DFAT:

Transformative Agenda

2021 Annual Report

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Acronyms and abbreviations

ABCID	ABC International Development
BCC	Behaviour change communication
CSE	Comprehensive sexuality education
CSO	Civil society organization
CYP	Couple years protection
DFAT	Department of Foreign Affairs and Trade (Government of Australia)
DHS	Demographic and Health Survey
FLE	Family life education
FP	Family planning
FPNSW	Family Planning New South Wales
GBV	Gender-based violence
GDP	Gross domestic product
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
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, queer
M&E	Monitoring and evaluation
MFAT	Ministry of Foreign Affairs and Trade (Government of New Zealand)
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
NGO	Non-governmental organization
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
SDP	Service delivery point
SFHA	Samoa Family Health Association
SIPPA	Solomon Islands Planned Parenthood Association
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
SWOT	Strengths, weaknesses, opportunities and threats
TA	Transformative Agenda
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

The "Transformative Agenda for Women, Adolescents and Youth in the Pacific" supports the improved realization of sexual and reproductive health and rights (SRHR) for women, adolescents and youth across the Pacific. The programme, managed by the United Nations Population Fund (UNFPA) Pacific Sub-Regional Office (PSRO), invests in six priority countries: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. The primary objective is to reduce unmet need for family planning over 51 months from 2018-2022, drawing on an AUD $30 million investment.

Three synergistic programme outcomes are: 1) the increased and improved *supply* of integrated sexual and reproductive health (SRH) information and services, particularly for family planning; 2) the increased *demand* for integrated SRH information and services, particularly for family planning; and 3) a more conducive and supportive *environment* for people to access and benefit from quality SRH, especially contraceptive choice.

This annual report covers programme activities from January to December 2021.

Challenges and continued commitment

In 2021, the Pacific region continued to face COVID-19, as well as persistent threats from natural disasters. Significant government human and financial resources were diverted to vaccine campaigns and other COVID-preparedness and response activities, which affected TA programming. Particularