First Anniversary of the ICPD25 Nairobi Summit on 12 November 2020. Her Royal Highness Princess Angelika Tukuáho of Tonga and UNFPA Director Dr. Jennifer Butler co-chaired the panel, where summit participants from Fiji, Samoa, Tonga and Vanuatu, including heads of national delegations and youth representatives, showcased progress on ICPD25 commitments, which marked the 25th anniversary of the 1994 International Conference on Population and Development. The session concluded with a decision to convene annual regional review meetings to track continued progress; share experiences, lessons and good practices; and maintain momentum in achieving national commitments.

On World AIDS Day, Fiji's Speaker of Parliament and UNAIDS Goodwill Ambassador opened a training workshop on family planning, and advocated the benefits of averting unintended pregnancies and preventing sexually transmitted infections (STIs). The event was well covered in mainstream and social media in Fiji. On the same day, the Tonga Family Health Association commended the Government's prioritization of SRH services as essential services during the COVID-19 pandemic.

Humanitarian context

COVID-19 pandemic

The Pacific has been largely spared from the health impacts of COVID-19. As of 9 December 2020, four TA countries had registered cases: Fiji (44 cases, 2 deaths), Solomon Islands (17 cases, 0 deaths),

Samoa (2 cases, 0 deaths) and Vanuatu (1 case, 0 deaths).[2] The first case was in Fiji, which imposed a 14-day lockdown and closed its borders to international travel throughout 2020.

States of emergency, lockdowns and national curfews were declared during the first quarter of 2020 in all TA countries. In-country travel and mobility were restricted until the third quarter, constraining access to health services. Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu shifted substantial health human resources into scaling up COVID-19 preparedness and public health measures, which affected SRH/FP services. For example:

Fiji: The Ministry of Health and Medical Services estimated a 20% reduction in utilization of health services at the peak of community transmission of COVID-19. Modelling conducted by UNFPA estimated that a 20% drop in users of short acting FP methods would result in additional 4,830 unintended pregnancies.

Samoa: The demand for family planning satisfied with modern methods is low at 39 per cent requiring accelerated efforts to meet SDG target 3.7.1. Data shared by the Ministry of Health showed that the number of current users of family planning declined by 47% from Q1 to Q2 of 2020. This decline could have a significant impact on unmet need for family planning leading to an increase in the number of unintended pregnancies further lowering the demand for family planning satisfied with modern methods. Modelling conducted by UNFPA using assumption of 20% decline in utilization of family planning services highlighted that unintended pregnancies could increase by 30 per cent from a baseline of 8270 to 10849, an increase of 2579.

Solomon Islands: The percentage of unsupervised deliveries almost doubled from 8% in Q4 (October to December) 2019 to 15.2% in Q1 (January to March) 2020 raising concern about possible impact on maternal and perinatal outcomes. Preliminary Q2 2020 data highlights improvement is unsupervised deliveries which had reduced to 9.9%. The percentage of pregnant women completing 4+ antenatal care visits however remained relatively similar when comparing January through June 2019 and January through June 2020.

While COVID-19 has been largely kept under control in the Pacific, the socioeconomic impacts have been severe. Gross domestic product is projected to drop drastically. International tourism has come to a standstill. Job losses and diminishing livelihoods have strained access to quality food, nutrition, health care and education. With lockdowns and heightened tensions in homes, women and children are at greater risk of violence and abuse. Overall, fallout from the pandemic exacerbates existing vulnerabilities and reduces resilience to frequent natural disasters and other shocks.

In Fiji, for example, the economy was projected to contract by 4.9 per cent. Tourism, which accounts for a third of the economy, was expected to decline by 75 per cent. Over 40,000 workers in the sector, one-third of whom are women, have faced mass layoffs and reduced hours. While Samoa does not have any community transmission of COVID-19, a national state of emergency has been in place since March 2020. Major job losses have occurred in the hospitality and retail sectors. Without a social safety net, many families struggle with shortages of food and other basic goods.

Despite the region's overall success in containing COVID-19, community transmission is high in Guam, New Caledonia and Papua New Guinea. This can easily increase the risk of transmission to other parts of the Pacific and may delay the return of free movement in the region.

[2] See: https://tinyurl.com/PacificWHOcaselist.

Tropical Cyclones Harold and Yasa

On 6 April, Tropical Cyclone Harold made landfall in Vanuatu with sustained winds of more than 200km/hr. It was the first Category 5 cyclone in 2020, and the second strongest cyclone to hit Vanuatu after Tropical Cyclone Pam in 2015. The northern provinces of Sanma, Malampa and Penama were most affected, with the path of destruction cutting through a number of populated islands and the large island of Santo, the location of the country's second largest city, Lugainville. Around 160,000 individuals were affected. Widespread damage to health infrastructure and restricted access to health facilities severely impacted SRH services in Sanma and Malampa.

The cyclone also caused widespread destruction in Fiji, Solomon Islands and Tonga. It killed 27 people in the Solomon Islands, 3 in Vanuatu and 1 in Fiji.[3]

On 17 December, Tropical Cyclone Yasa swept across Vanua Levu island in Fiji, becoming the strongest cyclone there since Winston in 2016. An estimated 93,000 people live in the most affected areas; four people were confirmed dead. The damage is estimated in the hundreds of millions of dollars, although most health facilities remained intact and operational, requiring only minor repairs.

Measles epidemic

The Samoa Ministry of Health declared a measles outbreak on 16 October, and a state of emergency on 15 November 2019. There were 3,888 new confirmed cases in the first quarter of 2020. The outbreak has affected most parts of the country, which at the onset had measles vaccine coverage of only around 30 per cent. Over 80 measles-related deaths have occurred.

Responding to the epidemic strained health services and resulted in shifting SRH service providers into vaccination campaigns from October 2019 to January 2020. The family planning clinic in Tupua Tamasese Meaole Hospital was closed for several months due to the redeployment of nurses, limiting access to family planning. As it is not recommended for women to conceive until four weeks after vaccination, access to contraceptives and information was extremely important.

UNFPA mobilized Central Emergency Response Fund (CERF) resources in late 2019 and early 2020 to support the Government's SRH/family planning (FP) response, helping to ensure that the emergency response included the needs of women and girls and fostering an enabling environment for continued provision of quality SRH, including family planning services. The CERF rapid response ended in May 2020. Thus, this response contributed to TA objectives during emergencies.

2.2 Financing context

Samoa, Tonga and Vanuatu have declared specific intentions to mobilize financing for ICPD25 commitments. At Tonga's national ICPD25 consultation, Lord Fakafanua, Lord Speaker of the Tonga Legislative Assembly, asked for continued support to nationalize the SDGs and ICPD25 priorities in the national budget and planning. At the high level panel of the anniversary of the ICPD25, Vanuatu acknowledged that gradual shifts to domestic financing with continued official development assistance will help achieve universal access to SRH services. Vanuatu called for innovative, sustainable financing responsive to the vulnerabilities of small island development States so that by 2030 it achieves both the Vanuatu Vision 2030 and ICPD25 commitments. These include zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence.

[3] See: https://reliefweb.int/disaster/tc-2020-000049-vut.

UNFPA advocates for TA countries to increase domestic financing for family planning and SRH. A recent investment case study carried out by UNFPA and the Burnet Institute specifically on small island developing States quantifies the affordable costs and multiple benefits of scaling-up family planning and maternal health interventions. Investing US $13.4 million more between 2020 and 2030 in Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu would achieve zero unmet need for family planning and 95 per cent coverage by maternal health services. Among other results, this could avert 38 per cent more unintended pregnancies and 29 per cent more maternal deaths, and generate an economic benefit of nearly US $150 million.

The investment case also calls for an increase in domestic funding for family planning supplies, informing a sustainable financing transition from externally financed programmes. The report demonstrates to governments that reaching the coverage targets is affordable and provides evidence to support the prioritization of family planning services, including by financing commodities and supplies from the government's general revenues.

Currently, UNFPA Supplies procures and distributes an estimated 95 per cent of all family planning commodities for the PICTs. In 2020, UNFPA provided US $914,559 in contraceptives to the six TA countries, making it a critical partner given the region’s high unmet need for family planning.

In 2020, none of the PICTs committed national budget allocations to fund contraceptives due to the impact of COVID-19 on the economies. The countries use their own funds to transport commodities to health centres, an important, in-kind contribution.

The principles of universal health coverage are deeply embedded in health systems across the Pacific. Universal coverage is seen as one of the stepping stones to achieve the Healthy Islands Vision, adopted by Pacific health ministers in 1995 and reaffirmed in 2015. Yet while health systems largely remain affordable, growing challenges in ensuring access to good quality essential services include those posed by the pandemic. A halt to tourism revenues, disruptions of crucial trade logistics and transportation, declining remittances and uncertainty around the nature and magnitude of foreign aid are all factors with strong potential to influence health-care financing moving forward.

3. Gender and equity considerations

The TA aligns closely with the UNFPA Global Strategic Plan 2018-2022 and global Gender Equality Strategy 2018-2022. Gender equality is mainstreamed throughout TA outcomes 1, 2 and 3. Some examples include:

Under outcome 1 (demand):

- Ensuring that integrated SRH services are adolescent and gender friendly using checklists and surveys to gather client feedback.
- Ensuring that midwifery pre-service curricula have a gender analysis; cover the prevention of stigma and discrimination against people with disabilities, adolescents and youth; and emphasize addressing their needs in services.

Under outcome 2 (supply):

- Ensuring that in-school and out-of-school CSE meet international standards with particular attention to guaranteeing that marginalized youth, young people and lesbian, gay, bisexual, transgender and intersex (LGBTI) people can participate.
- Through behaviour change communications (BCC) strategies, addressing underlying social norms that prevent women, adolescents and people with disabilities from accessing family planning.

Under outcome 3 (enabling environment):

- Ensuring that costed and integrated national SRH action plans prioritize access to a comprehensive package of SRH information and services, including for adolescents, people with disabilities and marginalized groups, and are aligned with broader efforts to cost gender equality programmes and plans through advocacy where relevant.
- Advocating for emergency preparedness and response plans the include SRH services and consider the impacts on women and girls, and those who are most marginalized.

Fiji

Support to the Ministry of Youth and Sports in partnership with the Reproductive and Family Health Association of Fiji, an International Planned Parenthood Federation (IPPF) member association, helped train young people and adolescents as peer advocates who can provide information on family planning and SRH, and distribute condoms. The process covered communities in all divisions of the country, including remote areas, reaching 402 young people. They included 176 girls and young women, 122 out-of-school young people (73 males and 49 females) and a young person with a hearing impairment.

UNFPA assisted the Fiji Bureau of Statistics to develop questionnaires for the first national Multiple Indicator Cluster Survey (MICS), which will generate data disaggregated by age, gender and disability. The survey looks at specific sexual and reproductive health indicators, especially for women and girls. Seventy-seven enumerators were trained, 40 of whom were women. Female enumerators learned skills to ask female survey respondents sensitive questions around women's health and SRH.

Women Enabled International carried out an assessment of the SRH of women and young people living with a disability to better understand their needs and barriers, and to inform programming. The assessment will be finalized in 2021.

Kiribati

UNFPA supported the Kiribati Social Development Indicator Survey 2018-19 to provide updated information for policymaking and programmes specific to women, men, boys and girls, and age ranges of 15-49, 5-17 and under 5 years. Data are disaggregated by wealth quintiles, age, sex, disability, education status, religion and Kiribati Island group whenever possible. Such detailed information offers a strong new platform for effective monitoring and reporting on national and regional priorities as well as the SDGs.

In 2020, UNFPA assisted the Government to conduct the 2020 Population and Housing Census, including the Washington Group questions on disability. It will generate exhaustive information for clearer analysis and monitoring of family planning and adolescent SRH by age, sex, education level, religion, island group and wealth quintile.

The TA has supported the Health Information Unit to strengthen data collection and analysis. The information collected comprises data on age, sex and methods of contraception choice by adolescents (15-19) and young people (19-25). This provides an understanding of young people's choice of contraception to help guide programmatic interventions. For example, in 2020, the data indicated that 334 adolescents and young people used microlute and microgynon, and 3,646 opted for Depo-Provera, indicating higher demand for the latter among adolescents and young people.

In 2020, an expanded Y PEER network (45 females and 58 males) conducted outreach programmes on family planning and SRHR on the outer islands. Sessions provided 1,781 young people, including 600 who were out of school and 30 who live with disability, and 1,000 community members in 10 communities with evidence-based information on family planning, contraceptive choices, prevention of sexual and gender-based violence and young people's leadership. Young people led the network's annual general meeting of 30 young people to develop action plans for strengthening family planning promotion on the outer islands.

Samoa

Samoa disaggregates national family planning and SRH indicators collected through population-based surveys, including the Census and Demographic and Health Survey (DHS)/MICS, by age, sex and disability status. This ensures focused data analysis on SRHR/FP based on data sets for subgroups such as adolescents, youth and persons with disability, which in turn can inform and improve targeted programmes and policies. Since disaggregation of programme-level data is still challenging for sub-implementing partners, UNFPA is working with them to standardize programme monitoring tools.

Non-governmental organizations (NGOs) such as the Samoa Family Health Association and the Samoa Red Cross collaborate with NOLA, a disabled people's organization, to ensure the participation of people with disabilities in community and outreach programmes. NGOs also work with youth advocates to mobilize other adolescents and youth to participate in outreach and community programmes. Demand generation activities implemented via village committee platforms ensure the engagement of women's committees and youth groups during TA-funded community programmes.

Women Enabled International carried out an assessment of the SRH of women and young people living with a disability to better understand their needs and barriers, and to inform programming. The assessment will be finalized in 2021.

Solomon Islands

UNFPA worked with the Ministry of Health and Medical Services to conduct 582 family planning and SRH outreach sessions in remote parts of Guadalcanal Province and the outskirts of Honiara City Council, reaching 7,538 people. Among them, 865 were aged 10-14, 2,002 were aged 15-24, and 29 were people with disabilities (15 female, 14 male).

Tools used for the Health Facility Readiness and Service Availability (HFRSA) assessment were updated with inputs from Women Enabled International to capture disability-related data. Data analysis completed in 2021 will enable the Government, UNFPA and other partners to define the readiness of health facilities to support access to SRH services among people with disabilities.

UNFPA assisted the Ministry of National Planning and Development Coordination to organize population and development workshops with political and community leaders in Lambi and Central Honiara in Guadalcanal Province. These were aimed at increasing use of SRH services and advocating for local investments in SRH. The 42 community members who participated included 3 youth representatives and 9 women community leaders. Discussions emphasized how timely access to SRH services saves lives and the importance of investing in population issues for development. These interactions are expected to increase use of SRH services and amplify advocacy for investments in SRH at the local level.

Tonga

Tonga's 2019 MICS generated data disaggregated by wealth quintile, age, sex, disability, education status, religion and island division. This new level of detail will advance effective monitoring and reporting on national and regional priorities, ICPD25 commitments and SDG indicator 3.7.2. Wide participation of national stakeholders in the survey facilitated the voices of women and young people in particular. The survey was a highly collaborative effort involving the Ministry of Health, Ministry of Education, Ministry of Justice, Women's Affairs and the Social Protection Division of the Ministry of Internal Affairs; NGOs such as the Women and Children Crisis Centre, Tonga National Centre for Women and Children and Ma'a Fafine mo e Famili; and regional development partners including the Pacific Community (SPC), UNFPA and the United Nations Children's Fund (UNICEF).

With 30 per cent of Tonga's population aged 15-34,[4] the TA provided timely support to Tonga's first-ever National Youth Policy and Strategy in 2020. A consultative process involved the strong participation of youth-focused and youth-led organizations, and young people with disabilities. The draft policy identifies vulnerable youth populations, including unemployed youth, drug users, returning migrants and young persons with disabilities. Currently, the draft policy is with the Government for clearance and adoption.

[4] As per the Tonga Youth Monograph (2019) and Tonga's definition of young people as 15-34 years old.

Vanuatu

National indicators on SRH and family planning were collected through the Census conducted in 2020, and disaggregated by age, sex and disability status. When data analysis is completed in 2021, findings will steer evidence-based programmes and policies for adolescents, youth and persons with disability. Additionally, the HFRSA assessment included a focus on disability inclusion and services on gender-based violence (GBV), which will help inform decision-making on SRH/FP programmes.

Disaggregation of TA programme data varies across implementing partners, especially due to the disruption caused by Tropical Cyclone Harold in 2020, which has made all health management information system (HMIS) data unreliable. Efforts are underway to resume data collection and analysis, and the HMIS has advanced with more reliable and clear disaggregation. When FLE commences for class 11, clear gender indicators will be available.

Women Enabled International carried out an assessment of the SRH of women and young people living with a disability to better understand their needs and barriers, and to inform programming. The assessment will be finalized in 2021.

The Ministry of Youth Development and Sports is establishing youth cells in all 71 area councils throughout the country, with groups now operating in Torba, Sanma, Shefa and Tafea provinces. Each comprises two males and two females who have had an initial orientation as SRH youth champions. They will work with youth in communities and make links with health-care providers to improve awareness of and access to accurate SRH/FP information and services.

4. Financial expenditure

Table 1: DFAT financial commitment and funds received to date

Tranche	Total Pledged AUD	Total Paid AUD	Total Income Received USD	Future Tranches AUD
2018	7,500,000	7,500,000	5,668,934	
2019	7,500,000	7,500,000	5,292,613	
2020	7,500,000	7,500,000	5,795,981	
2021	7,500,000			7,500,000
Total	**30,000,000**	**22,500,000**	**16,757,528**	**7,500,000**

Table 2: Transformative Agenda expenditure to date (2018-2020)

Year	Expenditure in USD
August - December 2018	936,737
January - December 2019	3,070,431
January - December 2020	4,378,660

Table 3: Transformative Agenda implementation rates by country, implementing partner and UNFPA PSRO for the year 2018-2020

Location/execution	Amount Programmed USD	Expenditure USD	Implementation Rate
Fiji			
2018	87,401	26,136	30%
2019	402,298	141,894	35%
2020	290,423	25,273	9%
Kiribati			
2018	-	-	0%
2019	380,780	148,441	39%
2020	275,316	100,982	37%
Solomon Islands			
2018	80,000	78,514	98%
2019	162,982	66,751	41%
2020	324,648	98,747	30%
Samoa			
2018	32,000	-	0%
2019	421,303	210,283	50%
2020	427,916	166,591	39%
Tonga			
2018	-	-	0%
2019	336,926	205,646	61%
2020	395,486	147,725	37%
Vanuatu			
2018	88,096	72,850	83%
2019	302,400	141,776	47%
2020	759,129	322,999	43%
Technical Assistance provided by NGOs			
2018	61,398	59,088	96%
2019	0	0	0%
2020	3,323,286	1,200,931	36%
UNFPA Regional Implementation			
2018	1,266,391	647,034	51%
2019	3,678,092	1,945,510	53%
2020	3,035,679	1,992,609	66%

Table 4: Transformative Agenda Programme delivery by outcome and output

TA Outcome	TA Output	Programmed amount in USD	Expended Amount in USD	Total Expended Amount in USD
SUPPLY	1 Strengthened delivery of high quality, integrated SRH information & services	1,909,122	617,337	1,195,301
	2 Strengthened health workforce capacities	1,287,770	577,964	
DEMAND	3 Increased community engagement and leadership	697,540	200,788	587,457
	4 Increased national capacity for community & school based FLE	920,681	386,669	
ENABLING ENVIRONMENT	5 Expanded evidence-based legislation, public policy and programming	596,288	259,995	607,148
	6 Increased availability, analysis and use of high quality data	865,545	347,153	
Subtotal of program expenditures				2,389,906
TA planning, monitoring and evaluation				117,455
Human resources/ operations				1,871,299
Total of 2020 Expenditures				**$ 4,378,660**

Table 5: Programmed amounts, expenditures and balances

Total DFAT Commitment	AUD 30,000,000
Year	**Amount in US$**
2018	
Total funds received	5,668,934
Total expenditures for 2018	936,737
Balance	4,732,197
2019	
Total funds rolled over from 2018	4,732,197
Total funds received in 2nd tranche	5,292,613
Total funds available for programming	10,024,810
Total workplan amount in 2019	5,586,739
Total expenditures for 2019	3,070,431
Balance	6,954,379
2020	
Total funds rolled over from 2019	6,954,379
Total workplan amount in 2020	8,831,883
Total expenditure for 2020	4,378,660
Balance	2,575,719
2021	
Total funds rolled over from 2020	2,575,719
Total funds received from DFAT in 3rd tranche (in Jan 2021)	5,795,981
Total funds available for programming	8,371,700

5. Regional and country-specific reporting

5.1 Regional results

In 2020, UNFPA worked closely with seven regional implementing partners and two international NGOs in Vanuatu to support countries to develop SRH/FP policies and guidelines, strengthen health systems to provide SRH/FP services, develop standard operating procedures on responding to and preventing GBV, build capacity on SRH and GBV in emergencies, strengthen FLE curricula, design advocacy strategies, bolster HMIS, and carry out critical research and secondary analysis of data. These priorities are grounded in needs identified by countries in TA regional planning in October 2019.

> *"We have to understand that our agenda will not be realised overnight. We need to understand that we are planting a good seed that will have an impact on the behaviours and mindsets of people, and that it is a sensitive agenda that overlaps into the culture and beliefs of the respective countries. We should not be discouraged by it but instead continue pushing for it. Although we will not see immediate results it will change the mindset of our young people which will impact our work."*
>
> Mr. Lilomaiava Samuel Ieremia, Assistant Chief Executive Officer of the Economic Policy and Planning Division of the Ministry of Finance of Samoa

As the COVID-19 pandemic shut down travel, national and regional implementing partners, the UNFPA Programme Presence Team and the Suva Subregional Office worked together to adapt and move forward TA activities. One advantage came from having partnerships in place to provide additional technical assistance required by any given country, including in response to fast-changing demands. Additional funds could be channelled to particular requests as they emerged.

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

In 2020, under outcome 1, at the regional level, the TA focused on HFRSA assessments (finalization of four reports and data collection in Solomon Islands and Vanuatu), development and roll-out of the family planning training curriculum (working with Family Planning New South Wales, FPNSW), the development of youth friendly SRH guidelines, and capacity-building on the Minimum Initial Service Package (MISP).

Health Facility Readiness and Service Availability Assessment

HFSRAA assessed 872 out of 936 health facilities (93%) across the six DFAT focus countries to provide information on the availability and quality of essential sexual and reproductive and maternal health services. The assessments use a standardized methodology to analyse family planning services, youth-friendly services, delivery services, and HIV/prevention of mother-to-child transmission services as well as the availability of contraceptives and essential medicines. Findings are expected to inform and support national government efforts to further the equitable provision and availability of SRH services according to health facility type (primary, secondary and tertiary) in line with national and international standards.

At the end of 2020, all six DFAT focus countries had conducted HFRSA assessments and four had completed the validation/dissemination of findings and reports (Fiji, Kiribati, Samoa and Tonga). The remaining two countries (Solomon Islands and Vanuatu) had completed data collection, and preliminary findings are available; final reports will be available by April 2021. The four countries that completed and validated the HFRSAA have used the results to inform decision-making in various ways. For example, Samoa applied the mapping of services in its measles response. Fiji used the data to inform COVID-19 preparedness. Kiribati and Tonga drew on data to review the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) policy. In Kiribati, the data guided decisions to scale up family planning services and select health providers for family planning training.

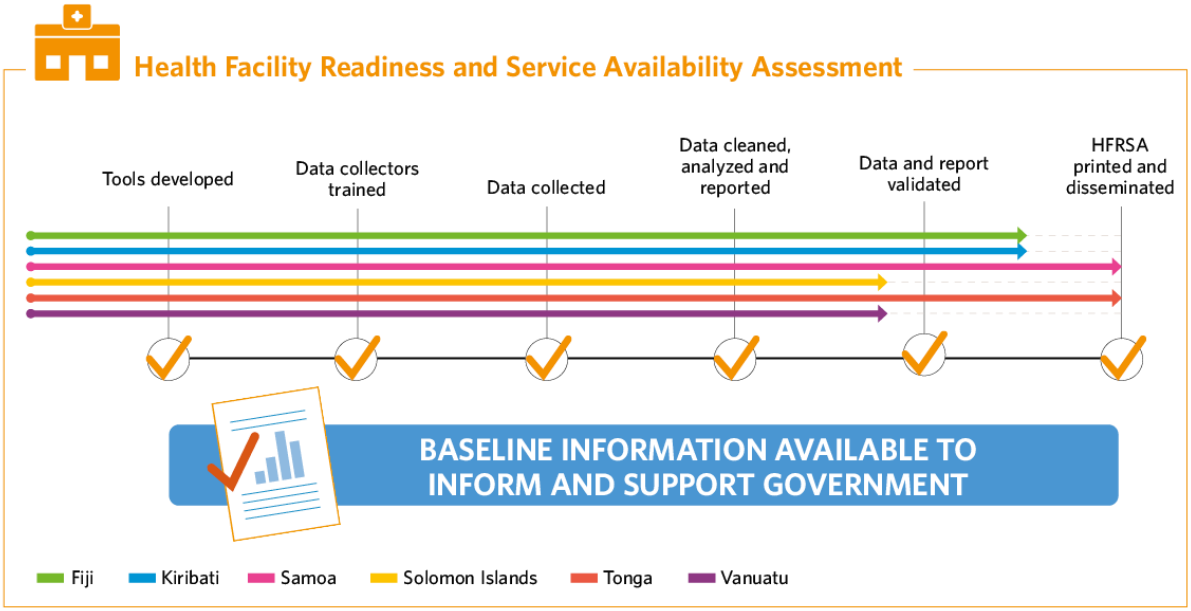
Information from the HFRSAA provides the baseline for several key indicators of the TA. These can now be used to measure progress quarterly and annually through spot checks. Spot checks are done using Tupaia Meditrak software installed in Lenovo tablets to enable real-time data entry and quick analysis of data. Data on progress and trends will offer valuable information for RMNCAH committees in decision-making. Since data from health facilities include geo-locations, in 2021, efforts will begin to explore the mapping of schools and health facilities available to population clusters at the subnational levels in the six countries.

How do you collect data for the HFRSA while domestic flights are cancelled because of the COVID-19 pandemic and/or tropical cyclones? The Governments of Vanuatu and the Solomon Islands had to find an answer to this question.

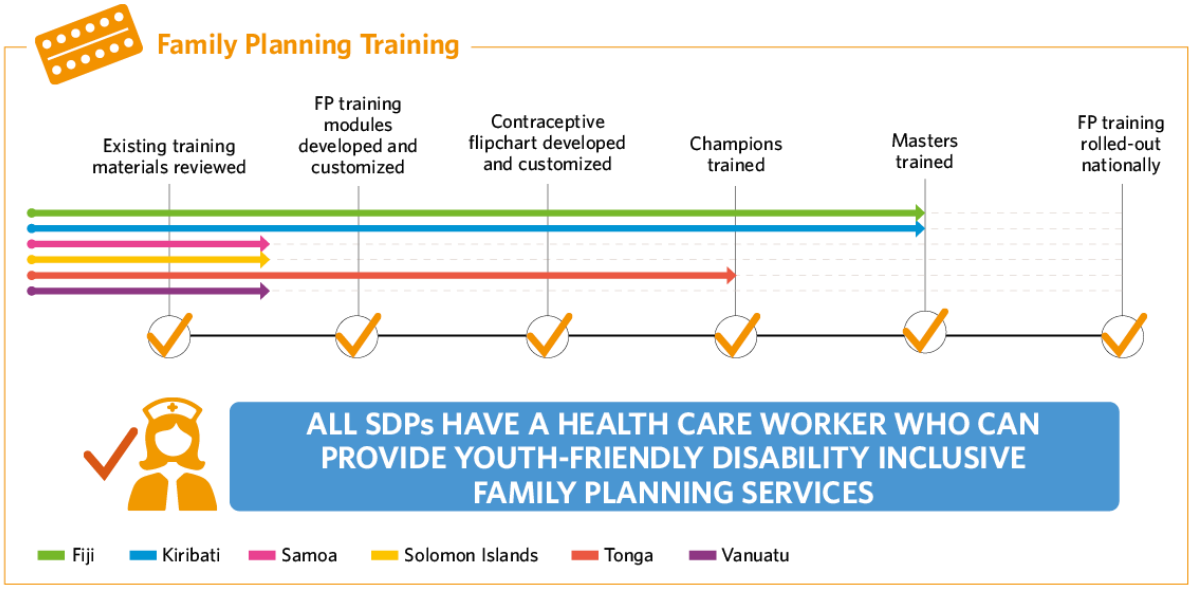
Some parts of Vanuatu became hard to reach due to the impact of the COVID-19 pandemic and Tropical Cyclone Harold. This was especially the case for the east side of the island of Pentecost. In order to reach that part of the island the HFRSA team went by boat as soon as the weather permitted and waited until the tide went out, allowing them to set foot on land. The team then only had a few hours to conduct the assessment as they had to be back on the boat before the tide would come back in.

Indicator description	TA indicator (Yes/No)	Importance of indicator to the program
Number of functional health facilities per country (verified)	No	It provides the denominator for TA indicators
Number of health facilities providing weekend services	No	To be used for advocacy and RMNCAH strategy
Percentage of primary SDPs that are providing at least 3 modern methods of contraception on the day of assessment	Yes	Indicator for TA and Supplies Results Framework
Percentage of secondary/tertiary SDPs that are providing at lest 5 modern methods of contraception on the day of assessment	Yes	Indicator for TA and Supplies Results Framework
% of health facilities stocked out on day of visit (and in the last 3 or 6 months)	Yes	Indicator for TA and Supplies Results Framework
Number of new acceptors of modern methods of contraception by age	Yes	Indicator for TA
Percentage of SDPs providing quality assured adolescent friendly, integrated SRH services	Yes	Indictor for TA

Percentage of facilities providing SRH services (FP, ANC, PNC, delivery, GBV, AYF, and accessible to persons with disability)	No	To be used for advocacy and RMNCAH strategy



Family planning training



FPNSW provided technical support to develop a family planning training curriculum and tools based on World Health Organization (WHO) guidelines. These can be customized by countries, and include:

- Family planning training manuals with modules on contraception, counselling, training skills and long-active reversible methods of contraception (LARCS).
- A decision-making tool/flip chart to provide contraceptive counselling information with provider and client facing sides for each method that is based on the latest evidence from medical, health communications and social science research.

- A training needs assessment tool to identify the providers current knowledge, expectations and concerns about delivering family planning training
- The curriculum is being rolled out nationally, typically using the following modalities:
    - Champion trainers orientation (two days on counselling and contraception)
    - Champions training of trainers for content (two days on training skills plus one-hour of discussion on supply chain management/HMIS), assessment of champion trainers and a one-day preparation for champion trainers to conduct training for master trainers
    - Champions LARC refresher training (one day on practical competencies to insert and remove intrauterine devices [IUDs] and LARCs)
    - Training of master trainers (eight days on counselling, contraception and training skills)
    - Master trainers LARC training module (two days on practical competencies for IUDs and LARCs using models)
    - Master trainer supply chain and HMIS module (two days, JSI and Burnet Institute)
    - Roll-out training for health-care providers (six to eight days, modular)

By the end of December 2020, Fiji, Kiribati and Tonga had trained 18 champion trainers. Additionally, Fiji and Kiribati had trained an additional 33 master trainers. Similar training is slated for Samoa, Solomon Islands Vanuatu, and Tonga (for master trainers) in 2021, while Fiji, and Kiribati will progress to the next stage of rolling out national FP training for health-care providers.

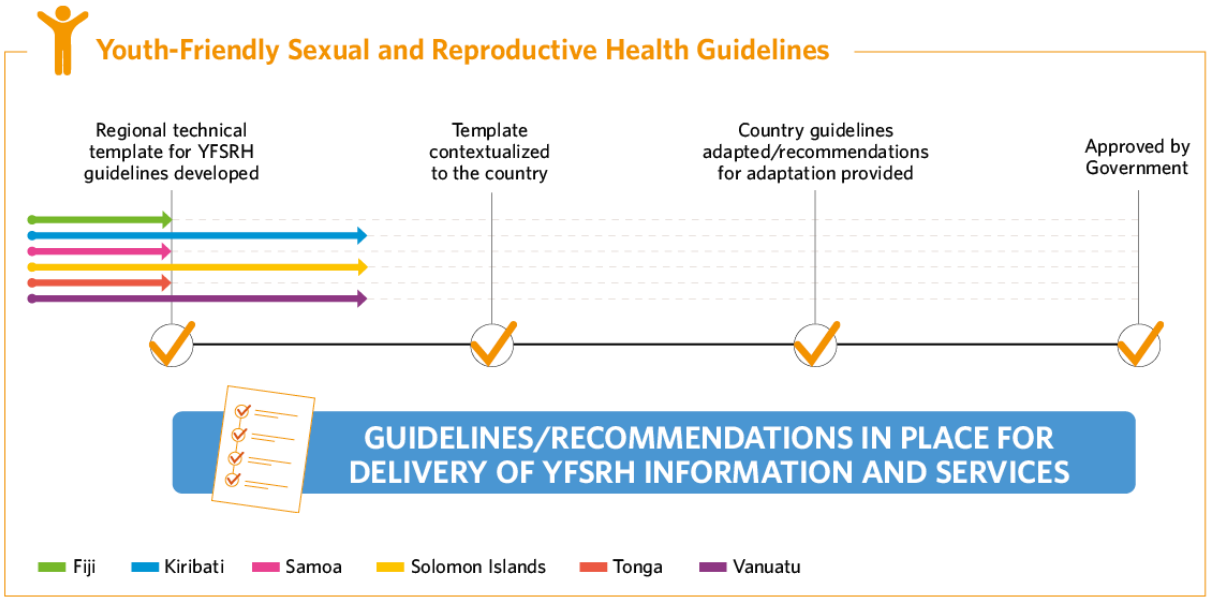
"After the Family Planning training health workers changed their approach towards their family planning clients. Before, the health worker would decide what method would be right for their clients, for example on implants, and these clients would come back after a short time to have them removed because it was not their choice in the first place. After this training, the approach that the health worker takes is much friendlier and based on providing information to clients, allowing them to make an informed-decision on family planning." Mere Sigawale, Medical Officer, Lautoka SRH Clinic - Fiji

Youth-friendly sexual and reproductive health guidelines

FPNSW developed a regional youth-friendly and disability-inclusive SRH guidelines template in 2020. It is intended for subsequent adaptation by individual countries to define a systematic approach to providing youth-friendly SRH information and services through health systems. The template was benchmarked against WHO standards of quality of care for adolescents, informed by findings of the HFRSAAs, and reviewed by Women Enabled International and the Pacific Disability Fund to ensure disability inclusiveness.

The template has been shared with all TA countries. By the end of 2020, UNFPA was working with health ministries in Kiribati and Solomon Islands to adapt the guidelines. These discussions as well as negotiations with health ministries in the remaining four TA countries led to the inclusion of youth-friendly SRH guidelines in several ministry annual operational plans for 2021.

To operationalize the guidelines in strengthening health workforce capacities, a generic training plan was developed for both clinical and non-clinical health workers to build skills to deliver youth-friendly and disability-inclusive SRH and FP services. The plan emphasizes taking a rights-based approach to identify and reduce barriers for young people to access services. It encourages youth friendliness and emphasizes the value of a sex-positive approach, and identifies activities for increasing community support for young people to obtain SRH/FP services. Trainings will kick off in three countries in 2021.



Regional humanitarian work

UNFPA worked closely with the IPPF's sub-regional office of the Pacific in 2020 in ensuring adequate national capacity in the Pacific to deliver life-saving SRH services during emergencies.

One priority was to review, contextualize and adapt the MISP modules to the Pacific, along with the Inter-agency Standing Committee Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action. Consultative workshops with IPPF member associations and health workers in Kiribati, Solomon Islands and Vanuatu were held to update the MISP Training Module. Training sessions with IPPF member association staff were conducted using the revised modules to test and see if any further work is needed in terms of content revision. Three additional modules on disability inclusion that complement the MISP have been completed and will be used for training health providers in TA countries in 2021.

Building the capacity of IPPF member associations in advocating for the inclusion of MISP modules in national disaster preparedness and response plans was a second priority. The IPPF sub-regional office worked closely with the Samoa Family Health Association and the Reproductive Health and Family Planning Association of Fiji (RHAF) to review the National Disaster Policy and Emergency Response Plans in the respective countries, and consult with decision-makers from various government ministries, such as the National Disaster Management Office, Ministry of Health, Red Cross as well as other civil society groups.

In each country a different approach was taken to solicit Governments' inputs on embedding MISP into national disaster preparedness and response plans. In Fiji, a one-day workshop with national stakeholders was held highlighting the importance of MISP and the gaps in the current national disaster plan from the perspective of SRH. This contributed to enhanced awareness among national humanitarian actors contributed to the prioritization of MISP services in the overall health cluster plan during the Tropical Cyclone Yasa response in December 2020. In Samoa, the consultation process took place on the last day of the MISP training which was attended by decision-makers of the National Disaster Management Office. The result of this was to revive the SRH working group in the National Emergency Operations Centre.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Nossal Institute developed a draft BCC strategy to increase family planning use in Vanuatu based on data collection and a review of social norms, policy and programming research. The strategy builds on a previous draft strategy developed under a contraceptive social marketing initiative. The strategy identifies barriers to FP and relevant messages and channels of communication to overcome them and is pending inputs from the national RMNCAH Committee and stakeholders for finalization. The Nossal Institute also carried out literature reviews and secondary analysis of data to feed into the development of BCC strategies for Kiribati and Solomon Islands; these will be completed in 2021.

UNFPA's approach to demand generation through BCC builds on national coordination mechanisms, preferably an existing SRH or RMNCAH subcommittee. It has encouraged all countries to establish a BCC subcommittee where relevant, with Kiribati taking the first step in that direction.

In Kiribati, the nine members of the newly created RMNCAH subcommittee on BCC took part in a two-day training on designing, delivering and maintaining campaigns. This was part of an effort by ABC-ID to build national capacity to implement such interventions. The training was an opportunity for the Nossal Institute to engage the subcommittee on developing the BCC strategy, including through secondary data analysis.

ABC-ID jointly developed and pre-tested family planning information, education and communications (IEC) materials with the ministries of health in Samoa. In the Solomon Islands, ABC-ID supported the Ministry of Health develop radio scripts to deliver targeted messaging that encourages and supports information-seeking on women's health and practices during COVID-19. An example is a message targeted at young people (15-24 years), men and women who are currently using contraceptive or are potential users – "If you cannot access your regular contraceptive method, or the method you would like to use, consider using male or female condoms." And "Phone 28169 for contraceptive advice and information". These messages have been developed based on key informant interview and message (scripts) have been designed in pidgin.

Comprehensive sexuality education/family life education

FPNSW made significant in-roads in building confidence and competencies among ministries of education working specifically on CSE/FLE in school. Investment in building trustworthy and reliable relationships opened opportunities to influence key decision makers to fully support technical recommendations on FLE. In Vanuatu, for instance, the Ministry of Education had requested UNFPA to support grade 11 teacher training using existing FLE curricula that did not meet international standards. With committed technical expertise by UNFPA through FPNSW, the Ministry agreed to postpone the training and improve FLE integration in grade 11. By the end of 2020, the Ministry had recognized the added value of the technical input and agreed to full FLE integration across all secondary grades. The partnership between the Ministry, UNFPA and FPNSW has led to completion of scoping and sequencing[5] of grade 11 FLE curricula, and establishment of an FLE steering committee.

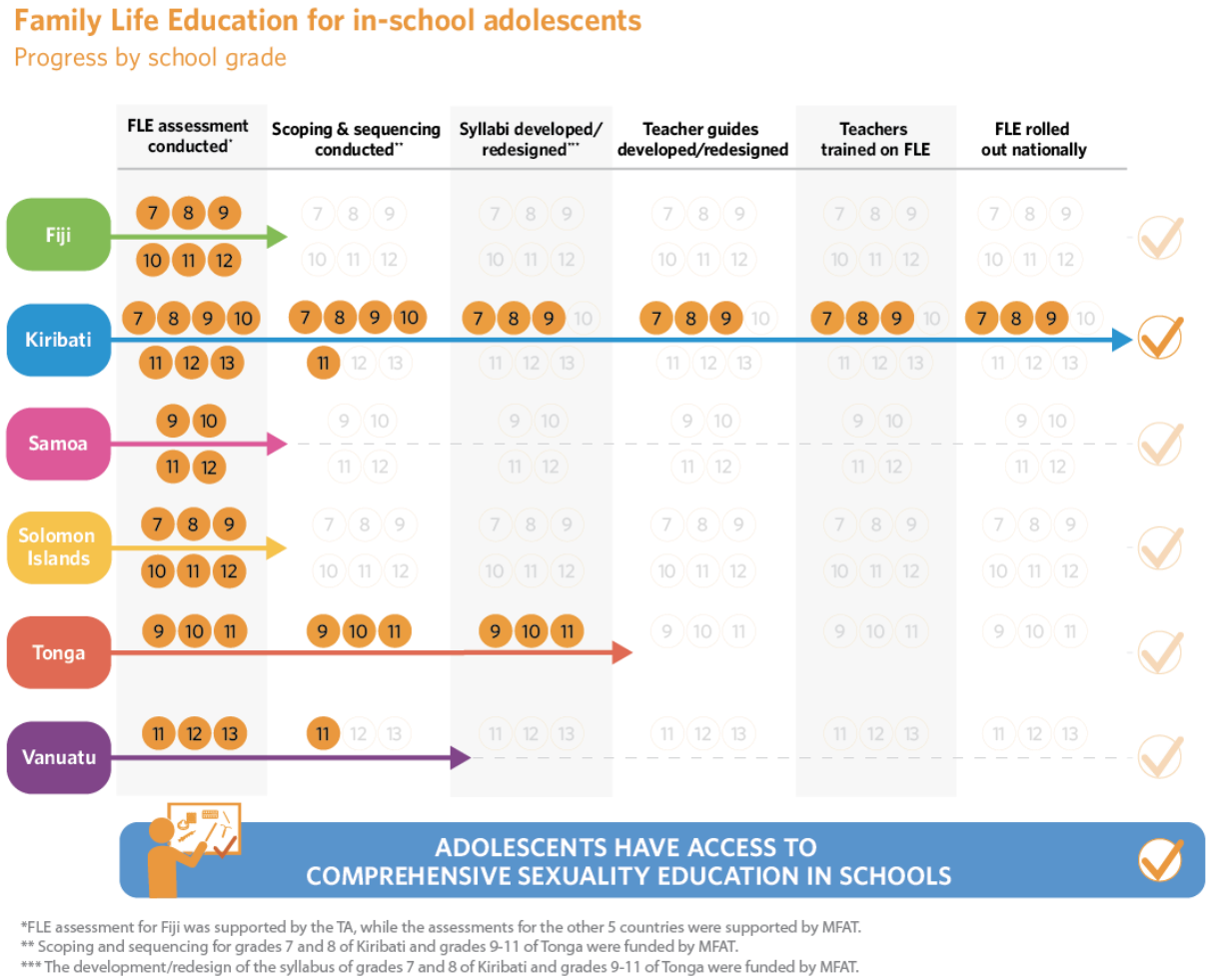
TA funds were used to develop a synthesis report offering 18 key recommendations to the six countries on integrating CSE/FLE into school curricula. UNFPA subsequently provided technical assistance to Kiribati and Samoa to develop country action plans to implement the recommendations. By the end of 2020, Samoa had established an FLE committee with two sub-committees to oversee FLE integration. These committees completed the development of a national framework that defines FLE, its parameters and its place in the national development vision. As part of a broader secondary education reform in Samoa, FPNSW supported the Ministry of Education to develop 10 secondary multimedia lesson packages and plans for years 9-12.

In Kiribati, the action plan substantially informed a TA-supported 2020 workplan on FLE integration. A CSE/FLE integrated curriculum for years 7-8 continued and was rolled out for grade 9, reaching an estimated 9,911 in-school young people. Other steps included a virtual training of trainers for 21 curriculum officers and teacher instructors on CSE. Scoping and sequencing were completed for integrating CSE/FLE into years 10 and 11.

"Generally, teachers do not feel confident and comfortable to teach on topics that relate to sexual organs and their functions. The FLE workshop taught me about how to create a classroom environment where everyone can feel respected, protected and safe."

Tematang Iaoniman-Tekeiaki, Associate Lecturer, Kiribati

[5] The efficient ordering of the content across the school semesters and grades, ensuring that knowledge and skills are taught in a sequential order that enables students to make connections.

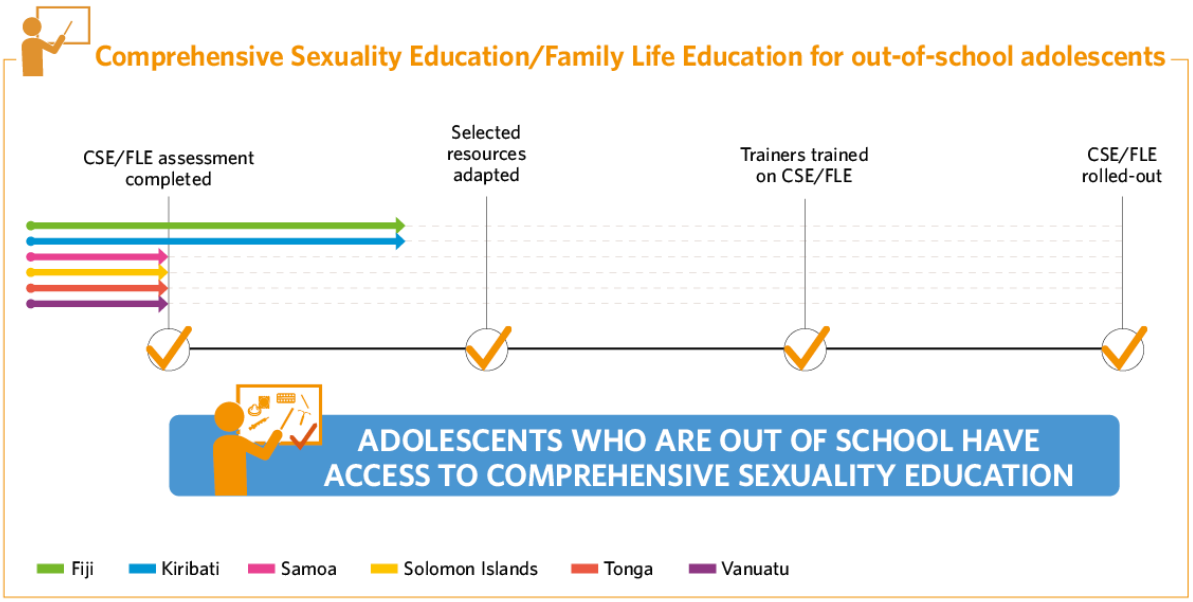


*FLE assessment for Fiji was supported by the TA, while the assessments for the other 5 countries were supported by MFAT.
** Scoping and sequencing for grades 7 and 8 of Kiribati and grades 9-11 of Tonga were funded by MFAT.
*** The development/redesign of the syllabus of grades 7 and 8 of Kiribati and grades 9-11 of Tonga were funded by MFAT.

Effective monitoring and evaluation (M&E) ensures that CSE/FLE provides desired results for adolescents, schools, families and communities. In 2020, the Burnet Institute completed a proposal for an M&E framework for school-based FLE in all six TA countries. The framework adopts guidance from the Sexuality Education Review and Assessment Tool (SERAT 3.0) released in 2020 by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as well as methodological guidance on SDG thematic indicator 4.7.2. The proposal offers a core set of indicators (hierarchical) and provides guidance on measuring them based on technical guidance on monitoring and evaluating family life education. Subsequent steps include negotiations with ministries of education to adapt the framework and develop an M&E plan integrated in the existing education management information system.

Out-of-school comprehensive sexuality education

IPPF's subregional office conducted an out-of-school CSE/FLE study in the six TA countries; it involved 35 organizations implementing CSE. Approximately 5,753 young people took part in either an online survey or focus group discussions. The study aimed to map organizations providing CSE to out-of-school young people, understand programme strengths and weaknesses, and explore the SRH needs of young people in order to improve CSE curricula. The study delved into the content of commonly used CSE manuals and provided a gap analysis to guide adaptation of these resources in 2021 based on international standards.



OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The main areas of work under outcome 3 entail support to the development of RMNCAH policies, strengthening HMIS, increasing data visibility for family planning commodities to the last mile, assistance to Population and Household Censuses and MICS/DHS, and supporting COVID-19 socioeconomic impact surveys.

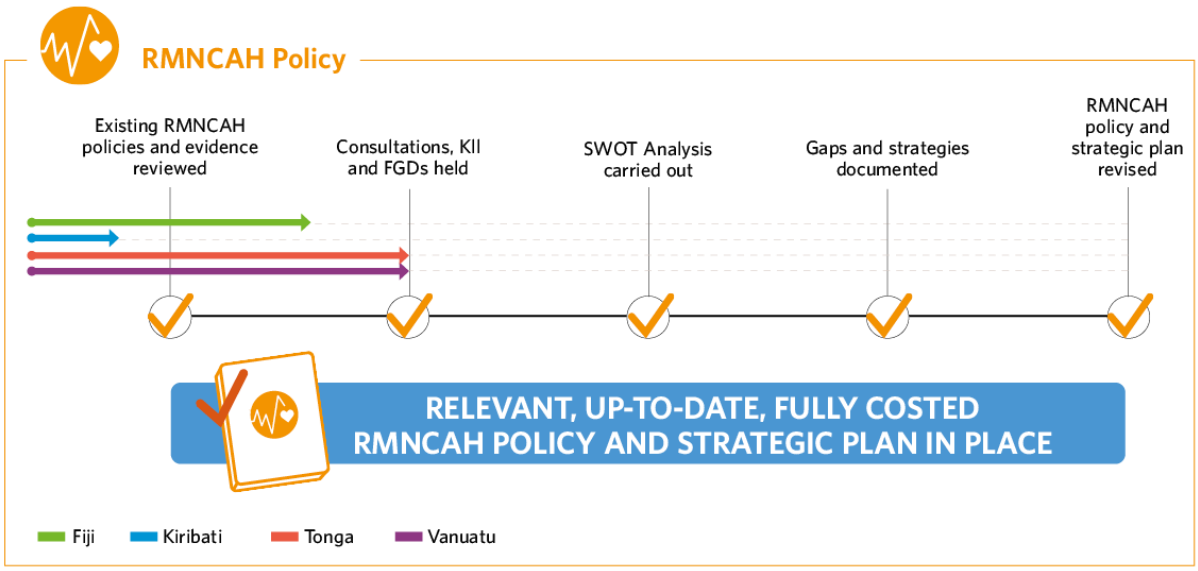
Review of RMNCAH policies and strategies

The Global Strategy for Women, Children and Adolescents (2016-2030), endorsed by UN Member States, makes RMNCAH a global priority. In line with the Global Strategy, various global, regional and national commitments, initiatives and strategies are creating a policy environment enabling universal access to RMNCAH. They are increasing the availability, accessibility, acceptability and quality of care, leaving no one behind. UNFPA supports the review of existing RMNCAH strategies and the development of revised policies and implementation plans for the six TA countries to guide programming from 2021-2025.

The development of policies and guidelines aligned to the Global Strategy draws on a highly inclusive process involving service providers at all levels, from main and outer islands, as well as community representatives, and members of organizations and networks of people with disabilities, women and

youth. The results will shape planning, implementation and M&E for evidence-based, high-impact interventions as well as resource mobilization.

Consultants were recruited in Fiji, Kiribati, Tonga, and Vanuatu to conduct desk reviews of existing RMNCAH policies, key informant interviews and focus group discussions. In 2021, the information gathered will be used to convene SWOT Analysis workshops which will ultimately lead to revision of the RMNCAH policies, strategies and costed implementation plans.



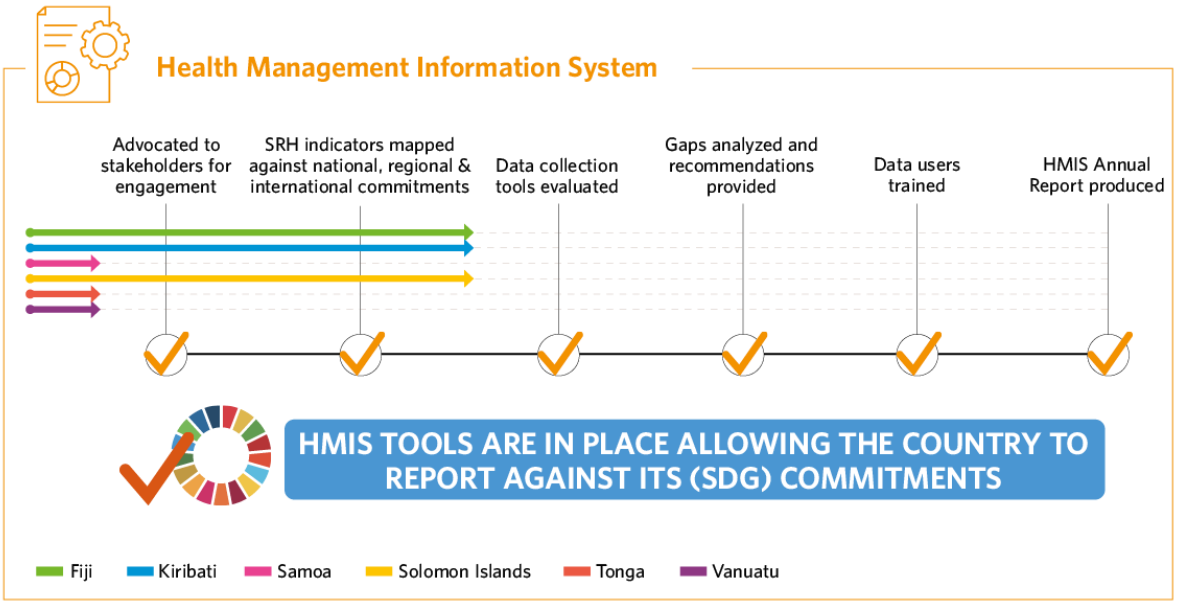
Health management information systems

The Burnet Institute initiated regional work on strengthening HMIS by compiling a recommended list of SRH indicators in line with regional and international commitments such as the Healthy Islands Monitoring Framework and the SDGs. Each country's commitments in national and sectoral development plans were then added. This recommended list was mapped against the SRH indicators produced by the HMIS in Fiji, Kiribati and Solomon Islands. As a next step, the Burnet Institute initiated reviews of data collection and processing forms for Kiribati and Solomon Islands to identify gaps and make recommendations for improvement. More details follow in individual country reports below.

Indicator Mapping – Family Planning example

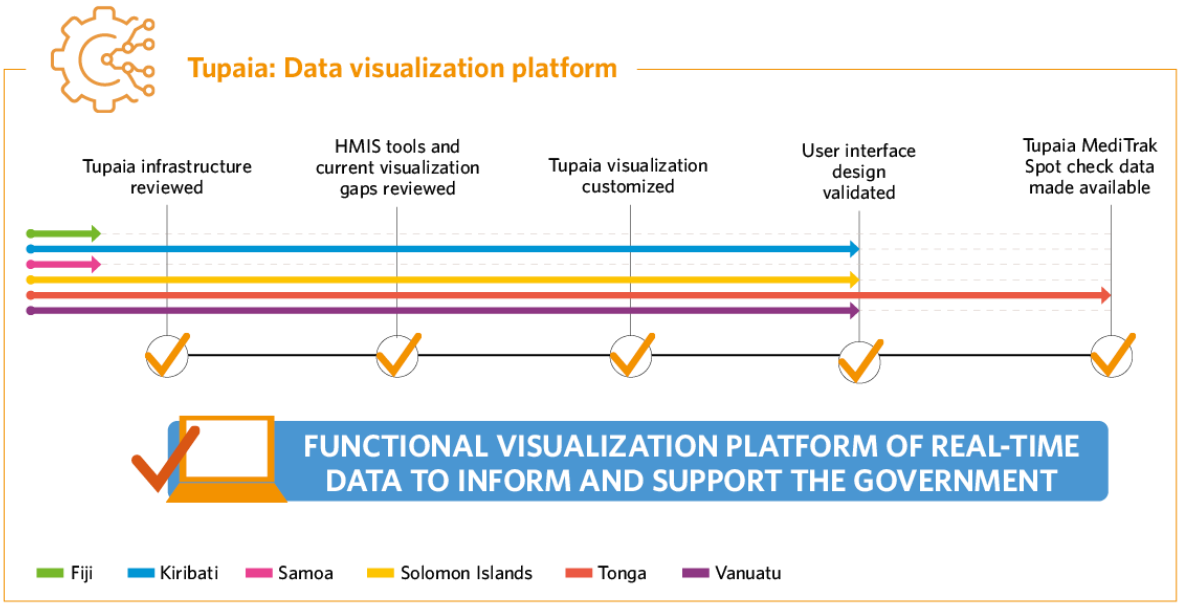
	GLOBAL				REGIONAL				UNFPA			
INDICATOR	ICPD 2014	SDG	GSWCAH	FP2020	SDG Pacific	UNPS	HIMF	APMD	UNFPA SP	SRP6	TA	WHO
SERVICE DATA												
Contraception first time user											X	X
Deaths due to unsafe abortion	X											
Obstetric and gynaecological admissions owing to abortion			X									
Postpartum family planning acceptors												X
Postpartum family planning counselling												X*
LOGISTICS DATA												
Couple-year protection				X					X		X	X
SDP stock-out by FP method or product (3–6-month period)	X			X[1]					X		X[1]	
Unintended pregnancies averted				X					X		X	
Unsafe abortions averted				X					X			

[1]Stock-out on day of assessment: facility assessment/spot-check data source
*Additional indicator



Increased data visibility for family planning commodities to the last mile

A functional HMIS must have a supporting system for regular monitoring, spot checks and data quality assurance processes. Country-led spot check monitoring and data quality assurance are expected to improve national capacities. The assurance activity envisages systematic checks based on service and commodity data through the HMIS and reporting of findings to the government as well as through the Tupaia MediTrack platform and other identified electronic tools. In 2020, Tonga used Tupaia MediTrak to collect spot check data in the third and fourth quarters. Data were analysed and compared to the preliminary HMIS data provided at the end of the year. In 2021, all other countries are expected to complete training on the platform, and conduct quarterly or six monthly spot checks in at least 50-75 per cent of their health facilities.



Census and MICS/DHS

The availability of relevant, high-quality and timely data for decision-making, and the capacity to use it, contribute to an environment conducive to accessing quality SRH services, including targeted interventions based on diverse needs.

Most PICTS need updated population, SRH/FP and domestic violence data. As a first step, UNFPA is supporting data collection and analysis. While the cost of population-based data collection is very high, and the TA contribution is small, the funding backs vital technical assistance so health ministries can advocate for and ensure that surveys capture data to monitor progress on national SRH/FP commitments. To further maximize resources and minimize data collection burdens on countries, UNFPA supports the MICS/DHS and Population and Household Censuses in partnership with UNICEF and SPC for the former and with SPC for the latter. While each country has its particular nuances, a commitment to international standards results in common approaches and rigorous methodologies that can then be tailored to specific country needs.

An updated Population and Household Census is essential to planning in the health sector as it provides a snapshot of the size and geographical distribution of a country at the lowest level. This information is invaluable for planning the distribution of services, including in estimating financial and human resources implications. At a higher level, census data serve as a basis for public resource allocations and national decision-making across sectors, including health and education. The Census also provides the denominator needed to calculate key SRH indicators and the sampling framework for the MICS/DHS, as the data collection activities with the greatest number of indicators on women's health, including on SRH. Some health indicators can only be collected through population-based data collection. This allows the estimation of prevalence rates in key areas such as the contraceptive prevalence rate, unmet and met need for family planning, the total fertility rate, the adolescent birth rate, and socioeconomic characteristics necessary for understanding the results.

UNFPA in 2020 supported Kiribati and Vanuatu in finalizing Population and Household Census questionnaires and field management plans.[6] It assisted Fiji with its MICS/DHS preparatory phase, encompassing the finalization of a questionnaire through stakeholder consultations and testing, procurement of field items including face masks and recruitment of field staff. The Government of Samoa developed a fact sheet on family planning and SRH from preliminary DHS-MICS results which is further described under the Samoa country section.

UNFPA also collaborated with the Nossal Institute on the analytical components of the MICS/DHS. Due to delays in data collection in 2020 and other emerging data priorities related to the COVID-19 pandemic, however, statistical offices had to delay work related to MICS/DHS, which resulted in late release of MICS microdata. As a result, the Nossal Institute was only able to analyse SRH/FP and domestic violence data for Kiribati.

[6] Given the DFAT midterm review recommendations to discontinue support to Population and Household Censuses and MICS, MFAT funding, which came after mid-2020, was used for additional steps not originally included in the 2020 workplans. These included the CAPI data capture application and related built-in quality checks and support to real-time monitoring during the data collection phase. TA funds were very useful to advance the work to the point where the MFAT funding could take over.

COVID-19 socioeconomic impact studies

In 2020, UNFPA analysed existing and new SRH data and provided policy recommendations as part of the broader United Nations socioeconomic framework response to COVID-19. Findings fed into the health pillar of the framework, which included a recommendation for mitigating the pandemic by assuring access to SRH services.

Through TA funding, SRH specialists supported Samoa to prepare passages in its Voluntary National Review on sexual and reproductive health and domestic violence. They provided feedback on these issues to the Solomon Islands for its draft Voluntary National Review.

Key excepted deliverables at the regional level for 2020:

Transformative Agenda Output	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development-humanitarian continuum	1. HFSRA completed for Solomon Islands and Vanuatu	1. Data were collected for the HFRSA, carried out at 360 service delivery points in Solomon Islands and Vanuatu using revised tools, including a disability-related questionnaire and Tropical Cyclone Harold impact questionnaire (Vanuatu). Reports will be finalized in the second quarter of 2021.
	2. Development of standardized regional adolescent and youth-friendly health service guidelines and training packages, national adaptation, and training of trainers to support roll-out	2. A regional youth-friendly SRH guidelines template was developed to support individual countries in adaptation and development of their own guidelines. A training plan for both clinical and non-clinical health workers on the provision of youth-friendly SRH services was developed to guide country-level roll-out trainings. A training of trainers will take place in 2021.
	3. Development of an SRH/RMNCAH policy framework with an accompanying strategy and implementation plan inclusive of the sustainability of services	3. The development of RMNCAH policies and strategy documents is ongoing in four countries. Consultants were recruited for Fiji, Kiribati, Tonga and Vanuatu to conduct desk reviews and key informant interviews and focus group discussions. Documents for Solomon Islands and Vanuatu will be reviewed in 2021.
	4. Adaptation of cervical cancer policies and guidelines on the basis of HFSRA, and support for national adaptation; Samoa has a draft cervical cancer guideline	4. Not achieved
	5. IPPF and UNFPA convened policymakers and government authorities as a key mechanism to gain support for the integration of MISP into national priorities	5. In Samoa and Solomon Islands, a country-level consultation in partnership with IPPF was held to integrate SRH/MISP in the national disaster preparedness plan. In Solomon Islands, this resulted in a draft SRH Preparedness Plan for inclusion in the overall Health Emergency Plan. For Samoa, it resulted in the inclusion of MISP in the Community-Based Disaster Preparedness Plan.
	6. Technical assistance to review MISP training modules for health-care workers and ensure that guidelines are updated and adapted to the Pacific context, and contents are suited to participants' profiles	6. Six MISP modules were reviewed, contextualized and adapted. These have been used at the Samoa MISP training attended by service providers and humanitarian responders. IPPF member associations in Kiribati, Samoa, and Vanuatu received training on this module.
	7. Develop disability-inclusive SRH in emergencies module to support the increased capacity of front-line health workers in alignment with international best practice IASC Guidelines for Integration of Persons with Disability into Humanitarian Action	7. Three modules on disability inclusion was reviewed, contextualized, adapted and pre-tested at the Samoa MISP training.
	9. Deliver a training module to multisectoral humanitarian stakeholders, including national disability organizations, national disaster	8. In Samoa, 22 people were trained on 6 MISP modules from March 9-12. The training equipped service providers and programme managers from 11 organisations, including IPPF member association, Red Cross, NDMO,

	management offices and ministry staff in three countries: Kiribati, Solomon Islands and Vanuatu 10. Develop a training programme on SRH/violence against women and girls in disasters for peer educators to increase awareness and mobilize communities to support people with disabilities.	MOH, and MWCSD (11 females, 11 males) with knowledge and skills in delivering priority SRH and GBV services during emergencies. These include contraceptive services; access to basic and comprehensive emergency obstetric care; clinical services for GBV survivors; and prevention and treatment of STIs. IPPF member associations in Kiribati, Samoa, and Vanuatu received training on this module. 10. A revised global Adolescent SRH in emergencies (ASRHie) toolkit was completed and launched in 2020; it provides guidance for developing tailor-made training programmes.
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Review and update family planning guidelines, training manuals and capacity-building to support a pool of national trainers 2. Development of a standardized regional curriculum framework for midwifery 3. Adaptation of MDSR guidelines, training and capacity-building to support national roll-out 4. Review of existing quality and clinical auditing documents for family planning services, and development of master trainer supportive supervision tools, clinical audit tools and client satisfaction survey forms for each country	1. Family planning guidelines and training manuals were revised and updated in 2020. Contextualization of the materials and training of 51 champion and master trainers were completed in Fiji, Kiribati and Tonga. Contextualization is in progress for Samoa, Solomon Islands and Vanuatu in 2021. 2. Development of a standardized midwifery curriculum framework aligned to the standards of the International Confederation of Midwives is ongoing in four countries (Kiribati, Samoa, Solomon Islands and Tonga). 3. Adaptation of the MDSR guidelines is ongoing in Fiji and Kiribati. 4. No progress
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Social norms mapping related to women's access to family planning, masculinity and VAW, including focus groups discussions completed in 5 countries to support the BCC strategy, and validate DHS secondary analysis and the root causes of unmet need for family planning 2. Development of a BCC strategy, including a communications campaign and IEC materials, to support increased community engagement and demand	1. Social norm mapping was completed as part of the development of the BCC strategy for Vanuatu. 2. Vanuatu developed a draft BCC strategy. Literature reviews were conducted to inform BCC strategies in Kiribati and Solomon Islands. In Samoa, family planning IEC materials were developed, pre-tested, and sent for production and printing. Solomon Islands was supported to develop radio scripts to promote contraceptive choices in a COVID-19 context.
4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. Validation of in-school FLE quality, implementation and policy climate[7] 2. Strengthened M&E of FLE, including a review of indicators, national mapping and regional consultations 3. Development of curricula for pre-service and in-service teacher training to deliver FLE 4. Roll out of in school FLE in one country. 5. Map existing FLE tools and community-based organizations for out-of-school FLE 6. Development of out-of-school FLE curricula 7. Roll-out of out-of-school FLE curricula	1. FLE assessment validation meetings leading to the development of action plans were conducted in Kiribati and Samoa. 2. A regional M&E framework for in-school CSE was developed to guide countries in developing CSE M&E plans; the TA midterm review provided an opportunity to strengthen FLE M&E indicators for the programme. 3. Not achieved 4. The implementation of the FLE curriculum was continued in one country, Kiribati, for grades 7 and 8, and roll-out was initiated of grade-9 5. For all six TA countries, a mapping study of existing FLE tools for out-of-school CSE was carried out. Data were collected from 35 organizations that implement CSE and 5,753 young people. 6. In Fiji, SRH manual for out-of-school CSE was reviewed. 7. Not achieved

[7] FLE situational assessments were completed for Samoa, Solomon Islands, Tonga and Vanuatu with funding by MFAT. Validation of the FLE assessments was supported by the TA programme.

5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Utilize findings of the HFSRA, DHS and HMIS to support health ministries to develop policy statements and present these to key policy and decision makers within the government; support to be provided remotely 2. Hold country-level meetings for further development of draft national action plans on sexual and GBV in emergencies for people with disabilities, involving organizations of people with disabilities, IPPF member associations, UNFPA, relevant ministries (e.g., health, women, social affairs) and other protection cluster members 3. Develop a training module to ensure disability-inclusive sexual and GBV and SRH priorities are included in contingency planning meetings for emergencies	1. Four policy briefs were completed for Samoa offering a gender perspective on demographics, education, health and employment. 2. Not achieved 3. A draft disability-inclusive training module was reviewed, contextualized, adapted and pre-tested with IPPF's member associations. As part of IPPF SROP's role in the Fiji Safety and Protection Cluster this module was used to sensitize the cluster members on the importance of disability-inclusive response. (Note: this is tied result 1.8 mentioned above.)
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Conduct political mapping analysis to determine gaps in policies and laws in relation to SRHR, family planning, VAWG and persons living with a disability, and stakeholder mapping to support a comprehensive advocacy strategy 2. In-depth analysis of SRH and GBV data from the MICS/DHS 3. Snapshots and major findings presenting MICS/DHS results 4. Review of HMIS with recommendations on improvements 5. Build an evidence base for an SRH investment case	1. Draft reports were received for four countries: Fiji, Kiribati, Samoa and Solomon Islands. 2. The draft Kiribati report was completed. 3. Tonga completed and publicly released a final Snapshot and Major Findings document. A fact sheet on family planning and SRH from preliminary DHS-MICS results was completed and disseminated.[8] Draft Snapshot of Key Findings and Major Findings documents for Samoa are completed, and will be finalized and released in 2021. 4. Mappings of country commitments were completed in Fiji, Kiribati and Solomon Islands. A review of data collection and flow forms was initiated and will continue in 2021. 5. Not achieved

5.2 National results

5.2.1 FIJI

Country context

Fiji is an upper-middle-income country and a leader among Pacific island countries. In the 2017 Population and Housing Census, its population was 884,887, with 46 per cent of people below age 25. Average annual population growth was 0.6 per cent due to low birth rates (the total fertility rate was 2.79) and emigration. The adolescent birth rate has decreased from 40 per 1000 to 30 per 1000 between 2013 and 2020 based on MOH annual health data. The contraceptive prevalence rate has remained around 45 per cent; unmet need for family planning remains relatively high at over 25 per cent.

The country began drafting a new RMNCAH policy, strategic plan and costed implementation plan in 2020 to replace the SRH policy and strategy. The new policy and plan are the first of their kind for the country. More information is below under outcome 3 results.

[8] This activity was co-financed by DFAT-TA, UNICEF, the Government and the EU-UN Spotlight Initiative implemented through UNFPA.

The Government allocated FJD100,000 from its 2020 budget for SRH/FP programmes, including commodities. This was used to fund personnel and reproductive health commodities not supplied by UNFPA. Through in-kind support valued at FJD170,120, UNFPA is still the main supplier of contraceptives. Ongoing discussions on third-party procurement are aimed at Fiji procuring SRH commodities through UNFPA global supplies, given lower cost and better quality assurance processes.

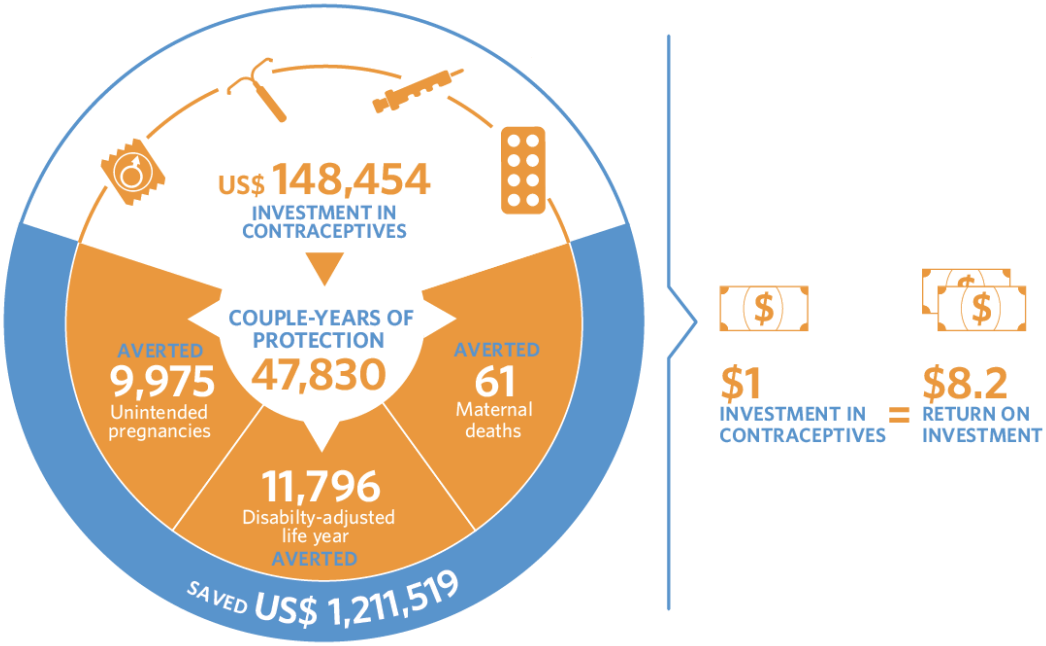
RMNCAH Committee

Stakeholders from different ministries and NGOs met in November to discuss the formation of the first RMNCAH Committee. The meeting was chaired by the Ministry of Health and Medical Services, and involved the Ministry of Education; Ministry of Women, Children and Poverty Alleviation; Ministry of Youth and Sports; and the National Statistics Office. NGOs comprised Medical Services Pacific and the Reproductive and Family Health Association of Fiji, the local IPPF member association. Terms of reference for the committee were drafted and shared. The committee is envisaged as the custodian of the RMNCAH policy and strategic plan, apart from its coordination and oversight role.

Coordination with the DFAT post

The Fiji programme coordinates very closely with the local DFAT post. The DFAT representative was invited to be part of the results-based management workshop with implementing partners and potential TA partners in November. The workshop reviewed 2020 workplans for 2021. The DFAT representative was part of the workshop to form a national RMNCAH Committee, is invited to TA-funded activities, and opened the master trainers workshop on family planning with Fiji's Minister of Health.

Reporting by each Transformative Agenda outcome



In 2020, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health and Medical Services, and the Ministry of Youth and Sports. The total

programme commitment was US $290,423, of which US $25,273 was delivered (9 per cent). The remaining funds will be rolled into 2021.

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

The Ministry of Health and Medical Services focused on three major interventions in 2020: the completion of the HFRSA survey, family planning training for champion and master trainers, and the development of guidelines and tools.

The HFRSA survey assessed 212 health facilities at the primary, secondary and tertiary levels, and found that 95 per cent provided family planning services, although only 19 per cent have sufficient guidelines, equipment, products and trained staff. Only 66 per cent of 164 primary facilities had three or more family planning methods available when visited, while 44 per cent of 18 secondary/tertiary level facilities had five or more methods available. Only 3 per cent of facilities provide adolescent and youth-friendly services according to global standards, while 4 per cent are able to provide minimum services for GBV that meet global standards.

FPNSW together with the Ministry of Health and Medical Services provided a family planning training of trainers at two levels over three weeks. Seven health staff (4 females, 3 males) were trained as champion trainers, and 22 (20 females, 2 males) as master trainers. Champion trainers coordinate and provide quality assurance for the master trainers, who will carry out the training at all service delivery points in 2021. The training included sessions on contraception, counselling, facilitation skills and LARC as well as HMIS and logistics management information systems.

As a precursor to the training, FPNSW updated existing national family planning guidelines and a training package. Champion and master trainees validated the revised training package, including a new section on counselling, as well as a contraceptive flip chart. These job aids will be rolled out with the training in 2021.

"In Fiji, we overlook the family planning needs of people with disabilities. I need to also address their needs to my students."

Atelaite K. Sullasi
Assistant lecturer
Sangam College of Nursing - Fiji

The Ministry of Health and Medical Services initiated the development of a number of guidelines with UNFPA technical support, including on antenatal care and postnatal care (ANC/PNC), and maternal death surveillance and response (MDSR). The ANC/PNC guidelines have been reviewed with obstetrics specialists from divisional hospitals around the country. They include a section on family planning counselling as part of mainstreaming family planning services and information during antenatal and postnatal periods. For the MDSR work, patient folders were collected from the three divisional hospitals to review maternal deaths in 2018 and 2019. Tools to record maternal deaths were developed. An international consultant is working virtually with two local obstetricians to build local capacity to use the tools to improve surveillance of and reporting on maternal deaths

"We are now equipped to also meet the needs for adolescents. We know that we have to provide them with services to protect them of unwanted pregnancies."

Alumeei Dyer
Registered Midwife - Fiji

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Youth and Sports focused on two major interventions in 2020: training and outreach to young people on SRH/FP, and the development of the mHealth Starter Pack.

The ministry conducted FP/SRH training for 404 young people in registered youth groups in all national divisions. Participants included 176 females and a young person with a hearing impairment. Sessions emphasized empowering young people and equipping them to provide peers with accurate information on contraceptives, including emergency contraception. Some participants were identified to be focal points for condom distribution in their communities.

The Ministry of Youth and Sports planned to conduct outreach to young people in Namosi Province, a remote area in the highlands with poor road access, working with the Namosi Provincial Office in 12 villages. Tropical Cyclone Yasa cut this goal to four villages. Ninety-four young people were able to access SRH/FP information and services, including 30 young women. Family planning services were provided to 25 women by the Reproductive and Family Health Association of Fiji, an IPPF member association.

The ministry is developing an online platform using the mHealth Starter Pack App to provide SRH/FP information and education virtually to increase uptake by young people around the country. The content that will be included in the App is derived from the Adolescents and Youth SRH manual supported by the TA and that is currently being delivered in person. The online platform is expected to be finalized in Q2 2021 after validation by young people.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of Health and Medical Services focused on two major interventions in 2020: RMNCAH policy development and preparation for the MICS/DHS survey.

The country began drafting a new RMNCAH policy, strategic plan and costed implementation plan to replace the SRH policy and strategy. The new policy and plan will span five years and are firsts of

their kind for the country. A technical working group was formed and backstopped the ministry's development of the strategy and plan; a consultant conducted a literature review. Key informant interviews with clinical heads of departments were hampered by Cyclone Yasa, however, since most interviewees were redirected to work on the emergency response. The policy will support the newly formed RMNCAH Committee and is expected to be finalized by April 2021.

Other support helped the Bureau of Statistics prepare to conduct the country's first MICS/DHS. The women's questionnaire of the MICS is designed to capture much needed information on factors affecting women's health and quality of life, including fertility, reproductive health, maternal and child health, mortality, nutrition, and self-reported health behaviours. The availability of these data will help shape more targeted programmes, including on SRH/FP, and address the needs of those left farthest behind. It will guide partnerships with relevant stakeholders in evaluating efforts, developing policies, planning and reporting. In 2020, the questionnaire was finalized and piloted, field items were procured and field staff recruited. Seventy-one recruited enumerators were trained, of whom 40 were women. New awareness and advocacy materials highlighted the importance of the survey. Data collection will take place in early 2021.

Key excepted deliverables for Fiji in 2020:

Transformative Agenda Output	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development- humanitarian continuum	1. Review, update and validate family planning guidelines and training package	1. Family planning guidelines were reviewed and updated by FPNSW, and validated by champion and master trainers.
	2. Finalize MDSR guidelines and tools	2. In 2020, MDSR guidelines and tools were developed, and a review of maternal deaths in 2018 and 2019 was carried out.
	3. Review antenatal/postnatal care guidelines, including on family planning counselling	3. Initial consultations with divisional specialists were held on antenatal and postnatal care guidelines.
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Strengthened monitoring and reporting: Conduct six monthly supervisory visits	1. Not achieved
	2. Family planning training for 400 health workers focusing on modern methods of family planning	2. Seven health staff (4 females, 3 males) were trained as champion trainers and 22 (20 females, 2 males) were trained as master trainers on family planning. National roll-out of training will occur in 2021.
	3. Review the Fiji health system and use recommendations and lessons learned for youth-friendly health services package development	3. Not achieved
	4. Roll out training on GBV clinical treatment of sexual and intimate partner violence across health workers	4. Not achieved
	5. Conduct a GBV in emergencies/MISP training of trainers with Ministry of Health and Medical Services staff, and support roll-out across all health workers	5. Not achieved
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Community outreach on SRH/FP provided to 12 villages	1. The Ministry of Youth and Sports conducted outreach to young people in four villages. Ninety-four young people were able to access SRH/FP information and services, including 30 young women. Family planning services were provided by the Reproductive and Family Health Association of Fiji.
	2. Pilot writing initiative of the stories of young girls as a teaching tool on SRH/FP and gender	2. Not achieved

4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. FLE assessment validation 2. Staff training for 10 facilitators from different divisions on key SRHR/FP principles 3. SRHR training for national sporting organizations, coaches and sporting commission (adult mentors to young people) to educate adults in key adolescent and youth SRHR principles, and support young people's access to SRHR information and services 4. Family planning outreach for 200 young people to provide info on SRHR/FP, working with FP outreach services at key divisional events 5. Training for 200 registered youth members with facilitators from Ministry of Youth and Sports training centres 6. Identify girls from four divisions from initial training by the Ministry of Youth and Sports; document their activities, leading to stories on how they have approached SRHR and family planning, and the understanding they have gained and actions they have taken influencing their choices and opportunities	1. Not achieved 2. Not achieved 3. Not achieved 4. The Namosi Provincial Office planned for outreach in 12 villages, but reached only four due to Tropical Cyclone Yasa. It reached 94 young people with SRH/FP information and services, including 30 young women. 5. The Ministry of Youth and Sports conducted SRH/FP training for 402 young people (176 females, 226 males, 1 person with disabilities) in registered youth groups/clubs in all national divisions. 6. Six young women were identified to document their impact stories based on SRHR training.
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Consultation on the development of a new RMNCAH policy	1. A literature review has been carried out to support development of a RMNCAH Policy that will be completed in 2021.
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Provide technical support to strengthen the SRH/FP component of the MICS/DHS	1. Support helped the Fiji Bureau of Statistics in conducting the country's first MICS survey, including in the preparatory phase to finalize the questionnaire with stakeholders, pilot it, procure field items and recruit field staff. Seventy-one enumerators were recruited and trained.

Challenges and actions taken to overcome them

The COVID-19 response worsened existing government processing and financial transaction delays. Human resources from teams across the health sector, including family planning and maternal health, were diverted to the response; most government health programmes were halted. This led to delays in signing workplans and launching programme activities planned for the year. During this time, UNFPA provided technical support on COVID-19 and the continuity of essential health services, including family planning, maternal health, and antenatal and postnatal care. Webinars informed national partners on emerging evidence around pregnancy and COVID-19.

With the gradual resumption of TA activities in Fiji, continued travel restrictions and border closures meant that activities requiring the local presence of international partners had to resort to other means. Family planning training of champion and master trainers was carried out virtually by FPNSW, with the support of a local consultant in the classroom with participants.

Work plans for both implementing partners in Fiji were finally signed in the last quarter of 2020. Internal government processes to transfer funds from the Treasury to the implementing partners added to existing delays. Partners received funds only in November. To manage this issue, UNFPA made payments directly to vendors and implemented some activities on behalf of partners.

5.2.2 KIRIBATI

Country context

The 2015 Population and Housing Census found that Kiribati had 110,136 people and an average annual population growth rate of 1.37 per cent since 2010. Forty-one per cent of people were below age 18. The 2018-2019 MICS indicated a total fertility rate of 3.3, a decline from 3.8 recorded in the 2009 DHS. The adolescent birth rate has been stagnant since 2009; 51 in every 1,000 adolescent girls have had a live birth. The modern contraceptive prevalence rate for all women was 20 per cent. While unmet need for family planning for all women was 18 per cent, while unmet need was 30 per cent among adolescent girls aged 15-19.

The Government of Kiribati launched the Kiribati 20-Year Vision 2016-2036, which recognizes the critical importance of a globally competitive and healthy human resource base. Recognizing the complexities of population growth, the diversity of cultural and religious beliefs, and social and cultural challenges, the Government committed to an improved health-care system supporting a reduction in the fertility rate from 3.1 to 2.8 by 2019, and to 1.8 by 2036.

Total health expenditure has risen substantially over the past two decades as a result of population growth. Between 1995 and 2014, Kiribati experienced one of the lowest real annual growth rates in total health spending per capita among countries in the Pacific. From 2004 to 2014, total health expenditure per capita dropped by 25 per cent to US $154. Given that most health spending is public, the Government has struggled to maintain its commitment to the health sector.

According to the World Bank, public expenditure on health is 10 per cent of total national expenditure, and almost entirely funded domestically. In 2016, spending to reduce the prevalence of non-communicable diseases absorbed the largest share of health resources (AUD $11.8 million) closely followed by spending on maternal, newborn and child health (AUD $8.6 million), and activities related to the prevention of communicable diseases (AUD $4.3 million). Measures to strengthen the health system garnered AUD $3.5 million. Family planning received an estimated AUD $1.9 million, and GBV and youth services combined received AUD $1.4 million.

RMNCAH Committee

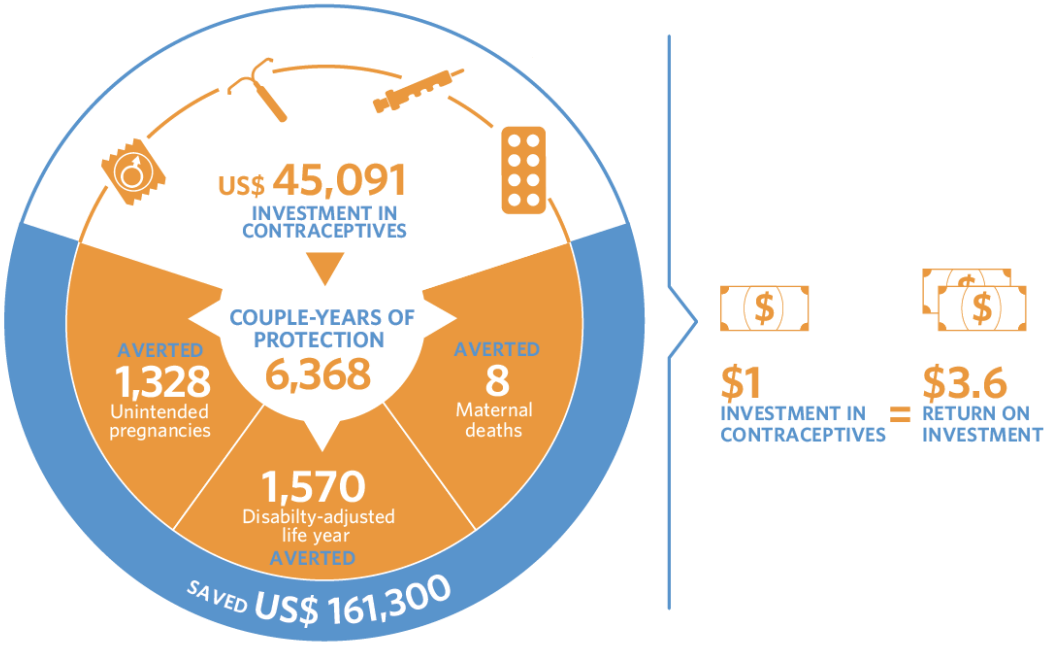
The RMNCAH Committee falls under the direct leadership of the Ministry of Health and Medical Services, which has pledged to continue supporting the committee as part of the UN Joint Programme on RMNCAH Transition Plan. Chaired by the Director of Public Health, the Committee comprises representatives from the Ministry of Health and Medical Services, Ministry for Women, Youth, Sport and Social Affairs, and Ministry of Education; development partners such as DFAT and the Government of New Zealand Ministry of Foreign Affairs and Trade (MFAT); NGOs such as the Kiribati Family Health Association, Red Cross, Child Fund, and Kiribati Women and Children Support Centre; faith-based organizations such as the Catholic Christian Life group; and UN entities including UNFPA, UN Women, UNICEF and WHO. The functioning of the RMNCAH Committee was affected by the pandemic as committee members' attention shifted to respond to COVID-19. As a consequence, the Committee met only once in 2020.

Coordination with the DFAT post

The UN Joint Presence Office, bringing together UNFPA, UNICEF, WHO, the United Nations Development Programme (UNDP), UN Women and the Food and Agriculture Organization (FAO), conducts quarterly thematic review meetings with DFAT and MFAT. Heads of missions and technical personnel attend to discuss implementation progress, interagency coordination, technical support and operational bottlenecks. Regular meetings have been held among stakeholders from the Ministry of Health and Medical Services, UN agencies, and donor partners such as the Asian Development Bank, DFAT and MFAT on COVID-19 Executive Management Committee and Communicable Disease Surveillance Response Committee COVID-19. During the development of the country workplan between UNFPA and the Ministry of Health and Medical Services, and the implementation of activities, DFAT was invited to participate in several events.

Quarterly TA review and coordination meetings among UNFPA and its four implementing partners provided strategic directions to keep planned activities on track despite the pandemic.

Reporting by each Transformative Agenda outcome



In 2020, under the TA, UNFPA provided funding and implementation support through the Ministry of Health and Medical Services; Ministry of Women, Youth, Sports and Social Affairs; Ministry of Finance and Economic Development; and the National Statistics Office. The total commitment was $275,316, of which $100,982 was delivered (37per cent). The remaining funds will be rolled into 2021.

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

The Ministry of Health and Medical Services; Ministry of Women, Youth, Sports and Social Affairs; focused on five major interventions in 2020: finalization of the HFRSAA, family planning training, the review and development of the midwifery curriculum per international standards, adaptation of

maternal and perinatal death surveillance and response, tools to measure implementation of GBV standard operating procedures.

In 2020, reliable quality data from the DHS/MICS and HFRSAA on service availability, alongside health workforce capacity improvement, went a long way towards addressing some long-standing health system challenges in Kiribati. These are critical stepping stones to accelerate increased delivery of integrated services, including family planning, in the years to follow.

Health Facility Readiness and Service Availability Assessment

The TA supported the finalization of the HFRSAA, affirming the low levels of family planning use. A presentation on the HFRSAA was held for 45 stakeholders, including 25 members of parliament. Members of Parliament requested surveys for their respective islands to determine usage figures as a basis for promoting greater uptake. The results of the

the HFRSAA were used for the development of the National Health Strategic Plan which is currently in draft, and will inform RMNCAH policy development in 2021. The HFRSAA will be printed, launched and disseminated in 2021.

Family planning training

In October 2020, FPNSW trained five champion trainers on four modules of comprehensive family planning: contraception, counselling, clinical instruction and the training of trainers. The champion trainers then trained 11 master trainers on the same topics. JSI and the Burnet Institute also trained the master trainers on HMIS and logistics management information systems (LMIS), and prepared them to train others. Health workers gained skills such as to provide and receive constructive feedback, and to administer assessment tools and competency standards. Training the five champion and 11 master trainers meant that 15% per cent of 110 service delivery points now have at least one staff member trained in youth-friendly, disability-inclusive family planning service provision that is in line with international stndards; how to carry out capacity-building; the management of family planning supplies; and supervision and monitoring on the outer islands. LARC insertion and removal and an overall refresher training will be conducted in 2021 before the roll-out of national family planning training.

"After the Family Planning training health workers changed their approach towards their family planning clients. Before, the health worker would decide what method would be right for their clients, for example on implants, and these clients would come back after a short time to have them removed because it was not their choice in the first place. After this training, the approach that the health worker takes is much friendlier and based on providing information to clients, allowing them to make an informed-decision on family planning."

Remwan Mantaia
Maternal Health Program Manager
RMNCAH - Kiribati

Review and updating of midwifery curricula in line with international standards

In 2020, the Burnet Institute supported the review and updating of the national midwifery pre-service curriculum in line with the International Confederation of Midwives guidelines. A desk review

of existing curricula was conducted to integrate family planning, and youth-friendly SRH and GBV services, including for persons with disabilities. Three consultation meetings included a one-day workshop to finalize the draft curriculum with the Ministry of Health and Medical Services technical working group and School of Nursing. Further consultations are ongoing with key stakeholders from the School of Nursing, nursing professionals, obstetricians and gynaecologists, and RMNCAH Committee members. The curricula is slated for completion in 2021.

Adaptation of maternal and perinatal death surveillance and response

Adaptation of maternal and perinatal death surveillance and response (MPDSR) guidelines is ongoing. Due to conflicting priorities, namely responding to COVID-19, the meetings of the MPDSR Committee paused after one session on further investigation of two maternal deaths in 2020. The subcommittee on perinatal death surveillance has convened regularly throughout the year.

Gender-based violence standard operating procedures

UNFPA helped integrate GBV standard operating procedures (SOP) into the supportive supervision checklist of the Ministry of Health and Medical Services. Once the Ministry's Executive Management Committee[9] endorses the procedures, staff on supportive supervision missions will apply the new checklist and ensure the SOPs are applied.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Education; Ministry of Health and Medical Services; and Ministry of Women, Youth, Sports and Social Affairs focused on four major interventions in 2020: operationalization of in-school FLE, engagement of young people in FLE outreach programmes for out-of-school youth, advocacy and promotional activities with faith-based leaders and community members, and development of capacities on BCC.

[9] Consisting of the Secretary, Deputy Secretary, Senior Assistant Secretary and Directors.

Operationalization of FLE for in-school young people in line with international standards

An FLE coordinator was recruited to strengthen the capacity of the Ministry of Education for FLE implementation, and supported to track 2020 activities despite the pandemic.

The TA supported the validation of the FLE situation analysis report on Phase 2 of the implementation of the Kiribati Family Life Programme, including a review of the policy climate for FLE in Kiribati. A total of 36 stakeholders from the Ministry of Education and Te Toamatoa were engaged in the FLE assessment validation workshop. The findings of the assessment have been used to inform the revisions of FLE curricula and the development of teacher training materials.

UNFPA supported the operationalization of FLE integrated syllabi on moral, health and physical and social science education for grades 7-9. To roll out new FLE syllabi for these grades, FPNSW trained 21 curriculum development officers and associate lecturers/teacher instructors from Kiribati Teachers College and the Curriculum Development and Research Center. In turn, these 21 people, trained 50 junior and secondary school teachers at Butaritari, Abemama, Nonouti and South Tarawa, Abaiang, North Tarawa and Maiana. The integrated FLE curriculum was rolled out in 121 schools (95 primary and 26 junior secondary) reaching 9,911 grade 7-9 students, mainly aged 11-14.

"The subject 'reproduction' is very sensitive. It seals students' mouths and prevents them from talking about private body parts. With the tools and strategies, I learnt at the FLE training, I will be able to make this subject both interesting and meaningful to all my students of all ages and sex."

Tiritaake Tonana
Associate Lecturer
Kiribati

The 21 trained curriculum development officers and associate lecturers/teacher instructors drafted teachers modules on family planning, SRHR, and sexual and GBV prevention with support from FPNSW at in-service teacher training in November 2020 as preparation for the FLE Summer School to be held in 2021. The modules will be implemented through continuous professional development programmes for targeted teachers in summer schools two weeks before school starts in 2021. To assess and monitor the quality of FLE delivery, FPNSW and Curriculum Development Officers from the Ministry of Education developed a checklist, which will be piloted in junior and secondary schools in 2021.

FPNSW provided technical support to the Ministry of Education to integrate FLE into the year 10 and 11 curriculum in accordance with international standards. A desk review of the curricula provided recommendations. Three teams of three curriculum development officers led consultations on the year 10 and 11 scoping and sequencing for FLE integration in Butaritari, Nonouti, Abemama, Abaiana, North Tarawa, Maiana and South Tarawa, and identified key entry points. Based on this, FLE syllabi will be developed and integrated into the 3 carrier subjects (Health and Physical Education, Moral Education and Social Science) as well as Teachers guides and resources in quarter 2 2021. Integration of FLE into a continuous professional development programme for teachers will continue with Kiribati Teachers College in 2021.

Engagement of young people in peer education and outreach programmes on SRH/FP

Community outreach programmes were conducted by Y-PEER, which represents various organizations (e.g., the Kiribati Family Health Association, youth community and youth church groups), and the Ministry of Health and Medical Services, under the leadership of the Ministry of Women, Youth, Sports and Social Affairs.

Two members of the Y-PEER Expanded Network have been recruited to coordinate family planning promotional activities among young people. They trained 18 Y-PEER members to promote demand generation for SHR/FP services among out-of-school youth. They engaged with expanded Y-PEER members (45 female, 58 male) who conducted outreach programmes on family planning and SRHR on the outer islands, engaging 1,781 people, including 851 out-of-school youth from 30 communities in South Tarawa, North Tarawa and Abaiang Island. They provided evidence-based information on contraceptive choices, as well as on young people's leadership in preventing sexual and gender-based violence. Condoms were made available based upon their needs.

Young people disseminated SRHR/FP promotional messages through role plays and dramas. Radio programmes on adolescent pregnancy prevention, family planning, young people's SRHR and healthy families were prominently aired during the parliamentary weeks in December and on key international days. The parliamentary week provided an important platform for advocacy and sensitization given its reach to a large part of the population.

The annual general Y-PEER meeting, attended by 30 young people, led to the development of a comprehensive action plan to strengthen youth engagement in promoting SRHR and FP messages on the outer islands. The plan will guide young people in reaching out-of-school youth with CSE in 2021.

SRH/FP advocacy and promotional activities with faith-based leaders and Kiribati Male Behavior Change Groups

Refresher training for the Kiribati Male Behavior Change Group (60 males, 5 females) was conducted for 10 outer islands (Marakei, Maiana, Abaiang, Butaritari, North Tarawa, South Tarawa, Nonouti, Tabiteuea South, Ribono and Nuotaea) in places such as Kava bars or conference rooms of guest houses. Group members conducted outreach programmes on family planning, the prevention of adolescent pregnancy, alcohol and substance abuse, HIV and STIs. Other activities included the finalization of a toolkit for the group on SRH/FP and GBV and the appointment of an executive for the North Tarawa branch of the Male Behaviour Change Group.

During the past few years, continuous advocacy and negotiation have augmented the engagement of religious groups and church leaders in increasing demand for SRH information and services, especially for family planning among the general population. In 2020, health workers and religious groups met during the United Church General Assembly, opening an opportunity for further dialogue to strengthen UNFPA's partnership with faith groups to promote family planning as well as child and maternal health and nutrition issues. This will continue as a priority activity in 2021 and beyond.

Development capacities and materials on BCC

ABC-ID together with a national facilitator conducted a capacity-building workshop on BCC for SRHR/FP for 21 programme managers from the Ministry of Education; Ministry of Health; and Ministry of Women, Youth, Sports and Social Affairs as well as Y-PEER representatives, the youth

officer from the Teinainano Urban Council and a disability representative. This resulted in greater understanding of BCC, and more openness to promoting SRHR/FP, addressing GBV and tailoring messages to the local context. The Nossal Institute led a session where participants shared inputs that will contribute to a national BCC strategy to increase family planning.

The BCC subcommittee, comprising members from the Ministry of Health and Medical Science; Ministry of Women, Youth, Sports and Social Affairs; Kiribati Family Health Association; Red Cross; Y-PEER; TTM, the national disabilities organization; and UNFPA; formed to enhance ownership of and accountability for BCC activities through the oversight of TA demand-generation activities. The subcommittee will offer both governance and technical inputs in developing a BCC strategy, and guide implementation to generate demand for FP services.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of Finance and Economic Development and National Statistics Office focused on the following major interventions in 2020, including the Population and Housing Census, strengthening the HMIS and the launch of the Kiribati Social Development Indicator Survey.

Population and Household Census

UNFPA supported the Government to conduct the 2020 Population and Housing Census, including finalizing the Population and Household Census questionnaires and field management plans.[10] The 2020 Census will generate exhaustive information for clearer analysis and monitoring of family planning and adolescent SRH by providing a snapshot of the population size and geographical distribution at the lowest level, providing a basis for health sector planning for service delivery, and financial and human resource needs. At a higher level, it can guide public resource allocations and national decision-making across sectors, including health and education. Kiribati also now has comprehensive information for estimation of key SRH indicators such as the contraceptive prevalence rate, unmet and met need for family planning, the total fertility rate, the adolescent birth rate and socioeconomic characteristics necessary for understanding the results. Data can be disaggregated by age, sex, education level, religion, island group and wealth quintile.

Generation of new evidence and advocacy to inform policy and programming

Kiribati's first nationwide survey monitoring the well-being of women, girls and children. The Kiribati Social Development Indicator Survey, is expected to fuel evidence-based planning and programmes that could benefit more than 70,000 I-Kiribati women and children. Survey findings will support the measurement of progress on national priorities including, SRH/FP, health, violence against women, education, nutrition, water, sanitation and hygiene.

The report is being used to contribute to a conducive and supportive environment for quality SRH/FP services. Data have already been used to review the midwifery curriculum, and develop the RMNCAH policy and provide inputs to the BCC strategy. The survey results will also contribute

[10] Given the DFAT midterm review recommendations to discontinue support to the Population and Health Census and MICS, MFAT funding, which came on-line after mid-2020, was used for additional phases that were not originally included in the 2020 work plans but could continue into 2021. This included the CAPI data capture application and related built-in quality checks, and support to real-time monitoring during the data collection phase. TA funds were very useful to advance the work to the point where the MFAT funding could take over.

towards strengthening the HMIS. In order to continue deepen the use of data produced by the KSDIS, Nossal Institute carried out secondary analysis on SRH/FP and DV data. A draft report was produced and will be finalized in early 2021. The data will be used to guide SRH/FP and violence against women and girls programming and policy.

At the launch of the survey, the Vice President of the Republic of Kiribati, H.E. Dr. Teuea Toatu, said, "I am proud to say Kiribati has achieved a major milestone with this survey, being the first in the region and leading the way for neighbouring Pacific countries. With this, we will be able to prioritize our efforts to focus on the most in need, allocate the resources required to make progress, and plan so that especially all I-Kiribati children are able to survive, thrive and realise their full potential."

Health management information system

The Burnet Institute initiated work on strengthening the HMIS by compiling a list of SRH indicators in line with regional and global commitments, such as the Healthy Islands Monitoring Framework and the SDGs. This was mapped against SRH indicators produced by the HMIS to identify gaps and make recommendations, with work expected to finish in 2021. Kiribati will be able to track progress on SRH/FP and link the HMIS system with national development and health plans as well as regional and global commitments. UNFPA will continue to engage stakeholders and promote the value of strengthening the system, and convene coordination stakeholder meetings with key partners working on the system and RMNCAH. For an example of the Kiribati key health indicators (HMIS data source) aligned with regional, global and/or UNFPA frameworks, please see Annex 1.

Logistics Management System Functionality (MSupply)

Funding from UNFPA Supplies program supported the operationalization of the mSupply Hub for prompt ordering for top up stocks from Central Medical Stores Kiribati to UNFPA Pacific SRO Warehouse in Suva, Fiji. The technical support, which was provided by JSI, focused on the Contraceptives Logistics Management System Design and customisation on M-Supply in Kiribati Central Medical Stores including connections to health facilities to enable online monitoring of reproductive health commodities and mitigation of stock outs. However technical obstacles resulted in the pharmacy team not being able to place commodity orders in 2020, an issue that is being resolved by Beyond Essentials/Sustainable Solutions (the organisations providing support to M-Supply customisation in the Pacific). The DFAT TA funds were deployed to support the in-country workshop and training sessions as well as travels to health facilities for spot checks. Implementation of recommendations from the HFRSA report on strengthening of LMIS and physical monitoring through spot-checks, including the monthly review of mSupply reports have contributed towards increasing the share of health facilities with no stockout of any contraceptives from 2 per cent in 2019 to 67 per cent in 2020.

Strengthening Health Information Unit

The TA support three staff for the Health Information Unit of the Ministry of Health. This technical support has focused on collecting data from different clinics and health-care centres on family planning methods and ensuring availability of aggregated data in the Health Management Information System on Family Planning. This initiative contributed to the significant gains in ending contraceptive stock-outs, by providing accurate data for forecasting of needs based on current users, new users and discontinued users on quarterly basis. Data indicate an increased use of family planning commodities from 2019 to date, especially an increase in couple-years protection.

Kiribati HMIS 2020	Current users beginning of the year	New users	Restarts	Discon-tinued users	Lost to follow up	Transfer in	Transfer out	Current users end of the year
Condoms	**232**	115						**347**
Pills	**841**	268	36	65	36	45	24	**1065**
Injectables	**5223**	867	351	1454	150	157	180	**4814**
IUD	**6**	13		9				**10**
Jadelle	**545**	690		397				**838**
Female sterilization	**192**	8						**200**
Male sterilization	**14**	1						**15**
LAM	**239**	110						**349**
Total all methods	**7291**	**2,072**	**387**	**1,925**	**186**	**202**	**204**	**7,637**

Key excepted deliverables for Kiribati in 2020:

Transformative Agenda/ Outputs	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development-humanitarian continuum	1. Establish/strengthen MPDSR structures at the district level and in hospitals, and ensure the functionality of the national committee	1. The MPDSR Committee in South Tarawa met once in 2020. The subcommittee on perinatal death surveillance and response met regularly in 2020.
	2. Adaptation of youth-friendly, disability-inclusive SRH/FP guidelines	2. Existing adolescent and youth SRH guidelines were reviewed, and recommendations and feedback provided.
	3. Include youth-friendly and disability-inclusive SRH/FP service delivery and finalize GBV standard operating procedures into the integrated support supervision tool	3. GBV standard operating procedures were integrated in the support and supervision checklist tool of the Ministry of Health and Medical Services.
	4. 4. Support the Kiribati Family Health Association, Red Cross and other NGOs in crisis response through provision and distribution of essential family planning commodities and SRH kits	4. UNFPA supported the National Disaster Management Office to respond to the impacts of Tropical Cyclone Sarai and Tropical Cyclone Tino on the Southern Gilbert Islands. Support included technical assistance with the inclusion of women and young people as targets of assessments and response plans as well as coordination of civil society and donors to leverage resources to distribute 30 dignity kits to women across four islands.
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Conduct training of trainers on the comprehensive family planning package	1. Five champion trainers trained and eleven health workers trained as master trainers on comprehensive family planning, a process.
	2. Conduct roll-out training to health workers on the comprehensive family planning package	2. Not achieved
	3. Conduct a five-day training of trainers for 15 health staff as mentors on MISP and youth-friendly and disability-inclusive SRH/FP service provision	3. Not achieved
	4. Conduct training, mentorship and support supervision on five outer islands on MISP and youth-friendly and disability-inclusive SRH/FP services coupled with integrated outer island missions on SRH/FP services	4. Not achieved
	5. Provide technical assistance to review existing midwifery curricula against International Confederation of Midwives competencies to ensure integrated family planning, youth-friendly SRH and measures to address GBV, including for people with disabilities and in humanitarian responses	5. The Burnet Institute conducted several meetings, consultations, and a one-day workshop at different levels to review and finalize the draft Midwifery Curriculum. Stakeholders involved included the Kiribati School of Nursing, nursing professionals, obstetricians and gynaecologists, and RMNCAH Committee members. The draft curricula is currently under review with the technical working group of the Ministry of Health and Medical Services.
	6. Train nursing and midwifery tutors on the new curricula and assist the progressive roll-out of the new curricula in the teaching institution	6. Not achieved
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Faith-based organizations engaged for family planning promotion through advocacy meetings	1. Meeting with faith based organizations resulted in: development of terms of reference and establishment of Executive Committee member; partnerships built; the health team advocated for the engagement of religious groups in the promotion of family planning, and maternal and child health and nutrition during the United Church General Assembly. Two meetings of a committee of faith-based organizations were held.
	2. Activate and engage village welfare groups for family planning promotion, including procurement of kits for the groups, mobilization for outreach and mass media awareness	2. Not achieved
	3. Support roll-out of radio programmes after BCC strategy development	3. Radio programmes on family health, adolescent pregnancy prevention, alcohol use, family planning and young people's SRH aired during the two parliamentary weeks in December and on key national public events.

	4. Support an expanded youth network to include youth with disabilities and youth advocates for essential services for GBV	4. Supported four quarterly Expanded Y-PEER network meetings. Members were involved in awareness activities during national public events and community outreach.
	5. Conduct refresher training for newly formed outer island male behaviour change groups and support their community outreach on family planning promotion	5. A refresher training was conducted in eight outer islands (Maiana, Abaiang, Butaritari, North Tarawa, Nonouti, Tab South, Ribono and Nuotaea) and South Tarawa; 60 males and 5 females attended. Outreach programmes promoting family planning, adolescent pregnancy prevention, alcohol and substance abuse, HIV/STIs were carried out in their communities. The Kiribati Male Behaviour Change Group toolkit and committee terms of reference were finalized. An executive was appointed for the North Tarawa branch of the group.
	6. Conduct family planning promotional activities/campaigns during national events for SRH/FP promotion, including young people with disabilities and active on sexual and GBV prevention through the expanded youth network	6. 45 females and 58 males, newly recruited Y-PEER members, disseminated information on SRH including family planning on the outer island, reaching over 851 out-of-school youth and 930 people in 30 communities. Training of four groups of Y-PEER members resulted in young people disseminating SRHR/FP promotional messages through role plays and dramas. Two members of the Y-PEER Expanded Network were recruited to support and coordinate family planning promotional activities among young people. 30 young people participated in an annual general meeting to draw up coordinated action plans to strengthen family planning promotional activities on the outer islands.
4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. Validate FLE assessment findings with FLE stakeholders	1. A total of 36 stakeholders from the Ministry of Education and Te Toamatoa were engaged in the FLE assessment workshop to validate the FLE situation analysis on Phase 2 of the implementation of the Kiribati Family Life Programme and a review of the policy climate for FLE in Kiribati.
	2. Provide technical assistance to support the Ministry of Education to integrate FLE into year 10 curriculum revision	2. Reviewing, scoping and sequencing for grades 10 and 11 were conducted with the technical support of FPNSW to the Ministry of Education.
	3. Support sequenced activities for the revision of the year 10 curricula to ensure integration of FLE	3. Reviewing, scoping and sequencing for grade 10 have been completed.
	4. 4 Conduct year 7-9 integrated FLE trialing and observations	4. Three teams of curriculum development officers visited three islands, Butaritari, Abemama and Nonouti, to conduct curriculum review surveys for grades 1, 2, 7 and 8. A similar review took place on South Tarawa.
	5. Pre-roll-out orientation session for year 9 teachers for FLE subjects	5. Fifty curriculum development officers and Kiribati Teachers College staff received an FLE orientation training. FLE basic training for 21 associate lecturers, curriculum development officers and school improvement unit staff was held virtually by FPNSW.
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Integrate the MPDSR Strategy in and finalize the RMNCAH Policy and Strategy	1. The MPDSR Strategy has been integrated into the RMNCAH Policy, which is to be finalized in 2021.
	2. Conduct a validation meeting of the HFRSA and launch/disseminate the final report and its recommendations	2. The HFRSAA report has been validated and an e-copy presented to members of Parliament.
	3. Presentation of costed HFRSA report to parliamentarians	3. The HFRSAA report including estimated costing was shared with parliamentarians. The report contributed to the development of a new Health Sector Strategic Plan which will be finalized in 2021.
	4. Organize quarterly coordination and review meetings with all implementing partners and key stakeholders from the Government and UNFPA	4. Two coordination and financial meetings were conducted with all implementing partners to support the improvement of quarterly reporting; sessions included capacity-building and a refresher training. Due to the COVID-19 response, two other meetings could not be held.
	5. Organize a post-Nairobi meeting with strategic partners, community leaders, young people and persons with disability to strengthen national	

	policy, legislative and programme commitments to family planning, maternal health and ending GBV	5. In anticipation of the ICPD25 anniversary, meetings were held to engage partners to build on national commitments made during the Nairobi Summit.
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Technical support to the analysis of the results of the DHS/MICS survey with a focus on SRH/FP and domestic violence components 2. Complete review of registers and data flow forms 3. Conduct national family planning conference 4. Launch and disseminate the Kiribati Social Development Indicator Survey results 5. Support the media publicity component of the national Census to elevate the discourse on population dynamics and focus on family planning as a cornerstone for social transformation	1. Nossal Institute completed a draft secondary analysis on SRH/FP and domestic violence data, with a report to be finalized in 2021. 2. Discussions between the Ministry of Health and Medical Services and Burnet Institute took place, and the latter reviewed registers and data flow forms for gaps. 3. Not achieved 4. The DHS/Kiribati Social Development Indicator Survey report was launched in the first quarter of 2020. The launch was attended by over 40 people representing development partners, ministries and NGOs. 5. Support provided to conduct media publicity around the national census helped elevate relevant discourse on population dynamics and position family planning as a cornerstone for social transformation and development.

Challenges and actions taken to overcome them

Health service providers, including the limited number of doctors, continue to face challenges to delivering timely and quality health services. The 2019 annual health bulletin found that the ratio of people to medical officers was 1,996, and the ratio of people to medical assistants was 2,554. During the pandemic, this human resource gap worsened due to the diversion of health professionals for the COVID-19 response. Timely delivery of planned programmes has been a challenge, and many activities have been rolled over to 2021.

In 2020, poor connectivity for online training and longer completion times may have negatively impacted the concentration level of the participants, compromising the quality of training programmes. The inability of regional implementing partners to travel and provide in-person technical capacity support adversely affected implementation as well. Preparations for remote workshops like training health workers on family planning demanded extensive time and efforts to identify local facilitators, organize efficient Internet connectivity and ensure full engagement of government participants. In 2021, consultations with implementing partners, including from outer islands, will explore alternative modes of training to address ongoing human resource capacity gaps.

Since only two health facilities have a service provider trained on adolescent and youth-friendly services to the level of global standards, in 2021, a top priority will be to improve services for adolescents and youth.

While cash advances (OFA) are one strategy to ensure that implementing partners hold sufficient financial resources to sustain programme implementation, it carries with it additional risks. The Kiribati National Statistics Office, under the Ministry of Finance of Kiribati had been holding on to a cash advance from 2018, issued under the DFAT-funded Kiribati DHS project (AUA87). This is beyond the normal period for holding advances, which is usually between two to four quarters of the same year, with relevant approvals in place.

In addition, the IP also had an outstanding financial finding from a 2018 audit, which in combination prevented them from receiving further cash advances, under UNFPA financial rules. However, a level of activities continued under the direct-payment modality, with UNFPA paying vendors directly for

activities organised by the IP, which unfortunately had a slowing effect on 2020 implementation rates.

Finally, by December 2020, the OFA held from 2018 was cleared as a result of a detailed reconciliation that took into account delayed reporting from the outer islands which had previously been missed under UNFPA financial reports.

Meanwhile, the 2018 audit is also soon to be resolved in 2021, following the intervention and support at the highest levels of Ministry of Finance Kiribati.

All four implementing partners (Ministry of Health and Medical Services; Ministry of Education; Ministry of Women, Youth, Sports and Social Affairs; and National Statistics Office) have needed significant support to comply with UNFPA's financial and procedural requirements. In 2021, weekly supportive visits by the UNFPA programme assistant will continue, giving priority to capacity-building on UNFPA reporting systems.

The Government operates a centralized funding account system receiving all donor funds in "Account No. 4" under the Ministry of Finance and Economic Development. All ministry implementing partners have to obtain a development warrant to receive funds and pay for goods and services. This imposes multiple challenges, including delays in accessing funding and in reporting by government implementing partners. For example, the roll-over workplan from 2020 should have been implemented during the first quarter of 2021. With the government budget still undergoing a reconciliation process, however, implementing partners have not yet received any funds. In early 2021, UNFPA discussed with implementing partners the possibility of retaining some funds under the UNFPA implementation budget code so that activities can continue while this internal fund allocation process is completed.

5.2.3 SAMOA

Country context

Samoa has an estimated population of 204,138, based on 2021 projections, and an annual population growth rate of 0.9 per cent.[11] The total fertility rate was 4.7 in 2020, a modest decrease from 5.1 in 2014.[12] Based on recent DHS-MICS survey results, the adolescent birth rate has reduced from 56 per 1,000 women aged 15-19 in 2014 to 55 per 1,000 in 2019.[13] The modern contraceptive prevalence rate for all women aged 15-49 has declined significantly from 15.1 per cent in 2014 to 10.2 per cent in 2020.[14] In 2020, an estimated two in five women of reproductive age (15-49 years) who were married or in a union had an unmet need for family planning (38.9 per cent), and one in three had their demand for family planning satisfied by modern methods (29.4 per cent).[15] Both indicators show worsened trends from 2014 figures of 35 per cent and 39.4 per cent, respectively.[16]

[11] Data from the Samoa Bureau of Statistics 2016 Census brief and 2016 Census projections https://www.sbs.gov.ws/populationanddemography.
[12] Samoa DHS-MICS 2019-2020 (preliminary results, yet to be published) and DHS 2014.
[13] Samoa DHS-MICS 2019-2020 fact sheet and DHS 2014.
[14] Samoa DHS-MICS 2019-2020 (preliminary results, yet to be published) and DHS 2014.
[15] Samoa DHS-MICS 2019-2020 (preliminary results, yet to be published).
[16] Samoa DHS 2014.

In early 2020, the Government of Samoa launched the new 10-year health sector plan. It prioritizes universal health coverage through revitalized primary health care,[17] including SRH activities. The Government launched the National SRH Policy (2018-2023), finalized and disseminated National Youth-Friendly Service Standards, and drafted several key policies, national implementation plans and national guidelines prioritizing access to SRH information and services, the reproductive rights of women, CSE/FLE for adolescents and young people, and prevention of and responses to violence against women and girls. Other important measures include the draft National Policy for Persons with Disability (2020-2025), the draft National Policy for Gender Equality validated in the first week in 2021, the draft Child Protection Policy now with Parliament for approval, the draft National FLE implementation Plan (2020-2022), and the Interagency Essential Service Guidelines on GBV launched in early 2021.

The Government continues to demonstrate commitment to financing health. Based on the 2020-2021 budget estimates, the approved appropriation for health through public sources was WST 150 million, which accounts for 13.8 per cent of total approved budget appropriations for 2020-2021. Of this amount, 14.4 per cent was financed through external sources, including capital projects/grants and in-kind donor assistance. Total health expenditure between 2006 and 2014 almost doubled. According to health spending data from the WHO, in 2018, current health expenditure was US $3.68 million for reproductive health and US $0.18 million for contraceptive management/family planning. Of this, 81 per cent and 0 per cent were financed through domestic government sources, and 12 per cent and 92 per cent through external resources, respectively.

RMNCAH and other key coordination mechanisms

Samoa has an established SRH Stakeholders Committee under the leadership of the Ministry of Health, which functions as the committee chair and secretariat. Multisectoral membership comprises the Ministry of Education, Sports and Culture; the Ministry of Women, Community and Social Development; and NGOs such as the Samoa Family Health Association, Samoa Victim Support Group and Samoa Red Cross. External partners such as donors and development partners, including UNFPA, are not included in membership or routine stakeholder meetings.

UNFPA provides financial resources for the Ministry of Health to convene committee meetings at least quarterly to coordinate technical, programme and policy-related SRH matters. In 2020, only one meeting took place, given national restrictions and competing priorities related to COVID-19. To alleviate the burden of committee secretariat functions on Ministry of Health staff, UNFPA is in discussions to include some of those roles in the terms of reference for a new DFAT-funded position within the ministry to assist with programme coordination.

To enhance the coordination capacity of the Ministry of Finance, the TA programme supported it to hold three coordination meetings with sub-implementing partners on planning and delivering DFAT-TA activities across sectors, and one coordination meeting to monitor the national population action plan.

In 2020, Samoa established a national multisector coordination committee for FLE. It is not financed through DFAT-TA resources, but helps coordinate and accelerate implementation of DFAT-funded FLE activities.

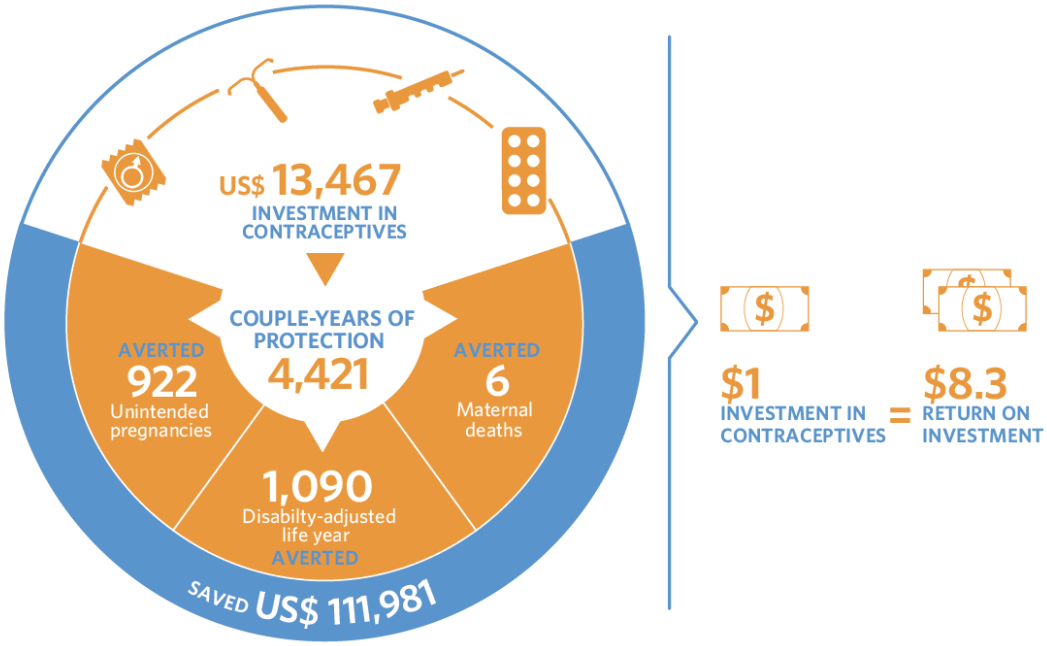
[17] The Ten Year Health Sector Plan prioritizes universal health coverage through revitalized primary health care approach with an emphasis on expanding the PEN Fa'Samoa approach, which was originally designed to focus on primary health care for non-communicable diseases. The plan targets non-communicable diseases and other primary health-care components.

Coordination with the DFAT Post

In 2020, the UNFPA SRH specialist and DFAT post focal point arranged quarterly meetings to discuss programme implementation, coordination and advocacy. DFAT's seat on Samoa's Health Sector Coordination Committee has been a good opportunity to advocate for family planning and SRH issues, given that UNFPA is not a member. Through ongoing exchanges, UNFPA was able to review the committee agenda and provide DFAT with opportunities to advocate the mainstreaming of family planning and SRH activities in other ongoing health projects, such as the World Bank-funded non-communicable diseases programme, and the deployment of Tupaia and mSupply. Other avenues to leverage DFAT bilateral funds for family planning in a swift COVID-19 response were also discussed, including the scale-up of mobile clinic services and the piloting of a virtual family planning counselling service.

In 2020, the DFAT focal point was invited to key implementation and planning events including MISP training, the TA midterm review findings dissemination workshop and the workplan development workshop. The DFAT post was also consulted on recommendations for hiring short-term staff involved in programme implementation and review.

Report by each Transformative Agenda outcome



In 2020, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Finance, the main implementing partner, and several subimplementing partners, including the Ministry of Health; Ministry of Education, Sports and Culture; Ministry of Women, Community and Social Development; Samoa Bureau of Statistics; National Human Rights Institute; Samoa Family Health Association; Samoa Red Cross; Samoa Fa'afafine Association and National University of Samoa. The total commitment was US $427,916, of which US $166,591 was delivered, for a 39 per cent expenditure rate. The remaining funds will be rolled into 2021.

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

The Ministry of Health, Samoa Family Health Association and National University of Samoa focused on five major interventions in 2020: strengthening health workforce capacity to deliver family planning services, strengthening health sector capacity to deliver adolescent and youth-friendly health services, bolstering national capacity to deliver MISP during emergencies, building national capacity to implement minimum standards on GBV in emergencies, and strengthening the national midwifery curriculum.

Family planning job aides enhanced the capacity of health workers to provide quality family planning services. An orientation of 57 health workers on the national family planning guidelines flip chart brought new skills to 88 per cent of 16 government and NGO service delivery points, including 100 per cent of all public sector service delivery points and one NGO-managed service delivery point. Health workers included nurses, midwives and public health staff. The process resulted in a 4 percentage point increase in knowledge among participants who routinely provide SRH/FP services. Persistent knowledge gaps remained across thematic areas tested, however, with the greatest shortfalls in family planning counselling followed by family planning myths and benefits. These will be addressed through a full family planning training and strengthened supportive supervision processes in 2021.

Deployment of the National Youth-Friendly Service Standards has improved the national capacity to provide these services. Twenty-five youth advocates (peer educators) were trained to increase awareness of the standards, which were also included in the orientation of 57 health workers (the same cohort mentioned above). A 2 percentage point increase in knowledge among participants who routinely provide SRH/FP services was observed; although existing knowledge on youth-friendly standards was high across health workers, and persistent knowledge gaps remained, particularly in the attitude of health workers to providing these services. These gaps will be addressed through a full training on adolescent and youth-friendly services and strengthened supportive supervision processes in 2021.

The national capacity to coordinate and deliver MISP for SRH/FP during emergencies expanded through training for 22 service providers and programme managers across 11 organizations, including NOLA; the DPO in Samoa, Samoa Red Cross; Ministry of Women, Community and Social Development; Ministry of Health; Disaster Management Office; Samoa Fire and Emergency Services Authority; Ministry of Police; Samoa Adventist Disaster Relief Agency; Samoa Family Health Association; Solomon Island Planned Parenthood Association and the DFAT post.

There was equal participation of males and females (50 per cent each); 5 per cent were youth 15-24 years, 36 per cent were young adults 25-35 years and 49 per cent were older than 35. The training was co-facilitated by the Samoa Family Health Association, UNFPA and UNICEF. It improved participants' knowledge of MISP components based on analysis of pre- and post-training tests; for example, the proportion of participants who could correctly identify all scenarios for use of emergency contraception rose by 19 percentage points. There was a 29 percentage point increase in the proportion of participants with correct knowledge of the rights of adolescents to access family planning commodities and information. Further outputs included a draft MISP Action Plan developed by participants during and after the training. To take forward the plan and advocate for national MISP implementation, a taskforce was formed, co-led by the Samoa Family Health Association and the Ministry of Health.

Training equipped 35 youth advocates and service providers including mental health officers from the Ministry of Health to apply minimum standards for GBV in emergencies. As a result, trained youth provided about 620 of their peers (35.5 per cent female, 64.5 per cent male) with peer education activities including psychological first aid and community psychosocial support services during the COVID-19 pandemic.

To strengthen pre-service education for midwives and improve the quality of SRH/FP services, the Burnet Institute reviewed the midwifery curriculum in line with International Confederation of Midwives standards and made recommendations on updates to key stakeholders, including the National University of Samoa, Ministry of Health and Samoa Family Health Association.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Women, Community and Social Development; Ministry of Education, Sports and Culture; and Samoa Red Cross focused on three major interventions in 2020: family planning and SRHR awareness in communities, youth SRH advocacy and higher quality FLE through a secondary curriculum review.

Co-financed by DFAT-TA, UN Women, WHO, UNICEF and the UN Resident Coordinator's Office, integrated awareness-building and outreach, including on family planning, SRH and GBV, took place in 51 districts (100 per cent national coverage) as part of the national response to the COVID-19 pandemic. Messages reached 4,512 people; 54 per cent were men and 46 per cent were women, while 1 per cent were persons with a disability (of whom 39 per cent were females and 61 per cent were males). Among women of reproductive age (15-49 years) who attended, 100 per cent received messages on SRH/FP. Twenty-one television spots, five radio spots and various social media posts amplified messages.

In five districts, the District Development Plan platform provided information on SRH/FP to 272 people, including youth and people with disabilities: 51 per cent were women of reproductive age, 42 per cent were adolescents and youth (15-24 years), and 5.5 per cent were persons with disabilities. Community engagement sessions resulted in an 8 percentage point increase in participants' knowledge of family planning, SRH and the reproductive rights of women.

"I am glad these sessions have taken place and I like to see it more often done for Parliamentarians discussing human rights reports. It's important that we are well informed of the issues, in turn, can better advocate and discuss it …we need a shift of mindset in our system, a healthy democracy, and our people are best served when all arms of Parliament are working in sync supporting and balancing each other's role".

Deputy Speaker of the Legislative Assembly of Samoa, Hon. Nafoitoa Talaimanu Keti - Samoa

Credit: Samoa Office of the Ombudsman and National Human Rights institute press release.

After 320 youth advocates (peer educators) developed skills on SRH peer education, they worked through the Samoa Red Cross to reach 2,940 young people. They provided SRH/FP peer education, distributed condoms, offered psychological first aid and conducted other community peer education activities.

The Ministry of Education, Sports and Culture commenced operationalization of the draft FLE action plan in 2020, developing a draft conceptual framework for school-based FLE, and completing an FLE curriculum review process for secondary grades with FPNSW support. The review recommendations have been disseminated to the FLE multi-stakeholder committee, with a curriculum revision based on them expected to commence in 2021.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of Health, Samoa Bureau of Statistics, Ministry of Finance, National Human Rights Institute and Samoa Red Cross focused on four major interventions in 2020: enhancing the awareness and capacity of legislators on family planning and SRHR; strengthening an enabling environment for health service delivery monitoring; enhancing national statistical capacity for family planning and SRH population-based data and spot checks.

A policy dialogue and capacity-building workshop promoted SRHR/FP among six parliamentarians from the Social Committee, initially revealing misconceptions on sensitive human rights issues such as universal access to SRHR. Parliamentarians acknowledged they were not aware of government commitments to family planning and SRHR at the ICPD25 Nairobi Summit. They also noted that human rights sometimes receive less attention than development issues as most parliamentarians are more focused on development projects with monetary value for their districts. By the end, parliamentarians demonstrated new knowledge of SRHR and essential services such as for family planning, and a better understanding of the roles of the Ombudsman for independent monitoring and the National Human Rights Institute to promote good governance and human rights. They requested continued SRHR dialogues/capacity-building workshops with parliamentarians and indicated a willingness to bring these issues into parliamentary debates. Participants recommended keeping parliamentarians updated on human rights issues as well as international and regional government commitments.

In 2020, the TA supported the Government to produce and disseminate SRH analytical products with strong potential to impact policy and practice through policy recommendations and outcome indicator data. These knowledge products have been widely disseminated through the Samoa Bureau of Statistics website and informed SRH/FP programme planning in 2020. A fact sheet on SRH/FP was developed from preliminary DHS-MICS results, an activity co-financed by DFAT-TA, UNICEF, the Government and the EU-UN Spotlight Initiative, and implemented through UNFPA. Data from the fact sheet were used for situational assessments and informed key activities such as targeting communities for adolescent and youth-friendly SRH activities. Additionally, four knowledge briefs on gender dynamics based on the census data supported with DFAT-TA funds in previous years were developed under an activity co-financed with the New Zealand MFAT-funded PRSRH programme, and launched by the Samoa Prime Minister on World Statistics Day. They are publicly available at: https://www.sbs.gov.ws/monograph.

Samoa strengthened programme monitoring by conducting 75 per cent of planned quarterly spot check activities on a representative sample of service delivery points. It deployed 60 SRH/FP log books to all public sector health service delivery points to standardize data tracking and further bolster monitoring of SRH services, pending a full review of the SRH/FP health information system in 2021.

National statistical capacity to monitor SRH/FP indicators and the socioeconomic impacts of COVID-19 on FP and SRH services use grew through a completed household listing and mapping update for the preparation of the upcoming Population and Housing Census 2021. Census data will track indicators on total fertility rates and adolescent pregnancies, and how these correlate with gender and youth development indicators.

Census preparation was integrated with a national Socioeconomic Impact Assessment Survey that covered 22,774 households. Twenty supervisors and 60 enumerators built capacities to collect population-based SRH/FP information. Data will assist the government and UNFPA to establish accurate baselines to gauge the impact of COVID-19 on SRH/FP services. The assessment was co-financed by DFAT-TA, UNDP, the UN Resident Coordinator's Office, UNICEF and the Government, with final outputs expected in the first half of 2021.

The Samoa Ministry of Health conducted quarterly spot-checks in quarter 1 and quarter 2 to the 14 Health facilities on Upolu and Savaii islands to monitor availability of contraceptives and stock outs. Plans for transitioning to use of Tupaia MediTrak for spot-checks were discussed and training dates fixed.

Key Results: Q1 2020

Summary of Usable Stock

	Condom		Pill			Injectable	IUD	Implant
	Male	Female	Microgynon	Microlut	Emergency Contraception	Depot Provera	IUCD	Jardelle
Saitupatiae HC	N	N	Y	Y	N	Y	N	N
Sataua DH	Y	N	Y	Y	N	Y	N	Y
Foilalo DH	Y	N	Y	Y	N	Y	N	N
Safotu DH	Y	N	Y	Y	N	Y	N	N
MT2	Y	N	Y	Y	N	Y	N - ex	Y

Key Results: Q2 2020

Summary of Usable Stock

Methods	Condom		Pill			Injectable	IUD	Implant
Commodity Type	Male	Female	Microgynon	Microlut	Emergency Contraception	Depot Provera	IUCD	Jadelle
Faleolo HC	Y-D	N	Y	Y	N	Y	N	Y
Sa'anapu HC	N	N	Y	N	N	Y	N	N
Lufilufi HC	Y	N	Y	Y	N	Y	N	Y
Lelumoega DH	Y	N	Y	Y	N	Y	N	N
Poutasi DH	Y-D	N	Y	Y	N	Y	N	Y
Lalomanu DH	Y	N	Y	Y	N	Y	N	N

Other SRH/FP-related country activities were not directly financed by DFAT-TA but benefitted from technical inputs from the UNFPA SRH specialist whose position is funded by the TA programme.

These included the 2020 Samoa Voluntary National Review process and report; an immediate United Nations Socioeconomic Impact Assessment of COVID-19 report with key analytic and report inputs made under the health, gender-based violence and community resilience pillars;[18] a 2020 situation analysis of the policy and delivery environment for FLE and the draft FLE implementation plan; a draft policy for persons with disabilities; and the recently launched inter-agency Essential Service Guidelines for GBV.

Key excepted deliverables for Samoa in 2020:

Transformative Agenda Output	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development-humanitarian continuum	1. Development and printing of the family planning and reproductive health and contraceptive supplies training package for Samoa	1. Family planning package developed; it is now undergoing review and contextualization.
	2. Finalize and print updated antenatal care/FP guidelines	2. Not achieved
	3. Support the Samoa Family Health Association to deliver integrated SRH services in rural areas and ensure the continuity of essential SRH services during COVID-19	3. Not achieved
	4. Review and revision of existing midwifery curricula against the most recent global standards	4. The Samoa Midwifery Curriculum was reviewed in line with the standards of the International Confederation of Midwives, and renewal/update recommendations were made to key stakeholders (National University of Samoa, Ministry of Health, Samoa Family Health).
	5. Finalize guideline on cervical screening for the prevention and control of cervical cancer	5. Not achieved.
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Distribute national family planning guidelines and conduct orientations for health workers on the guidelines	1. Enhanced the capacity of health workers to provide quality family planning services through the deployment of family planning job aides, and the orientation of 57 health workers (62 per cent nurses, 28 per cent nurse-midwives and 10 per cent other cadres) on the national family planning guidelines flip chart. The orientation reached 88 per cent of Samoa's 16 service delivery points, including all public sector service delivery points and one NGO-managed service delivery point.
	2. Conduct integrated antenatal care and family planning training on the basis of updated antenatal care guidelines	2. Not achieved
	3. Conduct youth-friendly services training for health workers to support youth-friendly services in health clinics and comprehensive counselling in schools	3. Health workers enhanced capacities to provide youth-friendly services through deployment of the National Youth-Friendly Service Standards. Training for 25 youth advocates (peer educators) and the orientation of 57 health workers on the standards saw an 88 per cent coverage reach across the 16 service delivery points in Samoa, including all public sector service delivery points and 33 per cent of NGO-managed service delivery points.
	4. Conduct MISP training for service delivery providers and programme managers	4. Strengthened national capacity to coordinate and deliver MISP for SRH/FP during emergencies built on the training of 22 service providers (half female, half male) and programme managers from 11 organizations.
	5. Scale-up MISP training to health workers across all service delivery points in Samoa and strengthen capacities to respond to SRH in emergencies	5. Not achieved
		6. Training equipped 35 youth advocates (peer educators) and service providers to apply minimum standards for GBV in emergencies. Trained youth peer educators reached about 620

[18] The immediate Socio-economic Impact Assessment was completed in June 2020 leveraging desk reviews, administrative data sources and rapid assessment surveys. This allowed the UN to make swift recommendations to government and draft a socio-economic response plan. In September 2020, a population-based survey to assess the socio-economic impact of COVID-19 was rolled out through SBS. The survey covered larger samples of the population and is expected to provide a more robust data on the true impact of COVID-19 on health service access and other social and economic indicators.

	6. Conduct training on UNFPA minimum standards for GBV in emergencies to support preparedness planning	youths (35.5 per cent females and 64.5 per cent males) with peer education activities including psychological first aid and community psychosocial support services.
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Support the Ministry of Women, Community and Social Development with the continuity of essential GBV/SRH information delivery targeting community groups (adolescents and youth) during emergencies, including the measles response/recovery and COVID-19	1. 51 districts were reached (100 per cent coverage) with integrated awareness and outreach including family planning, SRH and GBV information as part of a national awareness response to the COVID-19 pandemic. An estimated 4,512 participants were reached with integrated awareness messages; 54 per cent were males/46 per cent were females. One per cent of participants were persons with disability (39 per cent females and 61 per cent males). All women of reproductive age (15-49 years) who attended the programmes were reached with SRH/FP messages. Twenty-one TV spots, 5 radio spots and various social media posts on family planning, SRH and GBV increased awareness on SRHR/FP. Across five districts, 272 beneficiaries, including youth and persons with disabilities, were reached with information on SRH/FP and GBV through the District Development Plan platform. Among the beneficiaries, 51 per cent were women of reproductive age, 42 per cent were adolescents and youth aged 15-24, and 5.5 per cent were persons with disabilities.
4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. Incorporate FLE topics in the Ministry of Education, Sports and Culture's extracurricular activities, which involve students, parents and community members 2. Conduct the Youth SRH Peer Education Programme targeting adolescents and youth, including those with disability	1. FLE topics were integrated into one national extracurricular activity by the Ministry of Education, Sports and Culture (Samoa Schools Innovation for Literacy, Numeracy and Science, SSILNAS 2020) to engage students, parents and community members on FLE topics 2. In 2020, 320 youth advocates (or peer educators, 41 per cent female and 59 per cent male) built capacities on SRH youth advocacy/peer education. Youth advocates through the Samoa Red Cross reached an estimated 2,940 beneficiaries with SRH peer education, condom distribution, psychological first aid and other community peer education activities.
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities 6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Support the implementation of the recommendations of the National Public Inquiry into Family Violence in Samoa through targeted advocacy on SRHR to parliamentarians 2. Support the youth SRH stakeholders' forum to engage key actors on SRHR issues and needs for adolescents and youth 1. Strengthen inclusion of SRH/FP and GBV data in HMIS 2. Use gender and youth policy briefs to support policy advocacy for gender, GBV, youth SRH and teenage pregnancy 3. Technical assistance to support coordination of the implementation of the Samoa Population Action Plan 4. Support secondary analysis of the DHS/MICS, Census and HMIS data to produce policy briefs, fact sheets and knowledge products to support investment cases 5. Household listing for population and housing census conducted and finalized	1. A policy dialogue, SRHR advocacy and capacity-building promoted SRHR and the reproductive rights of women among six parliamentarians from the Social Committee. 2. Not achieved 1. Sixty family planning/antenatal care log books were reprinted and distributed to all health service delivery points to standardize data tracking tools and strengthen monitoring of SRH services across locations. The review of registers and indicators on SRH/FP was deferred until 2021. 2. Not achieved 3. Four sector coordination meetings were held by the Ministry of Finance to coordinate implementation of the national population action plan and UNFPA implementation plan. 4. One factsheet on key SRH/FP findings from the 2019-2020 DHS/MICS was produced and disseminated. The final results from the DHS/MICS have yet to be released. Additionally, Samoa developed four policy briefs related to the Gender Monograph: (1) Demographics from a Gender Perspective; (2) Gender and Education; (3) Gender and Health; and (4) Gender and Employment that were funded by MFAT funds, but carried out deeper analysis of data collected in previous years with DFAT funds. 5. A household listing and mapping update for the preparation of the upcoming Population and Housing Census 2021 were completed and integrated in a national Socioeconomic Impact Assessment Survey that covered 22,774 households. Twenty supervisors and 60 enumerators were trained to collect SRH/FP

	6. Conduct a socioeconomic impact assessment of COVID-19 on SRHR, and disseminate findings with policy/programme recommendations	data. Data collected through this activity will help establish accurate baselines for the impact of COVID-19 on SRH/FP services, and correlate indicators with other population based-data. Through the Census, data will track indicators on total fertility rates and teenage pregnancies, and how these correlate with gender and youth development indicators. 6. The TA co-supported a national Socioeconomic Impact Assessment Survey that covered 22,774 households. Twenty supervisors and 60 enumerators built capacities to collect population-based SRH/FP information. Data will assist the government and UNFPA to establish accurate baselines to gauge the impact of COVID-19 on SRH/FP services.

Challenges and actions taken to overcome them

Key challenges in 2020 included disruptions from national emergency response and recovery activities (a measles outbreak and the COVID-19 pandemic). Persistent capacity challenges in implementing partner programme management and M&E (timeliness and quality of reports) continued to contribute to bottlenecks in programme implementation. Stock-outs and shortages of key contraceptives in-country and at lower-level facilities persisted due to poor coordination and global supply shortages, particularly in terms of the goal of universal provision of LARCs across secondary and tertiary service delivery points.

UNFPA encouraged implementing partners to integrate demand generation activities where feasible into ongoing national awareness and response programmes. It has systematically facilitated stakeholder communication and engagement by holding regular meetings with government and NGO partners, and coordination meetings through the Ministry of Finance and Ministry of Health to alleviate programme management capacity gaps. UNFPA will collaborate with the Ministry of Finance to implement a 2021 results-based management capacity-building workshop for all subimplementing partners in the DFAT-TA programme.

Towards resolving stock-outs and improving the quality of stock reports, capacity-building sessions and meetings to engage on stock status were held with warehouse staff. Steps to transition the Ministry of Health to an electronic stock monitoring system at lower level facilities through Tupaia included customizing the spot check tools, remote programming on Tupaia, and procuring tablets for service delivery and programme managers to use in e-monitoring. The e-system will be deployed in 2021. To overcome barriers to universal provision of LARCs, the Ministry of Health took steps to contextualize the family planning training package, which will be finalized in 2021, with training of health workers rolled out shortly after.

5.2.4 SOLOMON ISLANDS

Country context

Per provisional data from the 2019 Census, the total population of the Solomon Islands was 721,455, a 30.8 per cent increase from 2009. The average annual population growth rate was 2.7 per cent, compared to 2.3 per cent in 2009. Based on the 2015 DHS, the total fertility rate was 4.4, the adolescent birth rate was 77 per 1,000 live births, the modern contraceptive prevalence rate was 18 per cent for all women, and 28 per cent of all women had an unmet need for family planning. A 2019 WHO estimate showed a maternal mortality rate of 114 deaths per 100,000 live births.

The National Development Strategy (2016-2035) prioritizes health, education, community development and women's empowerment. Other policies that guide SRH include the National Health Strategy 2016-2020, RMNCAH Corporate Plan 2016-2020, Role Delineation Policy for

Solomon Islands 2019, the National Population Policy 2017-2026, and the National Gender Equality and Women's Development Policy 2016-2020. The health strategy and RMNCAH plan have been extended through 2021 given the pandemic. Consultations for the development of the new sectoral plan (2022-2026) and Public Health Emergency Bill were initiated in 2020 and are expected to be finalized in 2021.

In 2018, total health expenditure was SBD $442 million; 92 per cent was from domestic and external financing. General government expenditure on health as a share of expenditures overall was 7.9 per cent. Despite a significant reliance on external financing, it has been decreasing. Disaggregated allocations to and expenditure on SRH/FP are not available since no separate records are maintained either at the Ministry of Health and Medical Services or the Ministry of Finance and External Trade. The RMNCAH Department is predominantly funded by development partners and receives an average of 4.5 per cent of total development partner on-system funds. In 2020, it received funds from six development partners. But low absorptive capacity, mainly due to poor planning as well as limited human resources, has been a concern.

Procurement of medicine and supplies is the single largest expenditure line for the ministry (excluding provincial grants). Given that the DFAT Direct Funding Agreement requires the Ministry of Health and Medical Services to assume the full cost of procuring drugs and dressings/supplies, the National Medical Stores budget has slowly transitioned to being almost fully funded under the government recurrent budget, although freight costs continue to be funded by external resources. In 2020, an expenditure of about SBD $42 million was reported for procurement of drugs and supplies by the National Medical Stores, which represented 99 per cent of planned procurements (World Bank, 2021). A disaggregation of this amount only for contraceptives is not available. Solomon Islands is among the few countries in the region, where procurement of drugs, including some contraceptives, is done almost entirely with domestic funds. UNFPA has been providing in-kind donations of contraceptives, under UNFPA Supplies and the DFAT-funded Jadelle programmes, to help avoid stock-outs.

RMNCAH Committee

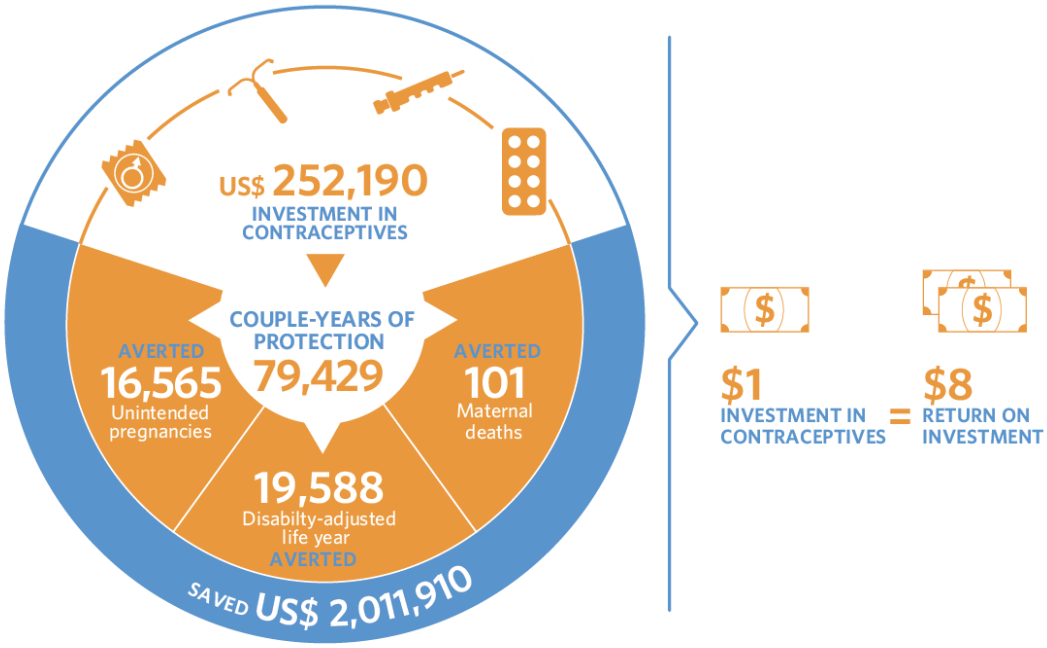
The Health Development Partners Group is managed by the planning and coordination unit at the Ministry of Health and Medical Services. Besides various ministry departments, members include DFAT, MFAT, the Japan International Cooperation Agency (JICA), the European Union, the World Bank, WHO, UNICEF, UNFPA, the Global Fund and other invitees. The group is meant to meet every quarter but given COVID -19, it met only twice in 2020 under the leadership of the Partnership Coordination Unit at the Ministry of Health and Medical Services. Discussions were mainly around monitoring implementation of planned activities, financial reporting, support for COVID-19 responses, review of the health sector SWAp agreement and development of the new national health strategy.

Both the chair and co-chair of the Family Health Committee, equivalent to the RMNCAH Committee in other countries, were shifted to the COVID-19 response. This meant no committee meetings were held in 2020. A few informal meetings happened in small groups, representing the Ministry of Health and Medical Services and partners, mainly to provide inputs on the prioritization of RMNCAH activities in the pandemic response. UNFPA's 2020 commitments, both technical (including through the regional implementing partners) and financial were shared.

Coordination with the DFAT post

In 2020 UNFPA maintained regular communication with the DFAT post in the Solomon Islands, updating it on TA interventions and the Jadelle programme. Additional information was shared on request. Although no face-to-face meetings were held, given the pandemic, both UNFPA and DFAT are members of the high-level Solomon Islands Government and Development Partners Group and Health Development Partner Group. Meetings of both groups provided opportunities to ensure optimal coordination and continued partnerships on SRH programme-related decision-making.

Reporting by each Transformative Agenda outcome



In 2020, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health and Medical Services and the Ministry of National Planning and Development Coordination. The total commitment was US $324,649, of which $98,747 was delivered (30 per cent). The remaining funds will be rolled into 2021.

Outcome 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

The Ministry of Health and Medical Services focused on four major interventions in 2020: the HFRSA assessment, review of the national midwifery curriculum, update of the national youth-friendly health services guidelines, and refresher training of trainers on GBV and the clinical management of rape.

"The assessment is important as it will provide crucial information on availability and quality of essential maternal health services, including childbirth, family planning services, youth friendly services, HIV or prevention from mother to child transmission services."

Pauline McNeil
MHMS Permanent Secretary
Solomon Islands

UNFPA mobilized domestic resources from the Ministry of Health and Medical Services to co-fund the HFRSA assessment (25 per cent supported by the ministry, and 75 per cent by UNFPA). Out of 343 functional health facilities, 215 were selected for the survey, and 200 were assessed. The rest were either closed or could not be reached due to transportation challenges. Prior to data collection, JSI trained 19 enumerators and 11 provincial team leaders and field supervisors from the Ministry of Health and Medical Services. From 1 October to 22 December, 11 teams collected data from all nine provinces. The results of the assessment, expected by early 2021, will provide crucial information on the availability and quality of essential SRH services, including on obstetrics care, family planning, adolescent SRH services, violence against women and disability inclusiveness. This will help identify gaps and recommendations for implementation of the Ministry's Role Delineation Policy,[19] and inform the development of the new Health Sector Strategy (2022-2026) and the RMNCAH Implementation Plan (2022-2026). The assessment will serve as the baseline for monitoring progress in achieving TA results.

The Burnet Institute reviewed the National Midwifery Curriculum in line with guidance from the International Confederation of Midwives and incorporated feedback from the Solomon Islands National University. The review process identified strengths, weaknesses and opportunities for consideration and action. Some key gaps include limited information on the teaching philosophy and approach to learning in the programme, the lack of an all-curriculum assessment strategy, and the absence of clear links between learning outcomes, International Confederation of Midwives competencies and Solomon Islands Midwifery Standards. Key recommendations encompass renewal of the midwifery curriculum to ensure overall structure and information incorporate competency-based approaches to learning to help meet international standards, and support for midwifery faculty development at the university. The recommendations also strengthen approaches to family planning, ensuring a focus on SRHR and disability inclusion. The final draft is ready for validation, which is planned in early 2021.

With technical assistance from FPNSW, youth-friendly health service guidelines have been reviewed and recommendations for updating them agreed with the Ministry of Health and Medical Services. Some gaps identified include content that is too generic and not relevant enough for young people and a lack of inclusion of all WHO standards on youth-friendly health services. Key recommendations are to update the guidelines to align with international standards, develop and outline systems for data collection on young people and quality improvement initiatives, and broaden young people's participation beyond peer education and volunteering. In 2021, informed by this review, the national youth-friendly health services guidelines will be updated, followed by capacity-building for

[19] The Role Delineation Policy is an umbrella policy that outlines the strategies of the Ministry of Health and Medical Services to increase the coverage and quality of health services, with an ultimate aim of achieving universal health coverage through health sector restructuring. The policy defines levels of care and service packages available at every level, and includes plans for infrastructure upgrades and human resources capacity enhancement.

adolescent SRH programme managers and health workers to implement them. Under MFAT funding, the youth-friendly health services clinic will be refurbished.

To strengthen the health response to GBV, UNFPA supported the Ministry of Health and Medical Services to conduct a refresher workshop[20] with 27 GBV trainers (16 women, 11 men), including 22 from the subnational level and 5 from the private sector (Solomon Islands Planned Parenthood Association [SIPPA] and church-run centres). The participants included 11 doctors, 14 nurses, 1 midwife and 1 training officer. They acquired updated knowledge and skills to train other health workers in 8 of the 9 provinces (except Ysabel) on providing quality GBV services in line with national standards and updated clinical guidelines.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Health and Medical Services focused on three major interventions in 2020: SRH/FP outreach integrated with COVID-19 awareness, the development and distribution of IEC materials on SRH during the pandemic, and groundwork for developing a BCC strategy on family planning.

"Our presence there was of great help to the communities as we also brought some medical supplies to help those in need. The communities we visited have strong religious beliefs against family planning but through our awareness raising we managed to convince them."

Ms. Georgina Mau
RH Co-ordinator, Guadalcanal Province
Solomon Islands

"Usually men make most of the family planning decisions. Reaching couples was an advantage of the outreach as we were able to answer questions and concerns from both the men and women. The outreach boosted the FP uptake and should therefore not be one of its kind."

Ms. Bethlyn Warereau
RH Coordinator, Honiara City Council (HCC)-
Solomon Islands

The Ministry of Health and Medical Services conducted 582 SRH/FP outreach events integrated with COVID-19 awareness raising, in 17 zones (14 in Guadalcanal Province and 3 in Honiara City Council). These reached 7,538 individuals, including 865 people aged 10-14, 2,002 aged 15-24 and 29 people with a disability (15 women, 4 men). Along with information on family planning, contraceptives were provided to 604 clients (529 condoms, 21 oral contraceptives and 54 DMPA); 13 people were referred to service centres for other methods (e.g., Jadelle, IUDs and sterilization). Thirty-one pregnant women received antenatal care, 12 mothers and their newborns received postnatal care, and three women were referred to GBV services. Providing essential SRH/FP services close to communities was crucial for those unable to access services at health facilities during the pandemic.

UNFPA supported the Ministry of Health and Medical Services to develop simple messages on family planning, maternal health, GBV and COVID-19 to increase awareness of the importance of continuing to seek SRH/FP health information and services even during the pandemic. Pamphlets were printed and distributed to 2,461 individuals in 582 communities. With technical assistance

[20] Training was provided to 27 GBV trainers in 2019 with support from the UN Joint Programme on Essential Services for Violence against Women funded by DFAT.

from ABC-ID, some messages were developed into radio public service announcements that have been pretested and are currently awaiting approval from the Ministry of Health and Medical Service for airing through local FM radio stations.

To support development of a national BCC strategy on family planning, the Nossal Institute completed a desk review of secondary data and submitted an application for the Ministry of Health and Medical Services to approve engagement with community members in undertaking an SRH/FP social norms mapping to inform the strategy. Based on a provisional approval, tools have been pretested, and the team is poised to complete this exercise in 2021.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of National Planning and Development Coordination in 2020 focused on population and development symposiums and workshops. The Ministry of Health and Medical Services initiated the review of an HMIS framework and tools.

UNFPA supported the Ministry of National Planning and Development Coordination to conduct two symposiums reaching 66 members of Parliament (27 females, 19 males), 26 heads of departments, and 21 provincial government officers in two provinces (Makira and Renbell). Workshops were completed in two substations of Guadalcanal Province (Lambi and Central Honiara) with 42 political and community leaders (18 women, 24 men), 3 community youth representatives, 9 women community leaders, 6 male community leaders, 4 church leaders, 5 teachers, 11 government officials and 4 others. Sessions discussed access to family planning, the importance of antenatal and postnatal visits, maternal and infant mortality, and investment in population issues for overall development. This process supports political and community leaders with evidence-based planning and decision-making related to SRH issues in their localities.

The Burnet institute reviewed HMIS frameworks and tools (data collection, supervision and monitoring) tracking SRH/FP indicators. This exercise is expected to finish in 2021. Findings will improve the tracking of progress on SRH/FP, and help link the HMIS system with national development and health plans as well as regional and global commitments.

UNFPA provided inputs into the new national health strategy being developed, advocating for improved access to and use of quality and equitable SRH services for all, including for young people and people with disabilities.

Key excepted deliverables for Solomon Islands in 2020:

Transformative Agenda Output	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development- humanitarian continuum	1. Conduct HFRSA assessments of reproductive health services and commodities	1. Data collection for the HFRSAA has been completed. Data analysis and report writing will be completed in 2021.
	2. Support to strengthen the national MDSR programme	2. Not achieved
	3. Review the national Midwifery Curriculum and provide recommendations for updates	3. The Midwifery Curriculum review report has received feedback from all relevant stakeholders.

2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Conduct in-service training on family planning counselling/LARC and support post-training supportive supervision of trainees	1. Family planning training materials were shared with the Ministry of Health for inputs and national customization. Training will be carried out in 2021.
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Support to conduct family planning awareness-raising and outreach activities to increase the demand for family planning services 2. Develop, print and disseminate pamphlets on SRH/FP (integrated with COVID-19 risk communication)	1. 582 SRH/FP outreach activities (integrated with COVID-19 awareness) took place in 17 zones (14 in Guadalcanal Province and 3 in Honiara City Council), reaching 7,538 individuals, including 865 young adolescents (10-14 years), 2,002 youth (15-24 years) and 29 people with disabilities (15 females, 14 males). Along with information on family planning, contraceptives were provided to 68 clients (3 condoms, 15 oral contraceptive pills, 50 DMPA); 13 were referred for other methods. 2. 4,000 pamphlets with simple messages on family planning, maternal health, GBV and COVID-19 were developed, printed and distributed during SRH/FP outreach.
4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. Develop an M&E framework for FLE	1. A regional M&E framework for in-school CSE was developed to guide countries in developing CSE M&E plans. This will be contextualized to SOI as a next step.
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Adaptation and validation of the cervical cancer policy 2. National consultation and validation/adaptation of the adolescent and youth SRH operational guidelines	1. Not achieved 2. The Solomon Islands youth-friendly SRH services guideline was reviewed; recommendations for revisions have been discussed and agreed with the Ministry of Health and Medical Services.
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Conduct a two-day symposium and side events with a focus on SRH/FP for members of provincial assemblies and targeted community groups in Makira, Temotu, Renbel and Isabel 2. Conduct a two-day workshop on population data and action planning with a focus on SRH/FP with leaders in the remaining substations in GP, Choiseul and Temotu	1. A population data symposium was completed in Makira and Renbel provinces with 66 political leaders and provincial officers (39 men, 27 women). 2. Population data workshops were completed in Lambi and Central Honiara of Guadalcanal Province, reaching 42 community leaders (24 men, 18 women), including community youth representatives (3), women community leaders (9), male community leaders (6), church leaders (4), teachers (5), government officials (11) and others (4).

Challenges and actions taken to overcome them

The COVID-19 response exacerbated human resources gaps at the Ministry of Health and Medical Services. The diversion of programme managers and health workers interrupted the continuity of essential SRH services and significantly deterred non-COVID-19 activities planned for 2020. This led to delays; for instance, the HFRSAA and GBV training were only completed in December. Activities postponed to 2021 included capacity-building for health workers on quality family planning services. In 2021, UNFPA will provide additional human resources support to implementing partners – a family planning support person and an FLE coordinator – to back timely implementation of activities, even during the ongoing COVID-19 response, including vaccination campaigns.

The inability of regional implementing partners to go to the Solomon Islands given travel restrictions adversely affected activities such as preparations for remote workshops to train enumerators on the HFRSA. This required additional efforts, including to identify and book local facilitators, arrange for uninterrupted Internet connectivity and ensure that participants remained engaged during the delivery of remote presentations. Alternative approaches to remote training are being explored, particularly for family planning training slated for 2021.

With the resumption of a cash advance modality with the Ministry of Health and Medical Services after three years, and new programme and finance personnel there, the Ministry needed significant support to comply with UNFPA's financial and procedural requirements. In 2021, weekly supportive visits by the UNFPA Programme Assistant will continue, giving priority to capacity-building on UNFPA reporting systems.

The number of trained family planning service providers in the public health sector is very limited. In enhancing the capacities of health workers to provide quality family planning counselling and services, it is critical to expand the pool of trainers to include private sector providers and expedite the roll-out of training. As such, SIPPA staff will become part of a cadre of master trainers for the family planning training. To expand access to family planning services, including for the most marginalized groups, UNFPA will also explore a partnership with SIPPA in 2021 to conduct outreach in remote communities.

5.2.5 Tonga

Country context

According to the 2016 Population and Housing Census, Tonga's population was 100,651; 55 per cent of people were below age 25. Average annual population growth has been -0.51 per cent since 2011, a decline caused by high rates of emigration. The Tonga MICS in 2019 indicated a total fertility rate of 3.2. Thirty in every 1,000 adolescent girls have had a live birth, a decrease of 17 per cent compared to 36 in 2016 (TMICS 2019, Census 2016). The modern contraceptive prevalence rate was 15 per cent for all women,

Tonga is currently developing its first RMNCAH Policy; a reproductive health policy was in place from 2016-2019. The final draft Tonga Youth Policy and Strategic Action Plan 2019-2023 acknowledged the significance of SRH policies and legislation to safeguard youth needs and rights. It also called for advancing sexuality education in the education system. Youth-centred policies and programming will be guided by updated data in the 2019 TMICS, supported by the TA.

Mobilizing financing for ICPD25 was a commitment that Tonga made at the Nairobi Summit. In 2020, the Ministry of Health convened the Tonga ICPD25 national consultation. Lord Fakafanua, Lord Speaker of the Tonga Legislative Assembly, asked for continued diligence and support to nationalize the SDGs and ICPD25-related priorities in the Tonga budget and national plans. Ongoing advocacy, based on discussions between the Ministry of Health and Ministry of Finance, seeks to gradually increase budget commitments.

RMNCAH Committee

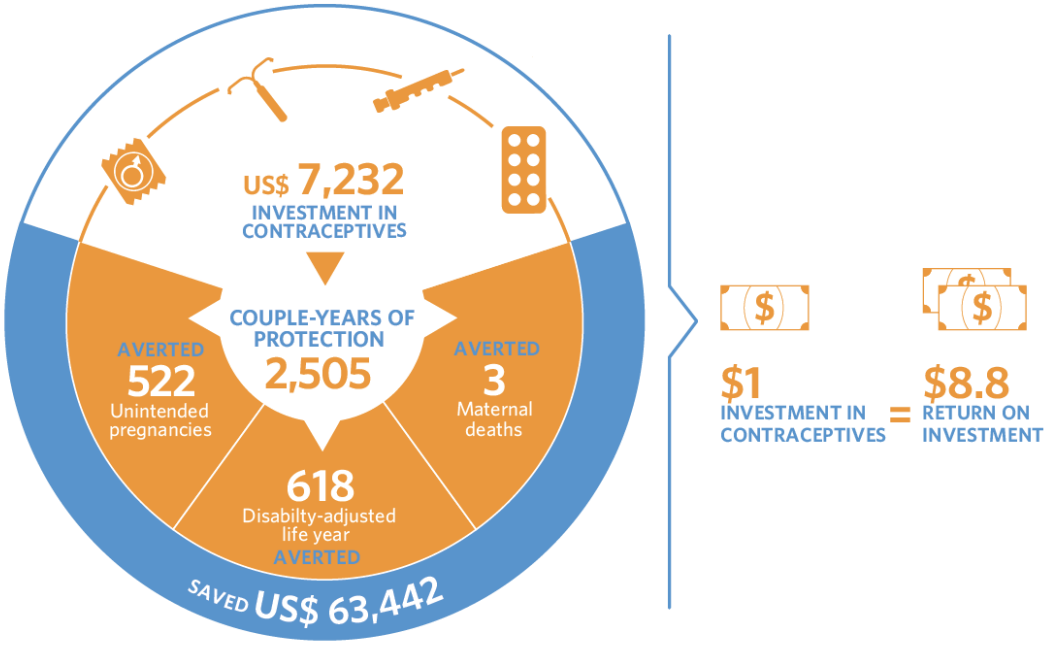
The RMNCAH Committee was set up in 2018 and endorsed by the National Health Development Committee. It comprises representatives from the Ministry of Health, Ministry of Internal Affairs, Ministry of Education, Tonga Legislative Assembly, Tonga Family Health Association, TALITHA Project and Tonga Leiti Association. The Chief Medical Officer of the Ministry of Health chairs the Committee. In 2020, it had one scheduled meeting to review the 2020 workplan in the first quarter. Other scheduled quarterly meetings were not convened due to the high demand for committee members to respond to the COVID-19 and Cyclone Harold emergencies.

Coordination with the DFAT post

UNFPA's well-established relationship with the DFAT post builds on regular *Talanoa* sessions (informal meetings) to provide updates on programme implementation. The meetings coordinate and align activities for greater cohesion in programme implementation, and look for opportunities for greater visibility of DFAT support through TA implementation.

In 2020, the DFAT post received invitations to TA-funded programmatic activities and commemorative events such as the Tonga International Youth Day celebration, Tonga National Youth Parliament Opening and Closing ceremonies, the She Leads Fale Alea Opening and Closing ceremonies, the Girl Child Day Commemoration Day, and the Tonga Leiti Association Peer Education Camp Opening ceremony. UNFPA values opportunities to meet newly posted DFAT staff and maintain this successful approach.

Reporting by each Transformative Agenda outcome



In 2020, under the TA programme, UNFPA provided funding and implementation support to the Ministry of Health. The total commitment was $395,486, of which $147,725 was delivered (39%). The remaining funds will be rolled into 2021.

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

"Our role, collectively, is to support women to make strategic life choices that will allow them to plan for the future and expand their life roles – to delay, space or limit their pregnancies, thereby freeing their time and their potential for other pursuits. The Kingdom of Tonga has decided to prioritise the major sustainable solution to women and children's health through investment in integrated sexual reproductive health including family planning, because we recognise that this is what will enable women to empowerment and reduction of poverty."

—Honourable Minister of Health, Associate Professor Dr. Ámelia Afuhaámango Tuípulotu, Kingdom of Tonga

The Ministry of Health focused on five major interventions in 2020: dissemination of the Tonga HFSRAA report, in-service training on family planning training, in-service training on emergency obstetric care, midwifery curriculum review, and gender-based violence standard operating procedures. **Health facility readiness and service availability assessment**

Data and findings of the Tonga HFRSAA were validated in February 2020, and the report finalized, approved by the Government and printed. The Honourable Minister of Health, Associate Professor Dr. Ámelia Afuhaámango Tuípulotu, officially launched the report in October on the first anniversary of ICPD25. The Minister acknowledged the significance of the findings and recommendations, which will help ground health strategies in solid evidence, and lauded the value of the report in pursuing SDG commitments and universal health coverage by 2030.

Family planning training

For the family planning training, four family planning modules and the contraceptive flip chart were customized to the Tongan context. Given the challenges that FPNSW faced in entering the country to provide the training, an additional layer of champion trainers, consisting of senior health workers, convened by the Ministry of Health, six senior health workers from the Reproductive Health Head Office, School of Nursing and Community Centre, among others, were trained by FPNSW on knowledge and skills on family planning methods and counselling, and the importance of informed decisions to realize the reproductive rights of their clients, including people with disabilities, and adolescents and youth. They will transfer knowledge and skills to the master trainers, who will then roll out training nationally to all service delivery points. This will contribute to having at least one

health worker in each service delivery point to provide disability-inclusive, youth-friendly, client-centred family planning services.

In-service training on emergency obstetric care

In August, 41 health workers completed in-service training on emergency obstetric care. Newly trained midwives, nurse practitioners, medical interns and medical officers in charge of the outer island hospitals gained greater understanding of how to reduce the risks of maternal and newborn mortality and morbidity in their settings. The training contributes to strengthened and sustained national capacity in emergency obstetric care through the continued accreditation of skilled health-care providers.

Midwifery curriculum review

In line with the State of the Pacific's RMNCAH workforce report, which recommended strengthening health worker education, including the capacity of midwifery schools, UNFPA solicited the support of the Burnet Institute to review the Tonga Midwifery Curriculum to assess gaps and recommend tailored actions to strengthen the capacities of midwifery schools and midwives. In 2020, the Burnet Institute completed a review and gap analysis, and proposed a curriculum structure for an 18-month midwifery education programme aligned to international guidelines. The recommendations are fundamental to advancing the *Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action.* The analysis identified curriculum renewal and redesign opportunities to ensure high-level, safe and effective midwifery care is available for women and families, as well as alignment to national and international standards. The review report was submitted to the Ministry of Health for consideration and adoption of recommended measures.

Gender-based violence standard operating procedures

With the support of the TA, a standard operating procedure to cover the Essential Services Package for GBV, based on the latest WHO clinical guidelines, was drafted to align with the Multi-sectoral Service Delivery Protocol for responding to GBV cases. National and international consultants facilitated the drafting of the procedures through consultations with key Ministry of Health staff members, who confirmed the lack of understanding of GBV referral pathways among health-care workers. The draft procedures are being reviewed by health clinicians. The WHO GBV curriculum was also shared with the School of Nursing, which welcomed the opportunity to include key sessions in their existing curriculum.

The draft of the standard operating procedures is awaiting a budget to conduct a validation workshop with key clinicians. This will be followed by training on the procedures, using the WHO curriculum.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Health, through its subrecipients, the Tonga Family Health Association, Tonga Leitis and TALITHA Project, Tonga National Youth Council and Tonga Youth Leaders focused on educating youth on adolescent SRHR.

The Tonga Leitis organization together with ten previously trained youth advocates, provided youth advocate (peer education) training to a total of 101 youth in Nuku'alofa and seven villages on the outer islands of Vava'u and Ha'apai, increasing their knowledge and understanding of SRHR/FP, and promoting wider knowledge sharing within their communities. Participants ranged in age between

15 and 39; at least 14 per cent were female and 41 per cent identified as transgender. The training targeted the LGTBQI community and sex workers.

The Tonga Family Health Association established a stakeholders group on the outer islands of Vava'u, 'Eua and Ha'apai to set up peer education networks. The association trained 77 peer educators (60 per cent female, 40 per cent male, aged 14-25 years) on CSE concepts and promotion within their communities. Training targeted youth leaders, health service providers and community educators. A total of 432 male condoms and 20 female condoms were distributed among training participants (6 per person on average) for further distribution within their communities. Pre- and post-tests to determine the usefulness of the training showed increased understanding of the topics.

For International Day of the Girl Child, the TALITHA Project organised an event rights of girls on SRH through art and inspirational female speakers from different backgrounds. The event was attended by 102 girls aged 10-17 years in which they were encouraged to make informed choices about their own bodies and lives. In a second event, the TALITHA Project reached 97 boys and girls (58 per cent female, 42 per cent male, aged 9-19 years) to empower them to become agents of change by increasing their knowledge on puberty, SRHR/FP, informed decision-making, and COVID-19 prevention. Finally, through a focused discussion, the TALITHA Project provided a space for 14 single mothers and unemployed women aged 17-29 years to discuss SRHR/FP and peer support.

The youth-led Teu ke Ama National Taskforce of the Tonga National Youth Council conducted awareness on SRHR/FP and substance abuse at various schools and outer island communities in 2020, reaching over 442 young people. The coverage included Hoi, Futu, Esia, Angaha, Pangai, Sapa'ata, Fatau'ulua, Mu'a, Ha'atu'a, Petani, Hango and Eua High School and Latter Day Saints Middle School. Sam Hohola of the National Youth Congress said: "The idea is to bring awareness to an issue that is considered taboo in Tongan society and to openly and sensitively discuss it in schools, communities and within family. Our people are proud and conservative with a culture and a tradition that is amongst the oldest in South Pacific."

A total of 142 youth received information on SRH and COVID-19 as part of the outreach conducted by the organization Tonga Youth Leaders. Among the covered locations were outer islands Ha'apai and Eua. Of the 142 youth, thirty young females received a four-day training to increase their knowledge and skills to influence decision-makers in the Parliament on subjects such as SRH.

The development of FLE for adolescents in grades 9-11 was supported by funds from the New Zealand Government. In 2021, the TA will continue to support this work, with a focus on finalizing standalone FLE/CSE syllabi for primary and secondary grades as well as establishing and ensuring the functionality of FLE/CSE committees for advocacy and technical oversight of the roll-out of the syllabi, including teacher training.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of Health, the Tonga Statistics Department and the Ministry of Internal Affairs focused on five major interventions in 2020: the RMNCH Policy, an annual SRH review and spot checks, capacity-building in supply chain and logistics management, the finalization and launch of the MICS, and the development of the National Youth Policy and Strategy.

RMNCAH Policy

The Ministry of Health and UNFPA laid the groundwork for the RMNCAH Policy and Strategy in November 2020. Key informant interviews were completed, and an outline of the policy and strategy drafted and submitted for review by the Ministry of Health. Consultations and validation work will take place in 2021.

Supply chain and logistics management workshop

"Hospital pharmacies have now a much better understanding in matching the needs of their communities with the commodities. Before they would receive commodities with the push strategy, but with mSupply the service delivery points have to work out what commodities they need. All types of commodities should always be available even though you know that there is only a slim chance for a certain type to being used. This provides better family planning solutions for women."

Melenaite Mahe
Principal Pharmacist - Tonga

Based on the spot check findings, the Ministry of Health in partnership with JSI and UNFPA conducted a supply chain design workshop with 36 health workers from the outer islands. They learned about supply chain management with a focus on data collection to better manage contraceptives and other health commodities. The training resulted in proposals to improve recordkeeping and reporting. It proved useful in mapping the inventory control system, overall structure of the national pipeline, order frequency, and maximum and minimum stock levels. Trained health workers now have greater awareness about supply chain performance indicators that will be used to monitor the pipeline. Next steps in 2021 include the development of standard operating procedures for contraceptive supply chain management and training materials for a training of trainers as well as cascade training to health workers.

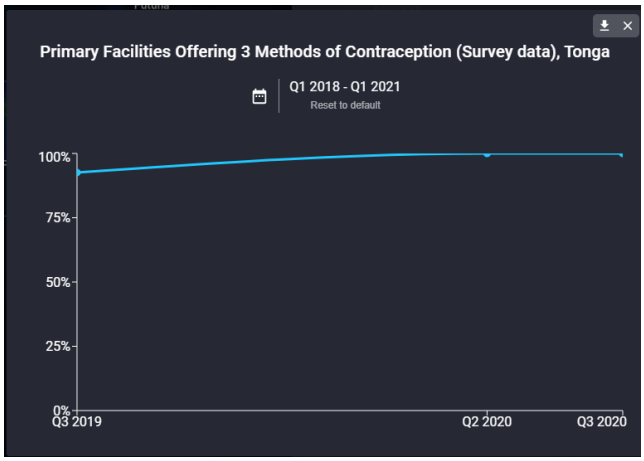
Annual SRH review and spot checks

In October, the Ministry of Health conducted spot checks on 27 health facilities, including on the outer islands. The spot checks in general found that stock cards are not consistently updated, stock-outs are not reported, and reporting systems and recording of data are weak. The findings were critical to tailoring a supply chain and logistics management workshop.

The supervisory visits were carried out by a team from the Ministry of Health including the Director of Planning and Policy, Chief Pharmacist, and Reproductive Health Coordinator. In addition, the UNFPA National Officer and Tonga Leiti Association joined. The spot checks involved visiting the health facilities and hospitals and conducting meetings with hospital and health center staff. Tupaia MediTrak tool was used to document the observations which were synced directly to the servers.

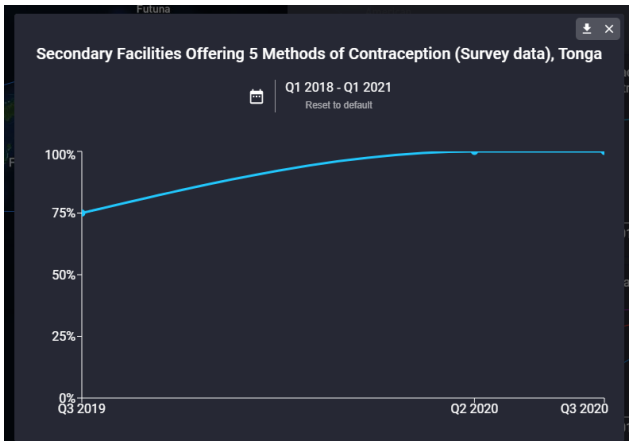
The key findings generated dashboards in Tupaia platform that could be downloaded as graphs and excel sheets for further analysis. Refer to graphs 1 and 2 below.

Graph 1: Number of primary care facilities **offering 3 methods of contraception on the day of the spotcheck**



There were 13 primary health care facilities visited during the spot checks in Q2 and Q3, 2020 with 100% providing 3 modern methods of contraception. This is compared to 27 primary facilities visited for the HFRSA in Q3, 2019 where 25 out of 27 primary health facilities providing at least 3 modern methods of contraception (93%).

Graph 2: Number of secondary health care facilities offering 5 methods of contraception on day of spotcheck



There were 3 secondary health care facilities visited during spot checks in Q2 and Q3, 2020 with 100% providing 5 modern methods. This is compared to 4 secondary health care facilities visited during the HFRSA in Q3 2019 with 3 out of 4 secondary health care facilities providing at least 5 modern methods (75%).

The spotcheck data was reviewed by the RMNCAH committee to identify facilities for specific interventions and to record/document progress observed for indicators in the TA program. For example: see tables below.

Indicator Description Adolescent SRH	Y2020 (15 facilities)	Comments
Number of adolescents received SRH services (FP, ANC, PNC, Delivery and GBV)	210	15 facilities were visited for spot checks in the past 6 months versus a total of 31 health facilities in the country.
Family planning (below 20 years)	99	
ANC (below 20 years)	84	
Delivery (below 20 years)	24	

GBV (below 20 years)	3

Indicator Description SRH services	Y2019 Actual	Y 2019 extrapolation	Y2020 actual	Comments
Number of women/girls received SRH services (FP, ANC, PNC, Delivery and GBV)	**4,656**	**9,312**	**3,528**	This is data from 1 quarter in 2020 from 15 facilities (1 quarter versus 4 qtrs) and 31 health facilities – spot check In Y2019; 31 Health facilities were visited for 6 months (HFRSA)
Family planning	1,991 (26 facilities)	3,982	2,400	
ANC	1,474 (22 facilities)	2,948	727	
Delivery	1,191 (20 facilities)	2,382	381	
GBV			20	
New users of family planning	**308 (25 facilities)**	**616**		

Tonga Multiple Indicator Cluster Survey

Following data collection in 2019, UNFPA technical support helped finalize the Tonga Multiple Indicator Cluster Survey (MICS/DHS), including the full report, MICS factsheet and snapshot. in 2020. The report was launched on World Statistics Day in October and is now publicly available. Some indicators provided include contraceptive prevalence rate, type of contraception used, reason for not using, unmet need, SDG indicator 3.7.1 on met need, SDG indicator 3.1.2 on the proportion of births attended by skilled health personnel, age specific fertility rates including for SDG indicator 3.7.2 on the adolescent birth rate (aged 15-19 years) and total fertility rate, exposure to family planning method, antenatal care visits and the quality of those visits, postnatal care, various indicators on sexual behaviour and the prevalence of STIs. The Domestic Violence Module of the DHS was included, providing data on SDG indicators 5.2.1 and 5.2.2.

Importantly, these indicators can be disaggregated by geographic location, administrative division, age, education, marital status and wealth quintiles as well as by domestic violence-related indicators. The MICS will inform the Government in developing policies, strategies, programmes and other plans. It has already been used for the Midwifery Curriculum review and RMNCAH Policy development, among other applications.

National Youth Policy and Strategy

Based on a 2019 consultation, Tonga's first-ever National Youth Policy and Strategy was drafted and submitted to the Government in 2020. The process included a literature review and needs assessment; a mapping of policy, legislation and agencies supporting the well-being and development of youth, and consultations with various groups, including 62 youth.

The policy emphasizes family and social protection; youth education, including sexuality education; youth employment; youth health, including family planning services; sports and the environment as priorities of young people. The policy will support improved legislation and policies for youth health

and social protection, including in terms of improving SRH services, given the HFRSAA report finding that no health facilities offer youth-friendly SRHR services aligned to international standards.

Key excepted deliverables for Tonga in 2020:

Transformative Agenda Output	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development-humanitarian continuum	1. Technical support to review, update and print the RMNCAH policy and costed implementation plan	1. Key informant interviews were carried out and an inception report finalized to inform the development of a new RMNCAH policy (2021-2025).
	2. Technical support for the finalization and printing of the Tonga Family Planning Guidelines and Decision Making Tool, inclusive of people living with a disability	2. Family planning training modules and the contraceptive flip chart were customized to the Tongan context.
	3. Technical assistance to develop an integrated national policy to address cancers affecting women	3. Not achieved
	4. Technical assistance to develop and print family planning and reproductive health and contraceptive supplies training package and tools	4. A supply chain design document was developed after a workshop with 36 health workers. Ongoing feedback will help refine contraceptive supply chain standard operating procedures.
	5. Conduct refresher MISP training for health workers and stakeholders	5. Not achieved
	6. Technical assistance to develop adolescent and youth-friendly and disability-inclusive operational guidelines and a training package	6. Not achieved
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Review and update the midwifery curriculum	1. The Midwifery Curriculum review and gap analysis were completed. The report was shared with the Ministry of Health for clearance.
	2. Build the capacity of the core team of trainers for family planning, reproductive health and contraceptive supplies, adolescent and youth-friendly services, and responses to GBV	2. Six personnel of the Ministry of Health strengthened capacities on family planning, youth-friendly SRH and disability inclusion through the Family Planning Champions training.
	3. Conduct in-service training in tertiary and secondary health facilities on emergency obstetric care	3. A three-day training on emergency obstetric care in August 2020 involved 41 participants (midwives, nurse practitioners, medical interns and medical officers).
	4. Assess the health response to GBV, including through mapping pathways for survivors of GBV through the health system	4. The health response to GBV was assessed and health system pathways mapped for survivors.
	5. Adapt and print GBV standard operating procedures for health workers	5. The draft GBV standard operating procedures for health workers was completed.
	6. Conduct clinical management of rape training	6. Not achieved
	7. Conduct six-monthly SRH reviews for each island combined with evidence-based supervisory visits to monitor universal access to SRH services	7. A total of 27 facilities, including on the outer islands, were visited and assessed by the Ministry of Health during two rounds of spot checks in the second and third quarters.
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Adapt, translate, validate and disseminate IEC materials to increase demand for family planning	1. Not achieved
	2. Increase outreach by training community health workers to conduct community dialogues	2. Not achieved
	3. Conduct awareness-raising activities on the availability of integrated SRH, youth-friendly SRH and services to respond to GBV	3. Not achieved
4. Increased national capacity to design and	1. Conduct a national peer education programme, including the training of trainers	1. Peer educator trainings on the outer islands were carried out by the Tonga Family Health Association with the participation of 77 youth, and by the Tonga Leiti

implement community and school-based family life education programmes that promote human rights and gender equality		Association with 101 youth from marginalized groups. In total, 975 youth were reached through peer education and other SRH/FP outreach activities.
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Technical assistance to develop a national youth policy with costed implementation schedule	1. The draft Youth Policy and Strategy was submitted to the Tongan Government for endorsement.
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Provide technical support to analyse and use data from MICS and the domestic violence module for policy development and briefs, and planning and programming 2. Provide technical support to strengthen data collection tools and data flow forms and aggregation of SRH data using a digital format 3. Provide technical support to annual health data validation 4. Provide technical support to build the capacity of reproductive health nurses to utilize updated data collection tools and information collected in HMIS and logistics management systems 5. Conduct parliamentary briefings and meetings on SRHR	1. Technical support for reviewing and verifying the MICS report was provided, and the report launched in October on World Statistic Day. It will inform the development of policies and strategies. 2. Not achieved 3. /4. SRH data workshops, including on the validation of annual health data, involved 25 participants (including reproductive health nurses from outer islands) in March and October. A logistics management workshop was conducted in October. Both trainings strengthened data collection tools and data flow forms. The logistics workshop focused on training Ministry of Health and Medical Services staff to conduct spot checks using TupaiaMediTrak software installed in Lenovo tablets. 5. Not achieved.

Challenges and actions taken to overcome them:

The top challenge in 2020 was the impact of COVID-19 pandemic and restrictions. Country consultations with the regional implementing partners were either shifted to virtual process or were pushed back to 2021. Implementation was delayed as partners explored options for moving forward. Furthermore, Tonga grounded all domestic planes for more than half the year, which restricted travel to the outer islands.

As the pandemic persisted, the Government, UNFPA and stakeholders considered how to continue implementation. Through the Business Continuity Plan Checklist, a prioritization exercise with the Ministry of Health helped define activities for implementation and ensure the continuity of SRHR services. Tropical Cyclone Harold was an additional challenge, however, the Ministry of Health and Tonga Family Health Association moved quickly into emergency mode to deliver dignity kits to affected communities, and women and girls on the outer islands with resources from other programming.

Training on the harmonized approach to cash transfers and results-based management in the beginning of the year set a new benchmark for the rest of the year. It supported and strengthened the internal process in terms of implementing activities and operational matters that usually present bottlenecks to progress.

5.2.6 Vanuatu

Country context

In November 2020, the Vanuatu National Statistics office undertook a Census. Data are still being analysed to update population demographics. The 2009 Census showed a population of 234,023, while a post-disaster mini-census in 2016 (following Tropical Cyclone Pam) indicated a population of 272,457. Emigration is mainly temporary through a seasonal workers programme to Australia and New Zealand, or a number of countries for education. With COVID-19 closing borders, the usual population movements for education and seasonal employment have been much reduced.

A total of 156,694 people were below the age of 25, accounting for nearly 6 out of every 10 people (Mini-census 2016). The DHS 2013 indicated a total fertility rate of 4.2 and an adolescent birth rate of 81. The modern contraceptive prevalence rate for all women is 29 per cent, while an estimated 19 per cent of all women have an unmet need for family planning. Data will be updated in 2021 based on the 2020 Census and the 2021 MICS/DHS, which is in the planning stages.

The National Youth Policy was developed and finalized in 2020, with key priorities including addressing adolescent pregnancy and FLE. The Health Sector Strategy (2021-2030) and RMNCAH Policy and Implementation Strategy (2021-2025) are both in development, with health sector approaches to ensure a coherent approach to family planning; SRH, including cervical cancer; and adolescent pregnancy rates in the context of universal health coverage.

Health financing updates are not available for 2020, pending the release of government reports expected in the second quarter of 2021.

RMNCAH Committee

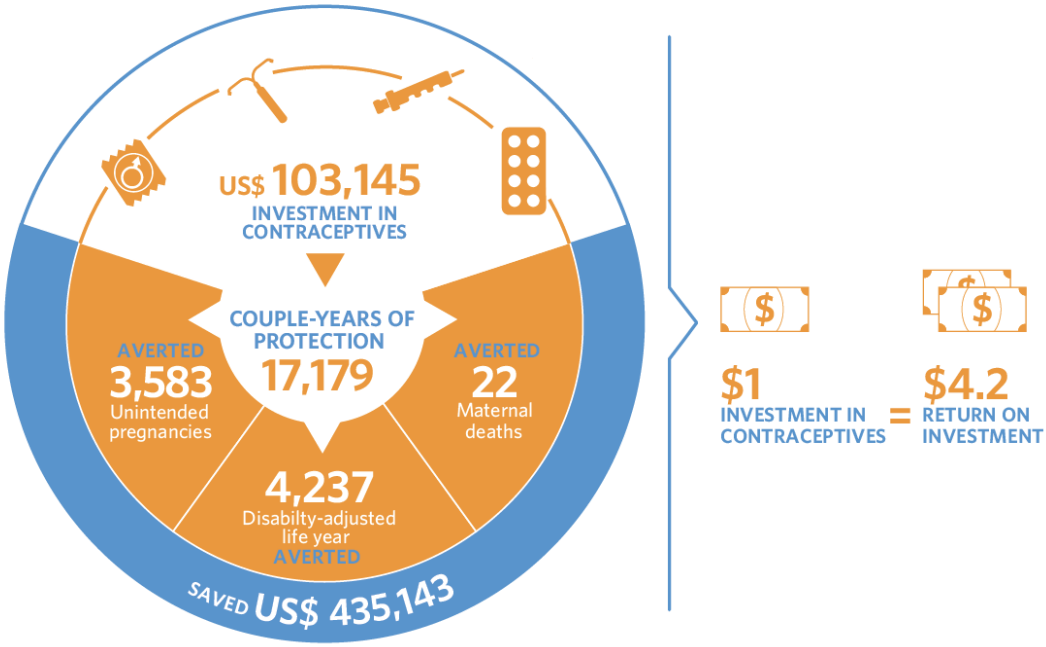
The RMNCAH Committee is led by the Director of Public Health, with functional inputs by the RMNCAH unit in the Ministry of Health. RMNCAH unit staff, UN agencies, civil society organizations, NGOs, the Ministry of Education and Training, the Ministry of Youth and Sports (represented by the National Youth Council) and other partners participate as invited.

Capacity constraints in the RMNCAH unit lead to suboptimal national coordination, however. In addition, departments key to making an impact are not substantially engaged, for example, the Departments of Policy and Planning, Health Information Systems and Health System Supplies as well as the Health Promotion Unit. More interdepartmental collaboration would facilitate stronger implementation and results. Over 2020, four RMNCAH Committee meetings took place, including one integrated into the Tropical Cyclone Harold emergency response mechanisms in Luganville.

Coordination with the DFAT post

Coordination with DFAT Vanuatu Health Programme Team has been very regular both through standard programming and the emergency response. Updates have been provided to DFAT quarterly and on an informal basis. The team has engaged in key meetings and events, including the annual planning meeting, midterm review meetings, and the Pacific release event of the global CSE guidance.

Reporting by each Transformative Agenda outcome



In 2020, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health, Ministry of Youth and Sports, Ministry of Education and the National Statistics Office as well as Care International and World Vision. The total commitment through the six implementing partners was $759,129, of which $322,999 was delivered (43%). The remaining funds will be rolled into 2021.

Report by each TA outcome:

OUTCOME 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

The Ministry of Health focused on one major intervention in 2020: the HFRSAA. UNFPA supported the assessment in the last quarter of the year, with the draft report expected in March 2021. Through differentiating between facilities affected or not by Tropical Cyclone Harold, the assessment has sketched a valuable picture of the impact of the disaster on the health sector. It will help more effectively direct investment to achieve stronger outcomes not only in cyclone-affected facilities, but also across the country, including on very remote islands. Coverage of the HFRSAA was over 99 per cent, with data collection on 160 of 161 facilities (clinics, dispensaries, health centres and hospitals), private sector services and facilities affected by the cyclone.

Overall, across the six provinces and 160 assessed facilities, provisional indicators suggest that more than 95 per cent of facilities provide family planning services, 66.3 per cent offer at least three methods, and 5 per cent (8 facilities) have at least five methods. Among the facilities, 40.5 per cent were out of at least 1 contraceptive method on the day of assessment.

Collecting data for the HFRSA Assessment is a challenging exercise. The HFRSA team that had to collect data in a remote village in the South of Santo in Vanuatu had to travel by foot and horse through the jungle as no roads go there. After seven hours travelling the team was welcomed by the people of the village Taitakala.

Nationwide, 38.6 per cent of facilities qualify as “family planning service ready”.[21]

The assessment will support government efforts to address gaps in SRH/FP service availability, respond to commodity stock-outs, and move towards more predictable, planned and sustainable provision of essential supplies. Findings will also provide baselines to measure progress in implementing the TA across the health sector. Such deep analysis of gaps in health care has not been undertaken for decades in Vanuatu, and with the Health Sector Strategy and RMNCAH Policy and Implementation Strategy under development, it will help guide decisions and investments impacting the health system over the coming years.

The health sector, having been so disrupted in 2020, and with a weak HMIS, is rolling out new data collection tools with enhanced family planning data and indicators. These include calculation of the contraceptive prevalence rate, which has not previously been done. This will guide the targeting and monitoring of progress across the country.

Training on family planning has not been possible in 2020 due to the prioritization of re-establishing pre-existing services in the emergency response and recovery phases. Family training training will be reinitiated in 2021, informed by the HFRSAA data to target facilities where gaps in knowledge, skills and practice are identified, and to ensure national coverage.

OUTCOME 2: Increased demand for integrated SRH information and services, particularly for family planning

The Ministry of Youth and Sports Development focused on developing the Youth Cell SRH champions network. Care International rolled out an empowerment module for young women that is the first part of an out-of-school FLE/CSE programme.

The National FLE Committee has been re-established to cover both in-school and out-of-school FLE/CSE. It involves the Ministry of Education and Training, the Ministry of Health, the National Youth Council, the Ministry of Youth and Sports Development, key civil society groups and NGOs, and UN agencies. The Committee will continue to support the roll-out of the in-school national FLE curriculum across all provinces in 2021 and coordination of out-of-school FLE/CSE, guided by international standards released in 2020.

Progress in implementing FLE/CSE stalled during multiple emergencies. The education sector was fully diverted to focus on the Cyclone Harold and COVID-19 responses including to rebuild schools that were damaged or destroyed. A positive effect of this delay was that FPNSW and the Ministry of Education established a relationship in the second half of 2020 and carried out the scoping and sequencing for year 11 FLE curricula to ensure alignment with international standards. Additionally, the Ministry has agreed to full integration of FLE in secondary school. Teacher trainings and a launch of in-school FLE/CSE for year 11 are planned for 2021, with an opportunity for stronger impact.

The Ministry of Youth and Sports Development developed the Youth Cell SRH champions network as the foundation of nationwide out-of-school FLE. An initial orientation to define priorities around adolescent SRH involved 71 Youth Cell SRH champions from 18 area councils across three provinces. Participants learned to assess the SRH needs of youth and adolescents in their communities, especially self-identified needs for FLE/CSE and access to appropriate services. Similar sessions are planned for the remaining three provinces. Each champion will become a key connection between

[21] Service readiness is a composite indicator which combines availability of service, trained staff, verified guidelines and availability of male condoms, pills (COC or POP) and injectable. A facility is considered to be ready if it has all of the above.

health workers and young people in their communities to facilitate accessibility to SRH/FP information and services.

Champions in particular will enhance awareness and uptake of family planning using the BCC strategy developed by the Nossal Institute, now in draft form pending review and approval by the Ministry of Health. The BCC strategy builds upon a previous draft, adding a social norm mapping and primary data collection with communities, including through consultations with young people and persons with disabilities, and with the collaboration of the Vanuatu Society for Persons with a Disability. Message development was tailored based on research and consultations.
Care International undertook both a readiness assessment and Phase 1 of an out-of-school FLE/CSE programme grounded in the empowerment of young women, called "Findem Vois Blong Yu" (Finding Your Voice) in Tafea Province. The assessment engaged health, security and gender focal points; community chiefs; area secretaries; women leaders; youth leaders and a male advocate (where present) to identify challenges in gender norms related to SRH/FP, health, violence against women and girls, and leadership. The main concerns identified were domestic violence and sexual violence, along with adolescent pregnancy, incest, and a lack of family planning services and awareness. In general, the confidence of young women in many parts of Vanuatu is strikingly low, leading young women to believe that they are not important enough to make choices about family planning, even if they know about it.

Phase 1 of the programme encouraged young women aged 14-35[22] to build confidence in themselves, including through individual plans for their future that encompass identifying if and when they would want to have children. The process provides new knowledge around family planning, but aims at a wide-ranging empowerment that includes and goes beyond family planning decision-making and use. The programme reached 136 young women in five communities in 2020. As a further support, the programme helped men to understand the challenges women face, and built on support from community elders and chiefs to ensure a high level of engagement and community permission.

"Finding Your Voice" has a knock-on empowerment effect as women who participate become role models for peers and younger people from the community. Replication could enhance FLE/CSE delivery and uptake of family planning. Phase 2 in 2021 will expand to include both participants from Phase 1 and young men in the community in a more focused CSE programme, looking at gender equality, including gender norms, power, violence in relationships, skills for building a healthy relationship, SRH, adolescent pregnancy, and contraception. Specific sessions for local health workers will help them assist in decision-making and access to family planning.

OUTCOME 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice

The Ministry of Health and Ministry of Youth and Sports Development prioritized inputs into the renewal of the RMNCAH Policy and Implementation Strategy and development of the National Youth Policy. The National Statistics Office focused on the National Population Census.

The RMNCAH Policy and Implementation Strategy (2021-2025) is being developed simultaneously with a new Health Sector Strategy (2021-2030), enabling alignment and a strong inclusion of RMNCAH into the essential services package. UNFPA is facilitating the process through an international consultant working with the Public Health and Policy and Planning Departments in the Ministry of Health, along with other stakeholders, to ensure harmonization. In 2020, key informant interviews with RMNCAH stakeholders took place. Both strategies are expected to be completed in

[22] The government classification of youth in Vanuatu is up to age 35.

2021, and will be informed by the HFRSAA results to align targets with identified health gaps. The RMNCAH Policy will include targets and approaches on family planning, adolescent sexual and reproductive health, and cervical cancer, and include specific references to persons with a disability, and persons who identify as LGBTQI. Technical input has been provided into the Health Sector Strategy through the SRH specialist in Vanuatu, to advocate for the focus on SRH/FP.

In light of a high adolescent birth rate, and to inform the adolescent health elements of the RMNCAH Policy and Implementation Strategy, the National Youth Council held workshops with the Youth Parliament and provincial youth groups and young people (aged 10 to 30) covering all provinces. Six stakeholder groups and one Youth Parliament session took place, in addition to consultations with members of the Vanuatu Society for Persons with a Disability. Altogether, 419 people joined the consultations, including 211 men, 201 women and 7 persons with a disability or special needs.

The consultations put forward 23 recommendations, aimed at ensuring an informed focus on adolescent fertility rates in the RMNCAH Policy and Implementation Strategy. Given an absence of adolescent and youth SRH roles in the Ministry of Health, this emphasis might have otherwise been lost.

The recommendations pinpointed gaps in the availability of youth-friendly health services, as reinforced by the HFRSA, which found that 41.9 per cent of facilities do not provide SRH services to adolescents and youth. There was an emphasis on FLE/CSE for youth and adolescents both in and out of school as essential to increase understanding, awareness and healthy behaviours. Community ownership of all interventions was recognized as key in affecting adolescent pregnancy rates. The recommendations suggested BCC targeted to young people, and stressed respectful relationships approaches combined with response mechanisms for survivors of GBV. They proposed peer education, community SRH champions and social media as routes for BCC, building on the BCC strategy.

The TA programme facilitated the development and launch of the National Youth Policy, which includes a specific mention of family planning and the integration of FLE in the formal education curriculum. This commitment demonstrates motivation in the Ministry of Youth and Sports Development, but more technical support and collaboration with other ministries would boost action to carry it forward.

The Vanuatu National Statistics Office used TA-funded technical assistance to conduct the Census in 2020. Preparations included a trial of census questions and field operations in three provinces, Sanma, Shefa and Tafea. Following some minor delays due to the COVID-19 lockdown, the Census took place in November. After data processing, results will be available in June 2021. The Census will provide important updates on indicators such as the adolescent birth rate, where Vanuatu has had one of the highest rates in the Pacific, making this issue a particular concern. The last census in 2009 indicated a rate of 66 per 1,000 women aged 15 to 19. Fresh information will enable detailed analysis to design targeted programmes addressing adolescent pregnancy as well as the broader issue of unmet need for family planning.

Key excepted deliverables for Vanuatu in 2020:

Transformative Agenda Outputs 2020	Deliverables carried over from 2019 and new 2020 deliverables	Results achieved in 2020
1. Strengthened delivery of high quality, integrated SRH information, services for women, adolescents and youth across the development-humanitarian continuum	1. Conduct the HFRSA 2. Development of a cancer policy	1. Data collection for the HFRSA was completed in 160 facilities. The report is underway. 2. The cancer policy will be incorporated into the RMNCAH policy. Key stakeholders were interviewed to review the existing RMNCAH policy. The HFRSA is also completed as part of the situation analysis.
2. Strengthened health workforce capacities in health management and clinical skills for high-quality and integrated SRH services	1. Consultations on the development of youth-friendly health services	1. The consultation process for the development of youth-friendly health services has started between the National Youth Council and the RMNCAH unit.
3. Increased community engagement and leadership in support of SRH, especially contraceptive choice	1. Develop a BCC strategy with the support of community consultations to develop tailored messaging and approaches that encourage positive behaviours around SRHR and family planning	1. The draft BCC strategy has been developed and is ready for final review and endorsement by the Ministry of Health.
4. Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1. Produce an FLE syllabus in line with international standards for secondary year 11 2. FLE teachers training undertaken across all six provinces	1. Scoping and sequencing completed for year 11 curricula. 2. Not achieved
5. Expanded evidence-based legislation, public policy and programming that supports universal sexual and reproductive health and rights, especially for youth, violence survivors and persons with disabilities	1. Review and update the RMNCAH strategy in line with the Health Sector Strategic Plan, informed by the HFSRA	1. Key stakeholders were interviewed to review the existing RMNCAH policy. The exercise is done simultaneously with the with the development of the broader health sector strategy (2021-2030), ensuring strong alignment and harmonized target setting.
6. Increased availability, analysis and use of high-quality, disaggregated nationally prioritized population and SRH data	1. Review of the National Strategy for the Development of Statistics, the Statistical Act and National Population Policy 2. Update the sampling frame and population data for a MICS/DHS planned in 2021 through technical support to census methodology, enabling disaggregation of data to subnational levels, women and girls, youth and people with a disability	1. The Statistical Act was drafted and sent for expert review; it will be submitted to the next Parliament sitting in 2021. 2. The Census was completed with disaggregated data; reports are in progress.

Challenges and actions taken to overcome them

In April 2020, in addition to the onset of the COVID-19 pandemic, Vanuatu experienced a devastating Category 5 cyclone affecting approximately half of the country and 95 facilities that offer family planning (59 per cent of 161 facilities in total). This disrupted operations, stocks, supply replenishment, accessibility, staff time allocation and reporting systems. As a result, all data on family planning for 2020 are unreliable. The health sector prioritized re-establishing services, repairs, and reaching families with outreach services. At the end of 2020, some health facilities were still waiting for repairs. Schools were also destroyed, and students across half the country were no longer able to attend, leading the education sector to focus on ways to reach children and young people with alternative modalities.

Implementation of all TA programmes was superseded by the emergency response and recovery, and further complicated by the diversion of health human resources at the central, provincial and facility levels. Activities only commenced in the third quarter, with half of the planned time for implementation. All activities were reviewed for relevance and adapted as required. Prioritization and advocacy took place with government partners to incorporate contraceptive services within wider SRH and universal health coverage as services recommenced.

Vital coordination with government ministries, other partners and local authorities was key to moving forward. Through strong collaboration and advocacy via the Health Technical Advisory Group and Emergency Operations Committee, SRH was maintained on the agenda. Post-disaster adaptations included using the HFRSA not only to define the overall SRHR status of the health system, but also to inform preparedness for COVID-19, and to assess the impact of Tropical Cyclone Harold and recovery progress for SRH services and the wider health sector.

The Ministry of Health is strengthening the HMIS, rolling out new data collection tools to enhance family planning data, and adding indicators such as the contraceptive prevalence rate. This will guide the targeting and monitoring of progress across the country. While some facilities received training and orientation on the new systems in 2020, others will go through these only in 2021, leading to temporary irregularities in the quality of reporting and differences in data categories.

6. Progress against Transformative Agenda results framework

6.1 Monitoring and evaluation framework for the Transformative Agenda - 2019 update

Results	Indicators	Desired Trend and Progression	Country	Status	Baseline (2017 or Near)	2018 Update	2019 Update	2020 Update	Source
Programme Goal: Transformative change in the lives of women, adolescents and youth across the Pacific by 2022	1. Number of unintended pregnancies averted.	↘	**Fiji**	Planned	12,499	10,877	14,599	17,900	UNFPA Modelled Data Estimate from Impact 2 (v3) Model Software.
				Actual	5,718	10,877	9,766	9,975	
			Kiribati	Planned	1,599	4,457	7,310	10,165	
				Actual	3,720	1,257	1,072	1,328	
			Samoa	Planned	771	855	940	1,024	
				Actual	1,265	855	1,046	922	
			Solomon Islands	Planned	5,619	7,556	9,493	11,430	
				Actual	5,201	7,556	7,532	16,565	
			Tonga	Planned	530	613	696	779	
				Actual	958	884	552	522	
			Vanuatu	Planned	2,004	2,119	2,233	2,348	
				Actual	3,615	2,782	4,194	3,583	
	2. Adolescent birth rate (10-14, 15-19) per 1000 women in that age group.	↘	**Fiji**	Planned	↓ ABR	↓ ABR	↓ ABR	<=30.2	Fiji - MOH Annual Report 2013, 2016; HMIS 2020 Kiribati - Kiribati Annual Health Bulletin 2017, Kiribati MICS/DHS 2019; Samoa - Samoa DHS Report 2014; MICS 2019-2020 Solomon Islands -Solomon Islands DHS Report 2015 Tonga -Tonga Census Report 2016; Tonga MICS 2019 Vanuatu - Vanuatu DHS Report 2013
				Actual	40.1	28.4	NA	30.5	
			Kiribati	Planned	↓ ABR	↓ ABR	↓ ABR	↓ ABR	
				Actual	45.2[1]	NA	51	NA	
			Samoa	Planned	↓ ABR	↓ ABR	↓ ABR	↓ ABR	
				Actual	56	56	NA	55	
			Solomon Islands	Planned	↓ ABR	↓ ABR	↓ ABR	↓ ABR	
				Actual	78	78	NA	NA	
			Tonga	Planned	↓ ABR	↓ ABR	↓ ABR	↓ ABR	

				Actual	31.9	31.9	30	NA	
			Vanuatu	Planned	↓ **ABR**	↓ **ABR**	↓ **ABR**	↓ **ABR**	
				Actual	81	81	NA	NA	
Programme Objective: To move unmet need for family planning in the Pacific towards zero by 2022	3. Proportion of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods **[UNFPA Supplies Indicator 1]**	↖	**Fiji**	Planned		71.8	↑**PDS**	↑**PDS**	Fiji - MOH Annual Report 2013, 2016 Kiribati - Kiribati Annual Health Bulletin 2017, Kiribati MICS/DHS 2019 Samoa - Samoa DHS Report 2014; MICS 2019-2020 Solomon Islands -Solomon Islands DHS Report 2015 Tonga -Tonga DHS Report 2012; MICS 2019 Vanuatu - Vanuatu DHS Report 2013 (Target: SDG benchmark - 75% of demand satisfied with modern method; TA countries are working towards increase in the demand satisfied with modern method)
				Actual	71	71	NA	49	
			Kiribati	Planned		39.6	↑**PDS**	↑**PDS**	
				Actual	37.9	37.9	52.1	NA	
			Samoa	Planned		29.3	↑**PDS**	↑**PDS**	
				Actual	28	28	NA	28	
			Solomon Islands	Planned		38.7	↑**PDS**	↑**PDS**	
				Actual	36.1	36.1	NA	NA	
			Tonga	Planned		38.7	↑**PDS**	↑**PDS**	
				Actual	37.4	37.4	48.6	NA	
			Vanuatu	Planned		52.1	↑**PDS**	↑**PDS**	
				Actual	51.3	51.3	NA	NA	
	4. Contraceptive Prevalence Rate (modern method) all women **[UNFPA Supplies Indicator 2]**	↖	**Fiji**	Planned	↑**CPR**	51.3	↑**CPR**	>50*	Fiji - Fiji Ministry of Health and Medical Services Health Status Report 2016 Page19; 2020 data from HIU, MHMS, which uses Cöuple Protection Rate* Kiribati - Kiribati DHS Report 2009 Kiribati 2019 mics report Samoa - Samoa DHS Report 2014; MICS 2019-2020 Solomon Islands - Solomon Islands DHS Report 2015 Page 109 Tonga - Tonga DHS Report 2012; Tonga MICS 2019 Vanuatu - Vanuatu DHS Report Page 67
				Actual	49.3	49.3	NA	53.3	
			Kiribati	Planned	↑**CPR**	14.6	↑**CPR**	↑**CPR**	
				Actual	13.6	13.6	20.3	NA	
			Samoa	Planned	↑**CPR**	16.1	↑**CPR**	↑**CPR**	
				Actual	15.1	15.1	NA	10	
			Solomon Islands	Planned	↑**CPR**	26.3	↑**CPR**	50	
				Actual	17.6	17.6	NA	NA	
			Tonga	Planned	↑**CPR**	29.4	↑**CPR**	↑**CPR**	
				Actual	17	17	14.8	NA	
			Vanuatu	Planned	↑**CPR**	29.9	↑**CPR**	↑**CPR**	

				Actual	28.9	28.9	NA	NA	
Programme Outcome 1: Increased and improved supply of integrated SRH information and services, particularly for family planning	5. Total Couple-Years Protection for contraceptives distributed by countries to lower levels including SDPs (Disaggregated by method including EC and LARCs) **[UNFPA Supplies Indicator 1.3.4]**		**Fiji**	Planned	51,932	54,173	70,000	85,827	Country RHCS Quarterly reports and modelling. Note baseline CYP was computed based on the average of 2014, 2015 and 2018 actual data on contraceptives.
				Actual	27,415	52,156	46,828.70	47,830	
			Kiribati	Planned	7,665	21,357	35,049	48,741	
				Actual	17,865	6,029	5,138.07	6,368	
			Samoa	Planned	3,699	4,102	8,400	9,600	
				Actual	6,000	4,102	5,014	4,421	
			Solomon Islands	Planned	26,942	36,229	45,516	54,803	
				Actual	34,296	36,229	36,113.01	79,429	
			Tonga	Planned	2,540	2,939	3,338	3737	
				Actual	4,594	4,238	2,649	2,505	
			Vanuatu	Planned	9,608	10,158	24,269	27,726	
				Actual	17,335	13,339	20,108.28	17,179	
	6. Number of new acceptors of modern methods of contraception, by age **[UNFPA Supplies Indicator 2a-Proxy Indicator]**		**Fiji**	Planned	N/A	4,528	4,549	4,575	UNFPA Modelled Projections for targets Country Health Management Information System (HMIS) and Reports for actuals^ *Estimation from HFRSA report ** DHS or population based modelling for actual
				Actual	N/A	N/A	11,509^	16,436	
			Kiribati	Planned	N/A	149	300	607	
				Actual	N/A	699	991^	2,459	
			Samoa	Planned	N/A	81	97	113	
				Actual	N/A	783	783*	881	
			Solomon Islands	Planned	N/A	835	1716	3522	
				Actual	N/A	2,751^	3,622^	14,327	
			Tonga	Planned	N/A	131	264	535	
				Actual	N/A	N/A	764*	1864	
			Vanuatu	Planned	N/A	354	721	1,474	

				Actual	N/A	N/A	648**	4,212	
			Regional Total	Planned	N/A	6078	7647	10,826	
				Actual	N/A	N/A	18,317	30,141	
	7. Percentage of SDPs that are providing at least 3 modern methods of contraception (primary) on the day of assessment. **[UNFPA Supplies Indicator 1.3.1]**		**Regional Average**	Planned	90%	90%	90%	90%	Health Facility Readiness and Service Availability Assessment Report 2018 and 2019 for Samoa (100%), Tonga (93%), RMI (19%), Fiji (88.4%), FSM (40%), Kiribati (65.1%). Solomon Islands (64%); Vanuatu (65%)
				Actual	NA	**78%**	**68%**	**61%**	
						(3 countries SRP)	(6 countries SRP)	(8 countries SRP)	
						75%	**87%**	**71%**	
						(1 DFAT TA country)	(4 DFAT TA countries)	(6 DFAT TA countries)	
	8. Percentage of SDPs that are providing at least 5 modern methods of contraception (secondary/tertiary) on the day of assessment. **[UNFPA Supplies Indicator 1.3.2]**		**Regional Average**	Planned	80%	80%	90%	90%	Health Facility Readiness and Service Availability Assessment Report 2018 and 2019 for Samoa (75%), Tonga (75%), RMI (100%), Fiji (42%), FSM (60%), Kiribati (75%).Solomon Islands (77%); Vanuatu (26%) Data for targets are from UNFPA PSRO Projections. Tonga 100%
				Actual	NA	**53%**	**63%**	**49%**	
						(3 countries SRP)	(6 countries SRP)	(8 countries SRP)	
						100%	**66.75%**	**57%**	
						(1 DFAT TA country)	(4 DFAT TA countries)	(6 DFAT TA countries)	
	9. Percentage of SDP stockout by family planning method or product (day of last visit/last 3 months). **[UNFPA Supplies Indicator Proposed 1]**		**Regional Average**	Planned	0%	0%	0%	0%	Health Facility Readiness and Service Availability Assessment Report 2018 and 2019 for Samoa (50%), Tonga (75%), RMI (41%), Fiji (58.5%), FSM (50%), Kiribati (56.7%). Solomon Islands (48.7%); Vanuatu (23.5%) Data for targets are from UNFPA PSRO Projection
				Actual	NA	**47%**	**56%**	**50%**	
						(3 Countries SRP)	(6 countries SRP)	(8 countries SRP)	
						50%	**68.80%**	**52%**	
						(1 DFAT TA country)	(4 DFAT TA countries)	6 DFAT TA countries	
	10. Percentage of SDPs providing quality-assured, adolescent friendly, integrated SRH services.		**Regional Average**	Planned	0%	15% 0%	30% 20%	45% 50%	Health Facility Readiness and Service Availability Assessment Report 2018, 2019 Samoa (71.4%), Tonga (65%), Fiji (22.9%), Kiribati (32.7%). Vanuatu (35.6) and Solomon Islands (12.5) **Data reported is % of facilities with a trained staff on AYF**

	11. Percentage of SDPs that have at least one member of staff available and fully trained in youth-friendly, disability-inclusive family planning service provision.			Actual	0%	71.4% (1 DFAT TA country)	48% (4 DFAT TA countries)	40% (6 DFAT TA countries)	
	14. Percentage of SDPs that are providing the ESP health services package for survivors of sexual violence.		**Fiji**	Planned		5%	5%	5%	
				Actual	0%	0%	4%	4%	
			Kiribati	Planned		5%	5%	5%	
				Actual	0%	0%	1.8%	0	
			Samoa	Planned		5%	5%	5%	
				Actual	0%	0%	0%	NA	
			Solomon Islands	Planned	5%	5%	5%	5%	
				Actual	0%	0%	0%	58%	
			Tonga	Planned	5%	5%	5%	5%	
				Actual	0%	0%	0%	0%	
			Vanuatu	Planned		5%	5%	5%	
				Actual	0%	0%	0%	0.6%	
	15. Number of in-school young people disaggregated by disability status, sex, age and location, reached with Family Life Education.		**Fiji**	Planned	0	0	0	0	Country Education Management Information System and Reports; School surveys. Regional FLE Assessment (RFA).
				Actual	0	0	0	0	
			Kiribati	Planned	0	0	4,000	9,629	
				Actual	0	0	9,911	9,911	
			Samoa	Planned	0	0	100	100	
				Actual	0	0	40000	40,000[23]	
			Solomon Islands	Planned	0	0	0	Not Defined	
				Actual	0	0	0	NA	
			Tonga	Planned	0	0	0	0	

[23] The target and results for 2020 are based upon target setting and reporting by the Government of Samoa. They report that 40,000 children received FLE in 2020. The Ministry of Education Sports and Culture estimates FLE reach based on student enrolment numbers for students in primary schools (for which FLE is mandatory through the Health and Physical Education - HPE carrier subject) and for students in secondary schools taking the Health and Physical Education elective course (for which FLE is a carrier subject).

				Actual	0	0	0	NA	
			Vanuatu	Planned	0	0	10,000	5000	
				Actual	0	0	0	0	
	16. Number of out-of-school young people disaggregated by disability status, sex, age and location, reached with Family Life Education.		**Fiji**	Planned	0	0	150	400*	Fiji 2020 data based on number trained, although training curricula is not standardised* Country Annual Reports (CAR) compiled from Country Health Management Information System (HMIS) and Reports - FLE delivered through MOH Mobile clinic outreach and through YFHS Centres. Client/Participant information forms. FLE delivered through peer education. Pre-and -Post Training Survey of community participants.
				Actual	0	0	0	404*	
			Kiribati	Planned	0	0	2,500	1,500	
				Actual	0	0	2030	851	
			Samoa	Planned	0	0	0	0	
				Actual	0	0	0	2,940	
			Solomon Islands	Planned	0	0	0	Not defined	
				Actual	0	0	0	2,867	
			Tonga	Planned	0	0	0	Not defined	
				Actual	0	0	131	975	
			Vanuatu	Planned	0	0	500	900	
				Actual	0	0	293	207	
	17. FLE delivered in all countries meets international standards (assessed through spot checks and more systematic means)	**Yes**	**Fiji**	Planned	No	No	No	No	Country Education Management Information System (EMIS) and Reports.
				Actual	No	No	No	No	
			Kiribati	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Samoa	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Solomon Islands	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Tonga	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Vanuatu	Planned	No	No	No	No	
				Actual	No	No	No	No	
Programme Outcome 2:	18. Country has operationalised school based	**Yes**	**Fiji**	Planned	No	No	No	No	Country Education Management Information System and Reports - Survey and study of FLE
				Actual	No	No	No	No	

Increased demand for integrated SRH information and services, particularly for family planning	comprehensive FLE curricula in accordance with international standard.		**Kiribati**	Planned	No	No	No	yes	implementation in country; study will also include quality of teachers teaching FLE.
				Actual	No	No	No	yes	
			Samoa	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Solomon Islands	Planned	No	No	No	No	
				Actual	No	No	No	No	
			Tonga	Planned	No	No	No	yes	
				Actual	No	No	No	No	
			Vanuatu	Planned	No	No	No	No	
				Actual	No	No	No	No	
Programme Outcome 3: More conducive and supportive environment for people to access and benefit from quality SRH, especially contraceptive choice	21. All countries have cervical cancer policies and guidelines and have taken steps to implement them.	↖	**Fiji**	Planned	No	Yes	Yes	Yes	Survey of SOPs introduced by Ministry of Health from 2018 to 2022 and their level of implementation, AWP Monitoring Tool/SOP document, quarterly, annual. Regional average of 26% of health facilities in 6 TA countries providing Cervical Cancer screening services. Vanuatu MOH Cervical Cancer Guidelines and its policy component is planned for 2021
				Actual	No	No	No	No	
			Kiribati	Planned	Yes	Yes	Yes	Yes	
				Actual	No	No, draft available to be validated in 2019	No	No	
			Samoa	Planned	No	No	Yes	Yes	
				Actual	No	No	No	No	
			Solomon Islands	Planned	No	Yes	Yes	Yes	
				Actual	No	No	No	No	
			Tonga	Planned	No	Yes	Yes	Yes	
				Actual	No	No	No	No	
			Vanuatu	Planned	No	Yes	Yes	Yes	
				Actual	No	No	No	Guideline-yes	
	23. Number of influential SRH analytical products - with potential to impact policy and practice - are produced and appropriately disseminated by	↖	**Fiji**	Planned	0	0	0	0	Country Analytical Reports based on MICS/DHS, HMIS and PHCs. DHS Schedule: Fiji 2021, Kiribati 2018, Solomon Islands 2020, Tonga 2019, and Vanuatu 2021 **Samoa**- (which was co-financed by DFAT) 1 DHS-MICS fact sheet; 1 Gender Monograph comprised of 4 fact sheets **Tonga**- 2019 Tonga MICS
				Actual	0	0	0	0	
			Kiribati	Planned	0	0	2	0	
				Actual	0	0	2	0	
			Samoa	Planned	0	0	2	1	
				Actual	0	0	2	2	

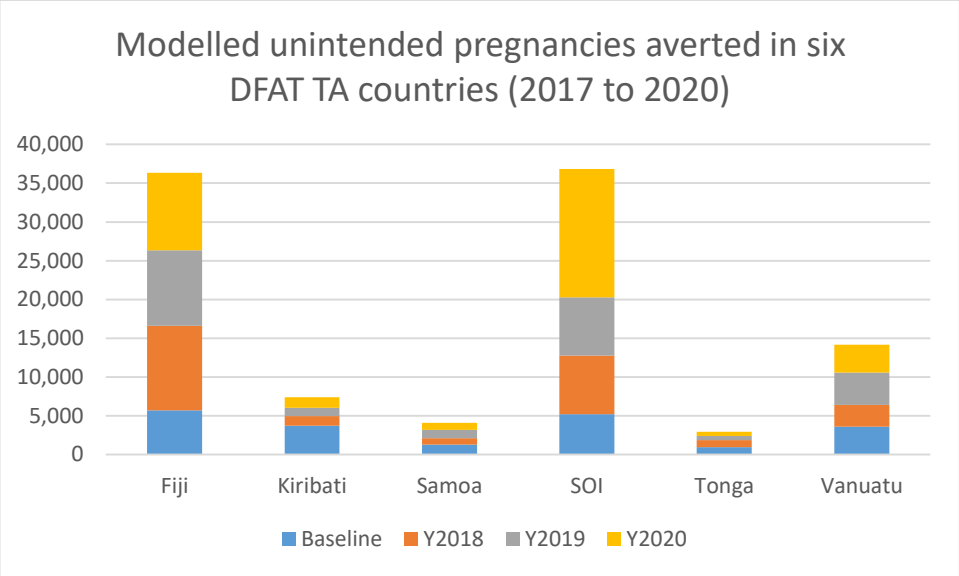
	UNFPA in each of the six countries.		**Solomon Islands**	Planned	0	0	0	0	https://tongastats.gov.to/survey/mics-survey/ 1.2019 MICS Findings Report 2.2019 MICS Snapshot of Key Findings 3.Factsheet -Tonga MICS
				Actual	0	0	0	0	
			Tonga	Planned	0	0	0	3	
				Actual	0	0	0	3	
			Vanuatu	Planned	0	0	0	0	
				Actual	0	0	0	0	
	24. Policymakers use data and evidence on SRH to inform decision making related to policy and programming	**Yes**	**Fiji**	Planned	No	No	No	No	Policy briefs, country statements, etc. based on analytical reports from MICS/DHS, HMIS and PHCs. DHS Schedule: Fiji 2020, Kiribati 2019, Samoa 2020, Solomon Islands 2020, Tonga 2019, and Vanuatu 2021. MICS schedule: Fiji 2021, Kiribati 2019, Samoa 2020, Tonga 2019, and Vanuatu 2021. Solomon Islands is not scheduled at the moment.
				Actual	No	No	Yes	No	
			Kiribati	Planned		No	Yes	Yes	
				Actual	No	No	Yes	No	
			Samoa	Planned		No	No	No	
				Actual	Yes	Yes	Yes	Yes	
			Solomon Islands	Planned		Yes	Yes	No	
				Actual	Yes	Yes	Yes	No	
			Tonga	Planned		Yes	Yes	No	
				Actual	Yes	Yes	Yes	No	
			Vanuatu	Planned		No	No	Yes	
				Actual	No	No	Yes	Yes	
	25. Countries have two data points for each of the core SRH Healthy islands Monitoring Framework and SDG indicators within the current five-year timeframe (2018-2022)	**Yes**	**Fiji**	Planned		No	No	No	Country Analytical Reports based on MICS/DHS, HMIS and PHCs. DHS Schedule: Fiji 2020, Kiribati 2018, Samoa 2020, Solomon Islands 2020, Tonga 2019, and Vanuatu 2021.
				Actual	No	No	No	No	
			Kiribati	Planned		No	Yes	Yes	
				Actual	No	No	Yes	Yes	
			Samoa	Planned		No	No	Yes	
				Actual	No	No	No	Yes	
			Solomon Islands	Planned		No	No	No	
				Actual	No	No	No	No	
			Tonga	Planned		No	No	Yes	
				Actual	No	No	No	Yes	

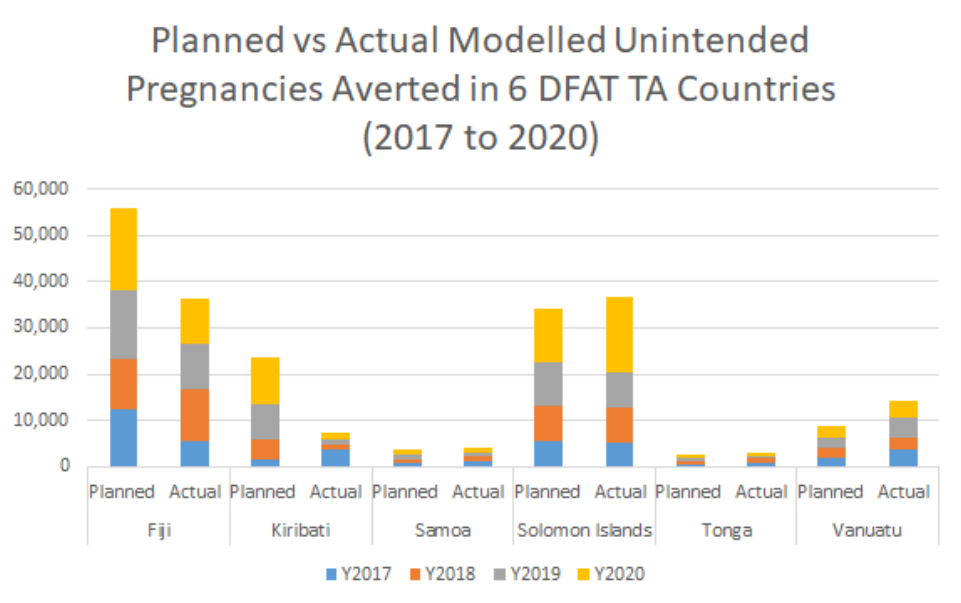
			Vanuatu	Planned		No	No	No	
				Actual	No	No	No	No	

6.2 Monitoring and evaluation framework for the Transformative Agenda - 2019 narrative update

Goal indicator 1: Number of unintended pregnancies averted

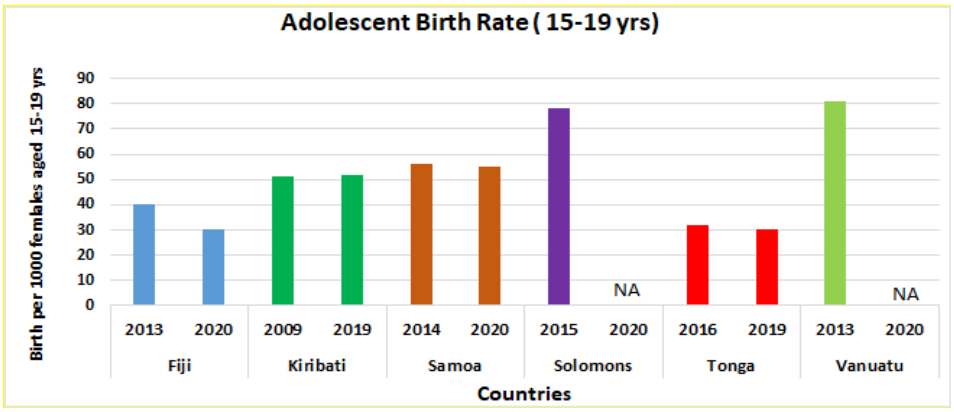
The contraceptives distributed in the six countries in 2020 have the potential to avert 32,896 unintended pregnancies (compared to 24,162 in 2019 and 24,211 in 2018). These estimates were done using the Marie Stopes Impact 2 adapted modelling tool, indicating a total of 81,269 unintended pregnancies averted in the six countries from 2018 to 2020 based on contraceptives distributed to health facilities (77 percent of the planned outcome of 105,394 intended pregnancies).





Goal indicator 2: Adolescent birth rate (ages 10-14, 15-19) per 1,000 women in that age group

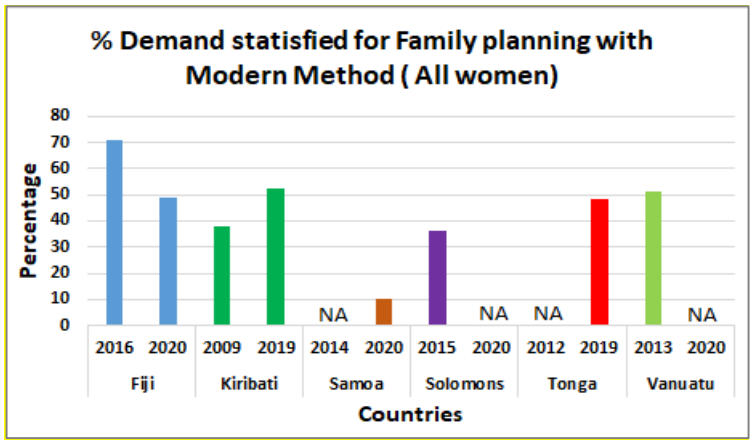
The adolescent birth rate has declined in Fiji (from 40 per 1,000 to 30 per 1,000) between 2003 and 2020 based on health information system data. For Kiribati, Samoa and Tonga, which are the only countries with recent DHS/MICS for 2019 and 2020, adolescent birth rates have slightly decreased for Samoa from 56 to 55 per 1000 women and for Tonga from 32 to 30 per 1000 women. Only Kiribati has remained stagnant at 51 per 1000 women. Solomon Islands and Vanuatu have the highest adolescent birth rates in the Pacific at about 80 per 1,000.



Programme objective 3: Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods

The benchmark for this indicator (SDG 3.7.1) is 75 per cent globally by 2030. The proportion of women of reproductive age with demand satisfied has declined in Fiji (from 71 to 49 per cent between 2016 and 2020, based on the HMIS). By the end of 2021, for the first time in 20 years, Fiji should have data on the contraceptive prevalence rate, the modern contraceptive prevalence rate, unmet need for family planning and the percentage of demand satisfied with family planning based on a population health survey (DHS/MICS).

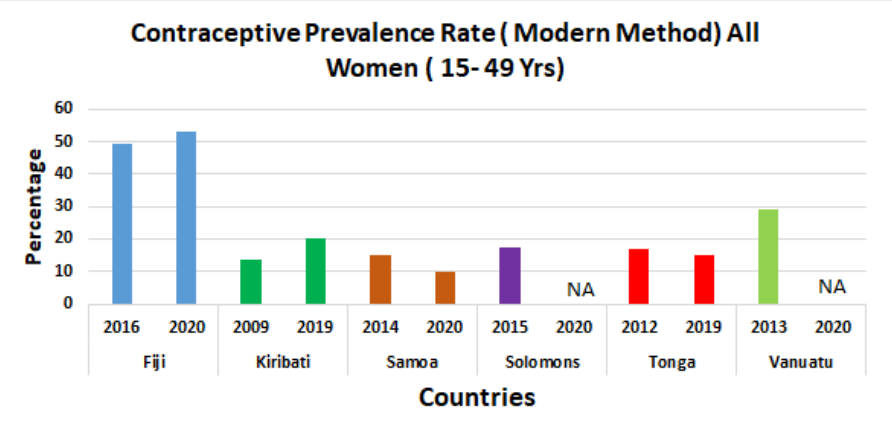
The proportion of women of reproductive age with demand satisfied has increased in Kiribati in the last 10 years. The average among the six DFAT focus countries is approximately 50 per cent.[24]



Programme objective 4: Contraceptive prevalence rate (modern method) all women

[24] The percentage of family planning demand satisfied with modern methods for "all women" is not available for Samoa and Tonga. Only figures for the percentage of demand satisfied for married women are available (39.4 per cent in Samoa in 2014, 47.9 per cent in Tonga in 2012).

With few recent DHS/MICS in Pacific Island countries, most data come from existing surveys, except for Kiribati, Samoa and Tonga where DHS/MICs data became available in 2019 and 2020. The contraceptive prevalence rate data reported for Fiji are actually proxies based on the HMIS.

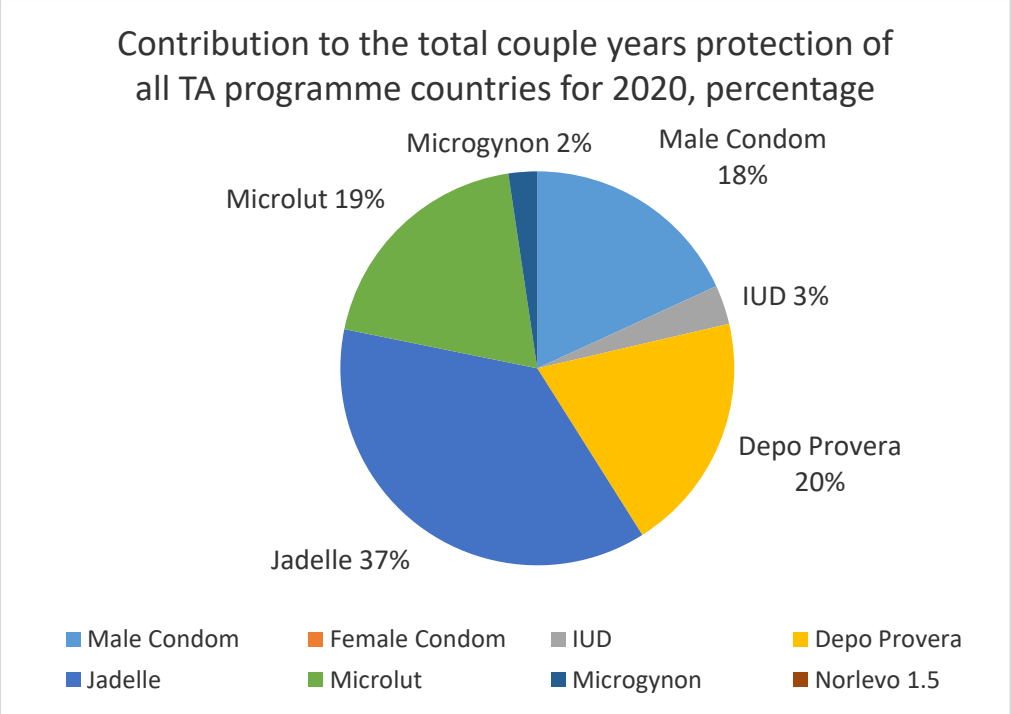


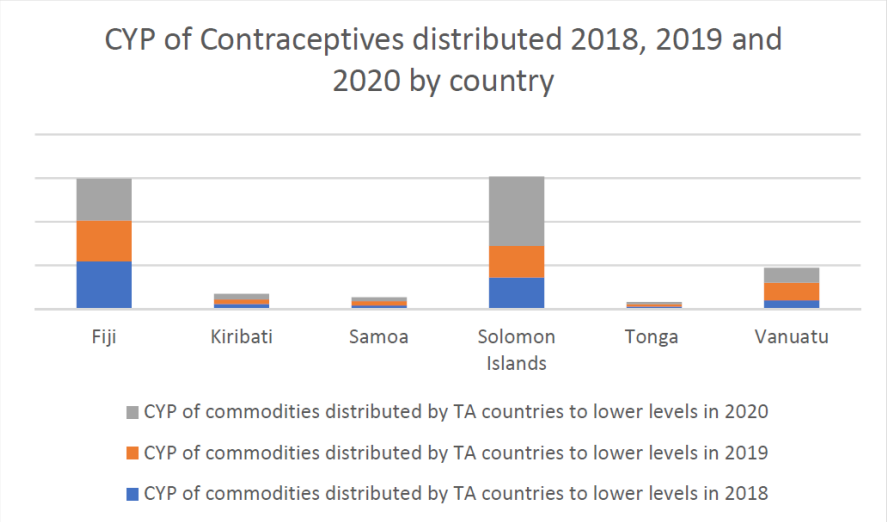
Outcome 1: Increased and improved supply of integrated sexual and reproductive health information and services, particularly for family planning

Indicator 5: Total couple years protection for contraceptives distributed by countries to lower levels, including service delivery points (disaggregated by method, including emergency contraception and LARCs)

In 2020, the total couple years protection for contraceptives that the six DFAT countries distributed to lower levels was 157,371 (compared to 115,851 in 2019 and 116,093 in 2018). Among methods, both Depo Provera (at 20 per cent) and Jadelle (37 per cent) constituted almost three fifths of all couple years protection in 2020.

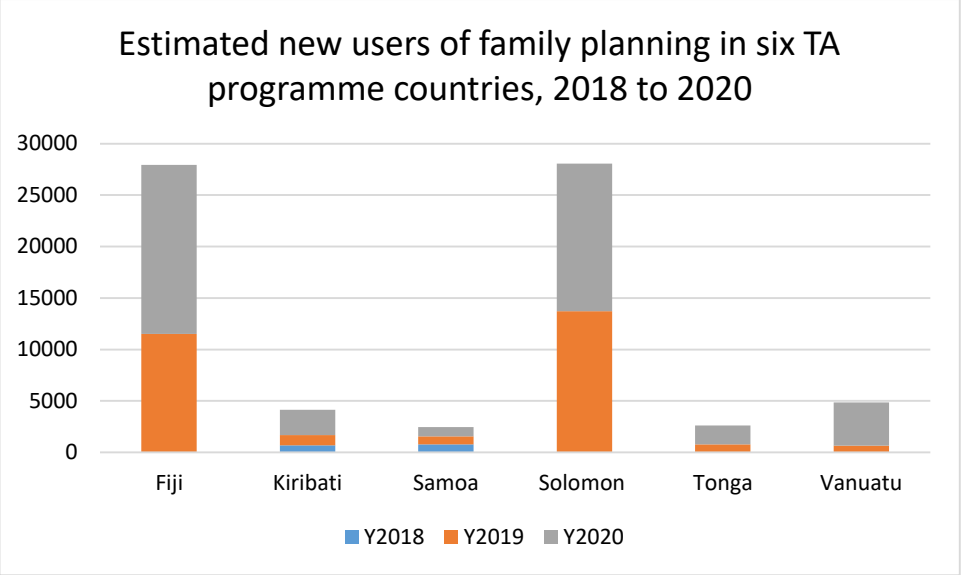
Country	Couple years protection of commodities distributed to lower levels in 2018	Couple years protection of commodities distributed to lower levels in 2019	Couple years protection of commodities distributed to lower levels in 2020
Fiji	52,156	46,829	47,830
Kiribati	6,029	5,138	6,368
Samoa	4,102	5,014	4,421
Solomon Islands	36,229	36,113	79,429
Tonga	4,238	2,649	2,505
Vanuatu	13,339	20,108	17,179
TOTAL	**116,093**	**115,851**	**157,731**

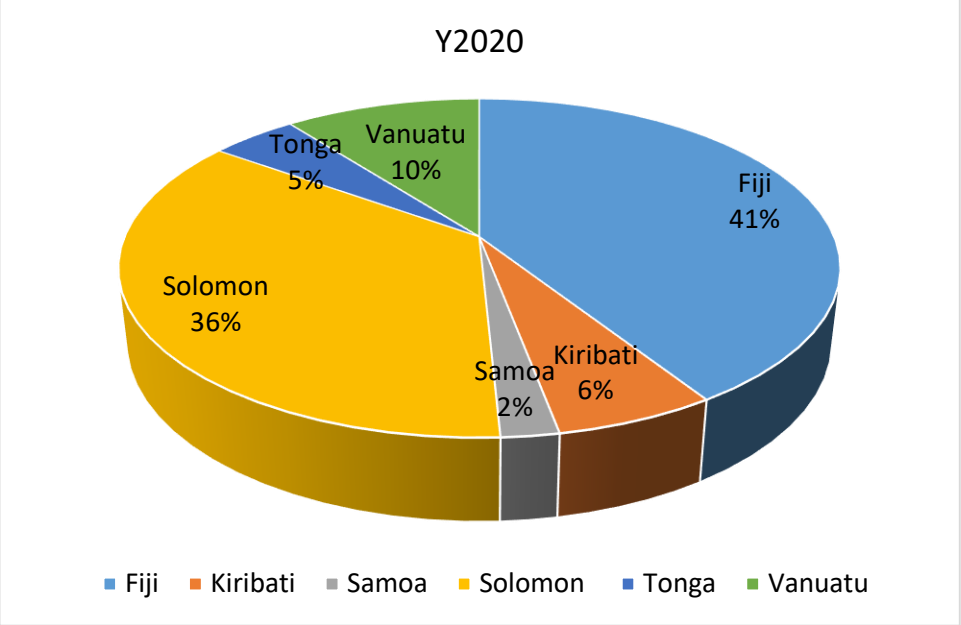




Indicator 6: Number of new acceptors of modern methods of contraception by age

A total of 23,743 new contraceptive users were recorded in 2020 in the six countries, with 14,327 new users in the Solomon Islands. In the same period, 13,284 users discontinued contraceptive use (similar to a pattern in 2019). A total of 42,130 new users has been recorded across the six countries between 2018 and 2020 (which is 171.6 per cent of the target of 24,551 new users), with Fiji and Solomon Islands having a 77 per cent share.





Indicator 7: Percentage of service delivery points that are providing at least three modern methods of contraception (primary) on the day of assessment

In the six TA programme countries, the average of the percentage of primary health facilities providing at least three modern methods based on HFRSA findings was 71 per cent. The HFRSA reports showed: Samoa at 100 per cent in 2018; Tonga at 93 per cent, Fiji at 88.4 per cent and Kiribati at 65.1 per cent, all in 2019; and Vanuatu at 65 per cent and the Solomon Islands at 64 percent, both in 2020.

Indicator 8: Percentage of service delivery points that are providing at least five modern methods of contraception (secondary/tertiary) on the day of assessment

In the six TA programme countries, the average percentage of secondary and tertiary health facilities providing at least five modern methods based on HFRSA findings was 57 per cent. The HFRSA reports indicated: Samoa at 75 per cent in 2018; Tonga at 75 per cent, Fiji at 42 per cent and Kiribati at 75 per cent, all in 2019; and Vanuatu at 26 per cent and Solomon Islands at 77 per cent, both in 2020.

Indicator 9: Percentage of service delivery points with stock-outs by family planning method or product (day of last visit/last three months)

Across the six countries, the average share was 52 per cent based on the HFRSA findings: Samoa at 50 per cent in 2018; Tonga at 75 per cent, Fiji at 58.5 per cent and Kiribati at 56.7 per cent, all in 2019; and Vanuatu at 23.5 per cent and Solomon Islands at 48.7 per cent, both in 2020.

Indicator 11: Percentage of service delivery points that have at least one member of staff available and fully trained in youth-friendly, disability-inclusive family planning service provision.

HFRSA reports indicate that regionally, 40 per cent of 847 service delivery points have at least one member of staff available and fully trained on youth-friendly service provision. Among individual countries, Samoa had 71 per cent, Tonga 65 per cent, Fiji 23 per cent, Kiribati 33 per cent, Vanuatu 36 per cent, and Solomon Islands 13 per cent. From 2021 onwards, the training database to be maintained by countries and reported in Tupaia will enable reporting on the progress of this indicator.

Indicator 15: Number of in-school young people reached with FLE

In 2020, Kiribati remained the only country that had rolled out an FLE integrated curriculum in all 121 (95 primary and 26 junior secondary) schools of the country, reaching 9,911 students between grades 7 to 9, mainly aged 11 to 14.

Indicator 16: Number of out-of-school young people reached with FLE

- Approximately 8,244 young people were reached in out-of-school settings with SRH/FP information and services through community awareness outreach, peer education and trainings conducted in Fiji, Kiribati, Samoa, Tonga and Vanuatu in 2020. These included:
- Fiji: 404 young people, including 176 girls and one person with a disability received training on SRH/FP from the Ministry of Youth and Sports
- Kiribati: 851 out-of-school youth were provided SRH/FP information through the expanded youth network.
- Samoa: Together with the Red Cross Samoa, 320 youth advocates provided SRH/FP information and services to 2,940 out-of-school young people including through youth peer education for 395 out-of-school young people.
- Solomon Islands: 2,867 youth received information on SRH/FP from the Ministry of Health and Medical Services.
- Tonga: SRH outreach by the Tonga Family Health Association, Tonga Leitis, Tonga National Youth Council, Tonga Youth Leaders, and the TALITHA Project provided SRH/FP information to 975 out-of-school young people.
- Vanuatu: Activities by the Ministry of Youth and Sports and Care International reached 207 out-of-school young people.

No country has yet developed or adapted a new resource package/curriculum for out-of-school young people on FLE that meets international standards. But young people continued to receive SRH/FP information and training through existing interventions and resources. In 2021, more out-of-school young people will be reached through systematic FLE activities with revised resources, alongside the continuation of the activities above. In 2020, the peer education approach has been revised to facilitate FLE out-of-school trainings. Existing peer education structures will evolve to provide youth advocates for out-of-school FLE.

Indicator 17: FLE delivered in all countries meets international standards

With the exception of Kiribati no other country has fully aligned its in-school FLE curricula to international standards across all relevant grades. In Kiribati, implementation of integrated FLE in grades 7 and 8 curricula continued and year 9 rollout of the finalised integrated curriculum was initiated during this reporting period. Progress has been made for other countries, however. Vanuatu is slated to roll out grade 11 in 2021 after consistent technical support in 2020.

Indicator 18: Country has operationalized school-based comprehensive FLE curricula in accordance with international standards[25]

While all TA programme countries except Vanuatu by 2019 were implementing FLE and/or life skills education programmes for primary and/or secondary years, none was doing so in accordance with international standards.

By the end of 2020, Kiribati was the only country that had fully operationalized a school-based comprehensive FLE curricula, and for grades 7-9. Kiribati also completed the scoping and sequencing for grades 10 and 11. Vanuatu finalized the scoping and sequencing for grade 11 syllabus revision to integrate FLE according to international standards. Teacher training and the roll-out of the grade 11 revised syllabus are scheduled for 2021. Samoa developed a draft conceptual framework for FLE and completed a review of secondary curriculum for FLE. Solomon Islands completed the FLE assessment. (Note: Tonga completed the development of FLE curricula for grades 9-11 using MFAT resources.)

Indicator 21: All countries have cervical cancer policies and guidelines, and have taken steps to implement them.

No country has a cervical cancer policy and guidelines in place except Vanuatu, which has draft guidelines. The HFRSA found that 26 per cent of health facilities in Fiji, Kiribati, Tonga, Samoa, Solomon Islands and Vanuatu provide cancer screening services.

Indicator 23. Number of influential SRH analytical products – with potential to impact policy and practice – produced and appropriately disseminated by UNFPA in each of the six countries

The snapshot, factsheet and major findings from the MICS/DHS for Tonga were completed and released in 2020. UNFPA supported the printing of a limited number of copies of the documents along with a dissemination workshop to present the results to all stakeholders, including the Ministry of Health and Medical Services, the Ministry of Women and Youth, the Ministry of Education, and civil society partners such as the Tonga Family Health Association and others. For Samoa the factsheet of the MICS/DHS findings was released. Data from the fact sheet were utilized for situational assessments and informed key activities such as targeting communities for adolescent and youth SRH activities. The snapshot and the major findings were drafted but not officially released yet. Additionally, the Gender Monographs were finalized and released in 2020. Fiji completed its MICS/DHS preparatory phase at the end of 2020 due to delays brought on by the COVID-19 pandemic and will be going into the field for data collection in early 2021. Kiribati and Vanuatu concluded Population and Housing Census enumeration in 2020 despite

[25] With MFAT resources, Tonga updated its FLE syllabus and developed study guides for class 9.

the pandemic. In 2021, the results of these data collection activities will be analysed and built upon using other resources.

Indicator 24: Policymakers use data and evidence on SRH to inform decision-making related to policy and programming

Samoa developed a fact sheet on family planning and SRH from preliminary DHS-MICS results, an activity co-financed by DFAT-TA, UNICEF, the Government and the EU-UN Spotlight Initiative implemented through UNFPA. Data from the fact sheet were utilized for situational assessments and informed key activities such as targeting communities for adolescent and youth SRH activities. Four knowledge briefs on gender dynamics based on past census results have been widely disseminated through the SBS website and informed family planning and SRH programme planning in 2020: Gender Monograph: (1) Demographics from a Gender Perspective; (2) Gender and Education; (3) Gender and Health; and (4) Gender and Employment.

Indicator 25: Countries have two data points for each of the core SRH Healthy Islands Monitoring Framework and SDG indicators within the current five-year timeframe (2018-2022)

This indicator should not be misinterpreted to mean that there will be two data collection activities within the 2018-2022 timeframe, as this five-year period is too short to conduct two major surveys for each country due to financial and human resource constraints. Most countries conducted a DHS prior to 2018. A second such exercise should occur within 2018-2022, and a third by 2030 as the SDG endpoint. Although the first data point is earlier than 2018, it remains relevant as interventions to create demand for and expand delivery of services have been slowly rolled out during the past decade, and their impact should be measurable.

Samoa now has three data points, achieved in 2020 with the MICS/DHS in conjunction with its 2014 and 2009 DHS. Tonga has two data points achieved in 2020 with the release of its MICS/DHS results; it also conducted a DHS in 2012.[26]

[26] Kiribati now has data for 2009 and 2018, in line with the TA indicator. Although this achievement was funded by DFAT bilaterally, it demonstrates UNFPA's commitment to coherence across programmes.

7. Governance and management issues

Human resources

At the beginning of 2020, the recruitment for TA programme posts was completed, comprising 15 positions: an international programme coordinator, technical specialists and support staff at PSRO as well as four SRH specialists, and national programme officers and programme assistants in the field offices. In July, the SRH specialist from Kiribati took up the youth adviser post in PSRO, while continuing to provide remote support to Kiribati. In December, a new SRH specialist was recruited for Kiribati. In the middle of the year, the programme finance assistant in Samoa left her post; PSRO is providing remote support while this position is filled.

Having a full team on board in 2020 helped support implementation at the technical, programme and finance levels. As agreed with governments and DFAT, programme finance assistants sat in government ministries at least two days per week to support capacity-building that will improve reporting and speed up disbursements.

Transformative Agenda midterm review

DFAT contracted an independent consultant team to carry out an external midterm review of the TA programme from August to December 2020. Implementing partners and UNFPA actively engaged in this process. The main recommendations largely focused on narrowing the scope of the programme to ensure that unmet need for family planning remains the focus, and putting greater emphasis on and funding into supply (outcome 1) and demand (outcome 2), with reduced scope on an enabling environment (outcome 3). DFAT and UNFPA agreed on a key set of accelerator activities that are the focus of two-year workplans (2021-2022) developed at the end of 2020.

The midterm review also recommended revising the M&E framework to be more realistic and measurable, and to strengthen results-based management, including by hiring a senior M&E adviser. UNFPA began revising the M&E framework in late 2020 and shared an initial draft with DFAT and the Steering Committee in December. The framework will be finalized in the first quarter of 2021; recruitment of the adviser is underway. DFAT and UNFPA have also agreed to place additional human resources in key line ministries to accelerate programme implementation given that government staff have been deeply engaged in COVID-19 prevention and response throughout 2020, which is expected to continue with the vaccine roll out in 2021.

Additional measures that UNFPA has taken before and after the midterm review to improve efficiency and effectiveness are mentioned below.

Addressing disbursement bottlenecks

Two main types of disbursement bottlenecks have been given sustained attention to resolve the issues in a sustainable manner. These include:

- **Disbursement delays internal to UNFPA**

The number of days taken for processing requests for advances from implementing partners has fallen due to increased efficiencies within UNFPA, from 15.3 days on average in 2019 to 6.1 days in 2020.

Name of IP	Q3 (July - Sept) 2018			Q4 (Oct - Dec) 2018			Q1 (Jan - March) 2019			Q2 (April - June) 2019			Q3 (July - Sept) 2019			Q4 (Oct - Dec) 2019			Q1 (Jan - March) 2020			Q2 (April - June) 2020			Q3 (July - Sept) 2020			Q4 (Oct - Dec) 2020		
	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days
Fiji																														
MOH, Fiji				05-Dec-18	06-Dec-18	1				11-Jul-19	15-Jul-19	4	13-Nov-19	05-Dec-19	22	11-Dec-19	20-Dec-19	9							28-Oct-20	04-Nov-20	7	25-Jan-21	26-Jan-21	1
Ministry of Women, Fiji													02-Sep-19	03-Sep-19	1	20-Jan-20	22-Jan-20	2												
MOYS, Fiji	07-Oct-18	05-Nov-18	29	15-Jan-19	01-Feb-19	17	05-Apr-19	30-Apr-19	25	22-Jan-20	23-Jan-20	1	27-Jan-20	28-Jan-20	1	29-Jan-20	29-Jan-20	0							18-Sep-20	24-Sep-20	6	25-Jan-21	28-Jan-21	3
Kiribati																														
MHMS, Kiribati							15-May-19	16-May-19	1	04-Jun-19	05-Jun-19	1	31-Oct-19	16-Jan-20	77	16-Jan-20	21-Jan-20	5	02-Mar-20	04-Mar-20	2	01-Jul-20	23-Jul-20	22	13-Nov-20	Pending	-	18-Jan-21	20-Jan-21	2
NSO, Kiribati							15-May-19	16-May-19	1	31-Jul-19	06-Aug-19	6	20-Nov-19	16-Jan-20	57	22-Jan-20	23-Jan-20	1										18-Jan-21	19-Jan-21	1
MOWYSSA, Kiribati							20-May-19	22-May-19	2	17-Jul-19	16-Jan-20	183	16-Jan-20	21-Jan-20	5	27-Jan-20	28-Jan-20	1	08-Apr-20	20-Apr-20	12	15-Jul-20	17-Jul-20	2	06-Nov-20	06-Nov-20	0	14-Jan-21	15-Jan-21	1
MOE, Kiribati							23-May-19	02-Jun-19	10	30-Jul-19	06-Aug-19	7	20-Nov-19	16-Jan-20	57	16-Jan-20	23-Jan-20	7	28-Feb-20	16-Mar-20	17	24-Jul-20	29-Jul-20	*5*	22-Sep-20	25-Sep-20	*3*	16-Jan-21	19-Jan-21	*3*
Solomon Islands																														
MOH, Solomon Islands													08-Aug-19	13-Aug-19	5	16-Dec-19	18-Dec-19	2				26-Aug-20	01-Sep-20	*6*	06-Nov-20	06-Nov-20	*0*	02-Feb-21	02-Feb-21	*0*
MNPDC, Solomon Islands	25-Jul-18	26-Jul-18	1	28-Jan-19	01-Feb-19	4							25-Nov-19	16-Jan-20	52	23-Jan-20	23-Jan-20	0	17-Mar-20	29-Mar-20	12	17-Jul-20	22-Jul-20	5	06-Nov-20	06-Nov-20	0	25-Jan-21	26-Jan-21	1
Tonga																														
MOH, Tonga							11-Jun-19	13-Jun-19	2	06-Aug-19	07-Aug-19	1	19-Dec-19	19-Jan-20	31	24-Jan-20	24-Jan-20	0	21-Apr-20	26-Apr-20	5	13-Jul-20	14-Jul-20	1	15-Sep-20	15-Sep-20	0	27-Jan-21	28-Jan-21	1
Vanuatu																														
MOH, Vanuatu										05-May-19	08-May-19	3				23-Jan-20	24-Jan-20	1				14-Jul-20	16-Jul-20	2				28-Jan-21	28-Jan-21	0
NSO, Vanuatu				21-Dec-18	31-Jan-19	41				20-May-19	22-May-19	2				22-Jan-20	23-Jan-20	1				16-Jul-20	17-Jul-20	1				25-Jan-21	28-Jan-21	3
MOET, Vanuatu													22-Jul-19	30-Jul-19	8	22-Jan-20	23-Jan-20	1				15-Jul-20	16-Jul-20	1				28-Jan-21	28-Jan-21	0
MOYS, Vanuatu													25-Jul-19	01-Aug-19	7	22-Jan-20	23-Jan-20	1				30-Jun-20	03-Jul-20	3						
World Vision Vanuatu																						15-Jul-20	15-Jul-20	0	06-Dec-20	Pending		22-Jan-21	25-Jan-21	3
Care International Vanuatu																						16-Jul-20	16-Jul-20	0				22-Jan-21	26-Jan-21	4
Samoa																														
Min. of Finance, Samoa	28-Nov-18	03-Dec-18	5	16-Jan-19	05-Feb-19	20	11-Apr-19	16-Apr-19	5	25-Jul-19	30-Sep-19	67	29-Nov-19	02-Dec-19	3	27-Jan-20	29-Jan-20	2	02-Mar-20	31-Mar-20	29	28-Jul-20	03-Aug-20	6	27-Oct-20	Pending	-	22-Jan-21	27-Jan-21	5
Regional Ips																														
IPPF																						13-Jul-20	15-Jul-20	2	26-Nov-20	27-Nov-20	1	25-Jan-21	26-Jan-21	1
SPC																22-Jan-20	22-Jan-20	0				31-Mar-20	01-Apr-20	1				25-Jan-21	27-Jan-21	2
JSI																			15-Apr-20	21-Apr-20	6	14-Jul-20	15-Jul-20	1	25-Oct-20	11-Nov-20	17	10-Jan-21	19-Jan-21	9
Women Enabled Int'l																			22-Feb-20	03-Mar-20	10	09-Jul-20	14-Jul-20	5	27-Oct-20	29-Oct-20	2	20-Jan-21	22-Jan-21	2
Nossal																						13-Jul-20	15-Jul-20	2	15-Oct-20	22-Oct-20	7	27-Jan-21	28-Jan-21	1
Burnet Institute																						07-Jul-20	14-Jul-20	7	07-Oct-20	16-Oct-20	9	14-Jan-21	19-Jan-21	5
ABC																									07-Oct-20	16-Oct-20	9	19-Jan-21	19-Jan-21	0
FPNSW																		0	04-Feb-20	02-Mar-20	27	14-Jul-20	15-Jul-20	1	13-Oct-20	23-Oct-20	10	14-Jan-21	18-Jan-21	4
		11.7	**35**		**16.6**	**83**		**6.6**	**46**		**27.5**	**275**		**25.1**	**326**		**2.1**	**33**		**13.3**	**120**		**3.5**	**73**		**5.1**	**71**		**2.0**	**52**

IPs with shaded fields (i) either did not submit the FACE forms, or (ii) not applicable for submission; IPs with the dates in GREEN are full compliance of submission deadlines; IPs with the dates in RED are not compliance of submission deadlines; IPs with DP modality (*) have been randomly selected one transaction per quarter (till 31 Dec 2019);

On average, implementing partners used to have few or no available funds during the start of the year, thus reducing effective implementation periods to just three quarters annually. This was due to a combination of factors, including the extended Christmas holiday period in the Pacific, which in-turn delayed annual workplan signing and disbursements. There was also a policy limitation against holding cash in hand (OFA) from advances in the preceding year. Close collaboration with UNFPA headquarters has largely resolved these issues leading to a marked improvement between 2019 and 2020 as well as into 2021, as shown in the following table.

	1 January 2019 (US dollars)	1 January 2020 (US dollars)	1 January 2021 (US dollars)
Number of implementing partners with cash in hand (OFA)	2	10	19
Total amount of TA funds held as cash in hand (OFA at) beginning of year	79,802	184,020	757,245
Average amount of funds in hand per implementing partner	39,901	18,402	39,855

The overall expenditure of DFAT-TA funds has increased between 2019 and 2020, from US $3,206,170 to US $4,372,919, despite the impact of COVID-19. This constituted an increase of 36 per cent. Though this was largely due to bringing the regional technical partners fully on board to support the implementation of the TA, the national implementing partners are also improving their absorption capacity, such as the Ministry of Health in Vanuatu. This is not yet a consistent trend across all partners, however. Progress has been significantly affected by the severe impacts of COVID-19 restrictions on programme roll-out.

Total expenditure by IP	2019 (US dollars)	2020 (US dollars)	Year-on-year Increase (US dollars)	Percentage Increase
Overall DFAT-TA expenditure	3,206,170	4,372,919	1,166,749	36%

An unintended benefit of adapting to the COVID-19 context has been innovations in implementation modalities to adjust to the limitations of travel. The system of pooled technical assistance that evolved from the partnerships established with the regional technical partners will remain a resource that will serve the Pacific sub-region in future cycles of investments in family planning.

UNFPA has instituted advances of two-quarter disbursements, enabling more flexibility for partners while also assuring expenditure monitoring and reporting. All partners have been requested to develop two-year work plans for the 2021-2022 period, further enabling the smooth flow of funds to them.

- **Disbursement delays internal to implementing partners**

Reasons for delays internal to implementing partners include financial rules between finance and line ministries. Better understanding of these systems has enabled UNFPA to support partners in reducing delays, including in Vanuatu, where such delays are known by development partners across various sectors. In 2020, disbursements between the Ministry of Finance and Ministry of Health took just two

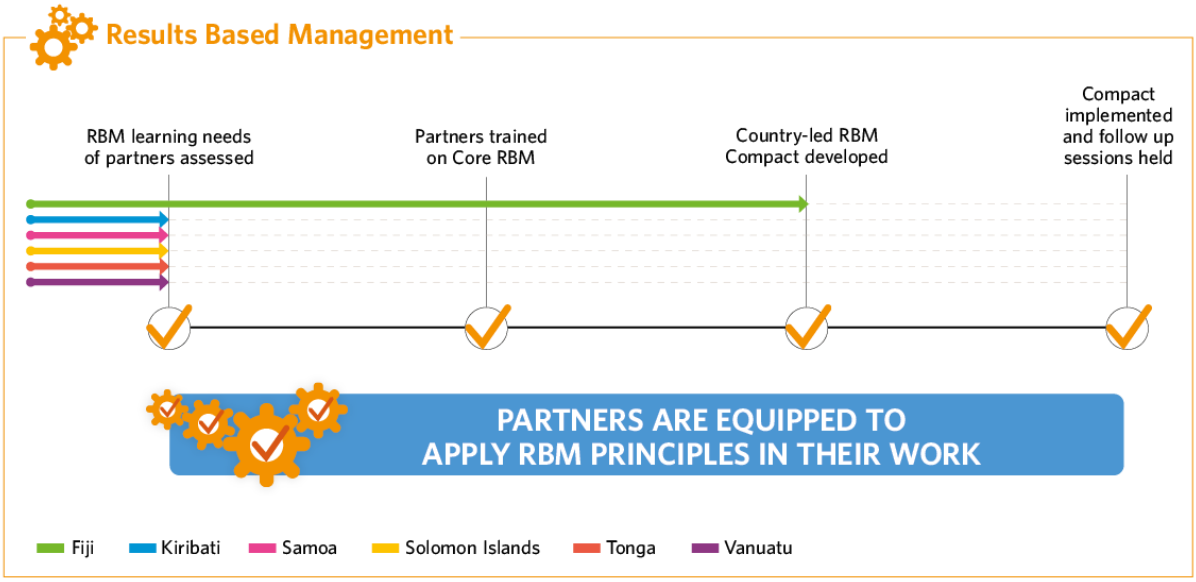
weeks compared to four months in 2019, fuelled in part by the imperative of Tropical Cyclone Harold and the need to get support into the field. Lessons learned have been applied by UNFPA offices in their relationships with government counterparts. Building knowledge of processes will prevent future obstacles to funding disbursement.

The disbursement delays between the main implementing partners and subimplementing partners in individual countries have been addressed by enhanced coordination roles by lead agencies, such as the Ministry of Finance in Samoa and Ministry of Health in Tonga. Such systems are the basis for improvements in other countries, where the establishment of a lead implementing agency, as per midterm review recommendations, remains a pending matter for resolution.

Building partner and UNFPA capacities in countries

Limited country capacities to absorb and use funds to achieve results have posed systemic challenges in the Pacific, not just for the United Nations, but also for bilateral and multilateral development agencies. The following steps are being taken to redress this issue:

- Approval from DFAT and recruitment in country of an additional 10 staff positions within key line ministries to ensure programme implementation. This has been communicated to all countries and they are currently in the process of recruiting these staff.
- Roll-out of results-based management training across all countries by 30 June 2021. This training was first conducted in Fiji in November 2020 followed by Tonga, Vanuatu and Samoa in February/March 2021. Solomon Islands will follow in April and Kiribati in May. The PSRO has implemented an office-wide results-based management assessment that looks at the weaknesses of systems and processes, and that will inform the work of a new M&E consultant.



- Recruited a full-time senior international M&E specialist as of 9 April 2021, with a focus on improving systems and building capacities across the DFAT-TA, and ensuring that lessons learned from the TA feed into the overall UNPFA PSRO system for M&E.

- Review of the DFAT-TA Monitoring and Evaluation Framework, including the corresponding metadata. High-level meetings with government counterparts will help ensure that each indicator is translated into national targets and commitments. Samoa, Solomon Islands add Vanuatu have already conducted meetings to discuss the revised framework and Fiji, Kiribati, and Tonga will do so by the end of April.
- Continued support of in-country UNFPA programme finance associates has improved the financial monitoring of expenditures, reduced financial findings, and helped resolve outstanding audits and spot checks. In July 2019, there were 11 unresolved financial findings from audits and spot checks. Only 1 remains, with the Ministry of Finance in Kiribati. This final case is expected to be resolved by April 2021.

In terms of overall programme management and delivery, UNFPA has taken the following steps:

- Developed a detailed Management Response and Action Plan based on the midterm review, which will guide further improvements and investments in capacities as of March 2021.
- Held periodic strategic oversight meetings with the Regional Director of the Asia Pacific Regional Office, and with the Deputy Executive Directors of Programme and Management at UNFPA headquarters.

These efforts under the DFAT-TA programme are streamlined with other DFAT investments including:

- UNFPA Supplies, to ensure supply chain continuity and reduce stock-outs.
- The DFAT Telehealth programme rolled-out under COVID-19 reprogrammed funds, which supports the shifting of service delivery modalities from in-person to remote consultation. This is highly relevant given dispersed populations in the Pacific. It holds strong potential to improve links between family planning clients and service providers.
- DFAT Women-Friendly Spaces in Fiji from April to June 2021, which are expected to benefit 1,000 women through access to family planning. An initial core-funded roll-out has already reached 2,034 new family planning users within just seven weeks. The full target of 3,034 new users will increased the contraceptive prevalence rate in Fiji within just six months. This will also complement the TA resources that are being reprogrammed post MTR to continue to strengthen this outreach work with transition funding.

Based on the midterm review, the shift from upstream policy advice towards supply and demand is in line with the COVID-19 context, and reflects the priorities of women and girls in the six countries. This reorientation entails providing increased direct support to family planning service delivery, augmenting government investments, defending achievements and preventing the roll-back of progress.

Prevention of sexual exploitation and abuse: In compliance with UNFPA Implementing Partner Agreements, all TA national and regional implementing partners must abide by UNFPA policies on prevention of sexual exploitation and abuse (PSEA). UNFPA maintains a PSEA trained focal point network, monitored through performance reviews. IEC materials continued to be distributed throughout 2020 to raise awareness of the critical responsibility of UNFPA to implement PSEA policies internally and with partners, and to report abuses through UN procedures. New updated materials will be redistributed in 2021. From 2021 onwards, all UNFPA civil society implementation partners will undergo an assessment and receive training to ensure their capacity to implement the eight core standards of PSEA.

8. Opportunities for 2021-2022

The fourteenth Pacific Health Ministers Meeting, hosted by Tuvalu in 2021, will review progress in implementing the Healthy Islands Monitoring Framework and the Yanuca Declaration and is an opportunity to continue to advocate for zero unmet need for family planning.

UNFPA will support national ICPD25 consultations and follow-up actions on country commitments. A Regional Review of ICPD25 commitments is proposed for 2021. Additionally, UNFPA will carry out deeper analysis and validation at the country level of the family planning and maternal health costing studies developed in 2020, which will feed into the development of costed RMNCAH implementation plans which are funded by the TA and will also be used to advocate for transition financing for contraceptive supplies.

In 2021, the UNFPA Supplies Partnership programme will continue to work in tandem with the TA programme, and will support quarterly spot checks in all six countries. The programme will provide technical support to countries in supply chain system design, including through expanding mSupply for end-to-end visibility of logistics data for reproductive health commodities, and Tupaia for the visualization and display of service statistics and logistics data for SRH programmes. UNFPA Supplies will continue to provide contraceptives as an in-kind donation to the six DFAT-TA countries based on quarterly reports from country warehouses. UNFPA Supplies will also support quantification and technical support for deployment of reproductive health kits as well as country level training on MISP in humanitarian interventions to support the COVID-19 response, cyclones, etc).

In the event of humanitarian emergencies in 2021-2022, particularly during the cyclone season, DFAT (either through the TA or other funding opportunities) may be engaged to support the immediate restoration of family planning services and access to life-saving SRH services in countries where these could be adversely affected. Women Friendly Spaces, as extensions of the health stations for SRH and GBV services in the aftermath of a humanitarian emergency, can be scaled up to ensure the continuity of family planning counselling and services in disaster-affected communities.

Annex 1:

Kiribati key health indicators (HMIS data source) aligned with regional, global and/or UNFPA frameworks

The following indicators use standard indicator definitions, unless indicated

Core health indicators in approved and current national frameworks: **KV20 2016-36, KDP 2015-19, NHSP 2016-19**	Core indicators in proposed or draft national frameworks: **RMNCAH Policy and Strategic Plan 2018-22 (incomplete), and NHSP 2022-23**	Shared Indicators
Adolescent fertility rate	Adolescent fertility rate	ICPD (APPC), SDG, UNFPA, GSWCAH, UNPS, HIMF, SRP6, TA
Anaemia prevalence in pregnant women[27]		GSWCAH
Births attended by skilled health personnel	Births attended by skilled health personnel	ICPD (APPC), SDG, UNFPA, GSWCAH, UNPS, HIMF, SRP6
Contraceptive prevalence rate (sexually active, modern method)	Contraceptive prevalence rate (sexuality active, modern method)	UNFPA, TA
	Couple-year protection	TA
Coverage of essential health services[28]		SDG, UNFPA, GSWCAH, HIMF
	Demand for FP satisfied with modern methods	SDG, UNFPA, GSWCAH, UNPS, SRP6, TA
Early initiation of breastfeeding[29]		GSWCAH
	EmONC coverage, as per international minimum standards[30]	UNFPA, GSWCAH
Exclusive breastfeeding rate	Exclusive breastfeeding rate	GSWCAH, HIMF
Infant mortality rate	Infant mortality rate	HIMF
Low birth weight among newborns	Low birth weight among newborns	GSWCAH, HIMF
Maternal deaths	Maternal deaths	HIMF
	Maternal deaths averted	UNFPA
Maternal mortality rate	Maternal mortality rate	UNPS
Neonatal mortality rate	Neonatal mortality rate	SDG, GSWCAH, HIMF
	SDPs offering at least 3 integrated SRH services	SRP6
	SDPs providing quality-assured, adolescent-friendly, integrated SRH services	UNFPA, GSWCAH[31], TA

[27] Check Kiribati measurement against standard: haemoglobin concentration less than 110 g/L for pregnant women, adjusted for altitude and smoking
[28] No metadata – check with HIU definition of compound indicators
[29] Kiribati defined as "exclusive breastfeeding rates at birth" – check data source with HIU
[30] Kiribati defined as "SDPs meeting standards for bEmOC functions; hospitals meeting standards for cEmOC functions"
[31] Defined as 'Essential Package' of SRH services

Core health indicators in approved and current national frameworks: **KV20 2016-36, KDP 2015-19, NHSP 2016-19**	Core indicators in proposed or draft national frameworks: **RMNCAH Policy and Strategic Plan 2018-22 (incomplete), and NHSP 2022-23**	Shared Indicators
SDP stock-out by FP method or product	SDPs providing the ESP for survivors of sexual and gender-based violence	UNFPA[32], TA[33]
		UNFPA, TA

Global, regional and UNFPA indicators for which data is not currently reported in the MS1 form

This table reflects the data gaps in the MS1 for reporting on the following indicators. This needs to be reviewed in discussion with the HIU and RMNCAH program, with reference to current and preferred data sources. A shaded cross in the table illustrates the framework in which the indicator is represented.

Indicators such as cEmONC coverage (GSWCAH, UNFPA), SDPs providing the ESP for survivors of SGBV (GSWCAH, UNFPA), SDPs providing essential SRH services/at least 3 integrated SRH services (ICPD/SRP6), and coverage of essential health services (ICPD, SDG, GSWCAH, HMIF, UNFPA) are verified during facility assessments, supported by available registers. MS1 currently reports on services provided as opposed to preparedness/availability of services at that facility. For planning and decision-making purposes, additional information could be included in the MS1 form as required.

Thematic area	Indicator	SDG	GSWCAH	APPC	HIMF	UNPS	UNFPA		
							2018-22	SRP6	TA
1. Safe Motherhood	Birth registration coverage[34]	X		X	X	X		X	
	Anaemia prevalence in pregnant women[35]		X						
	Antenatal client, syphilis screening		X						
	Early initiation of breastfeeding		X						
	Postnatal care coverage (mothers & newborns)[36]		X						
	EmONC coverage		X				X		
	Maternal death notification						X		
	Maternal deaths averted with the						X		

[32] Defined as public facilities
[33] Defined as sexual violence only
[34] Notification of birth not recorded
[35] Anaemia can be recorded on report of births, but is likely to be underreported
[36] Data available for mothers only, not disaggregated by timing of visit

Thematic area	Indicator	SDG	GSWCAH	APPC	HIMF	UNPS	UNFPA		
							2018-22	SRP6	TA
	contribution of UNFPA[37]								
3. Adolescent SRH	HPV vaccine coverage among adolescents		X		X				
4. FP & RHCS	Contraceptive prevalence rate (married or in-union, any method)[38,39]								
	Contraceptive prevalence rate (sexually active, any method)				X				
	Contraceptive prevalence rate (sexually active, modern method)						X		
	Acceptance and support for access to and use of contraception, including for youth and people living with disabilities[40]								X
	Contraception first time user[41]								X
	Couple-year protection, contraceptives procured by UNFPA						X		
	SDP stock-out by family planning method or product[42]						X		X

[37] The UNFPA indicators of maternal deaths averted, unintended pregnancies averted, and unsafe abortions averted are calculated using the MSI Impact II Model, which required data on contraceptive method use disaggregated by new adopters and continuers. Data on clients who changed providers is also required to calculate UNFPA program impact and market share (Marie Stopes p.16 https://www.mariestopes.org/media/2191/methodology-paper_july-2018.pdf), which is currently not recorded in the MS1 for IUCD and Jadelle, vasectomy or tubal ligation

[38] Surveys are preferred data source for contraceptive prevalence. For annual reporting, proxy of contraceptive contacts is used. Data for contacts in a given year are sourced from current users of [services provided—check this] independent of those users having contact with the health facility each month [check this with HIU]. This leads to a significantly higher number of contacts reported than actual contacts at the health facility. **This can be improved by reliable reporting on new and returning contacts.*

[39] New definition of unmet need being used by DHS now includes unmarried women

[40] Listed as administrative data source, unclear of calculation/data source(s) – check with HIU

[41] Unclear definition (person/method) – check with HIU against standard definition: The number of persons who accept for the first time in their lives any (program) contraceptive method.

[42] Relevant to RHCS – include in this list?

Thematic area	Indicator	SDG	GSWCAH	APPC	HIMF	UNPS	UNFPA		
							2018-22	SRP6	TA
	SDPs with at least one staff member available and fully trained in youth-friendly, disability-inclusive FP service provision[43]								X
	Unintended pregnancies averted[28]						X		X
	Unsafe abortions averted[28]						X		
5. STIs and HIV/AIDS	Gonorrhoea incidence				X				
	HIV Prevalence among pregnant women				X				
	Syphilis incidence								
6. SGBV	Rape survivors who received HIV PEP		X						
	SDPs providing the ESP for survivors of sexual violence		X				X		
	Women and girls subjected to violence who have accessed the essential services package[44]						X		
7. Gynaeco-logical morbidities and disorders	Public facilities providing cervical cancer screening services[45]						X		
8. Health system and other	Coverage of essential health services[46]	X	X		X		X		

[43] Inclusion of staffing data should be considered in MS1, to provide a viable means of allocating costs to MHMS activities (Joint WB/WHO Team 2015 – Health sector support program)
[44] Survey data (HMIS documented contacts, services provided – use for purpose of annual reporting)
[45] Reported # of pap smears undertaken (does not indicate availability/provision of service).
[46] Check current data source/calculation with HIU (not reported in KAHB)

Thematic area	Indicator	SDG	GSWCAH	APPC	HIMF	UNPS	UNFPA		
							2018-22	SRP6	TA
	SDPs providing essential SRH services[47]								
	Mobile services with at least one staff member providing youth-friendly, disability inclusive SRH, able to provide 3-5 contraceptive methods[48]								X
	Routine patient satisfaction surveys for SRH that are publicly available[49]						X		
	SDPs offering at least 3 integrated SRH services							X	
	Women, adolescents and youth who have utilised integrated SRH services supported by UNFPA[50]						X		

[47] This indicator specifies the availability of SRH services at the level of primary healthcare facilities. It is meant to include the availability at the local level of maternity care, provision of contraception, HIV counselling and testing, STI testing and family planning counselling (ICPD M&E Framework – not clearly defined, confirm current reporting)

[48] Inclusion of staffing data should be considered in MS1, to provide a viable means of allocating costs to MHMS activities (Joint WB/WHO Team 2015 – Health sector support program)

[49] How is this currently monitored?

[50] Survey data (HMIS documented contacts, service provided – use for purpose of annual reporting)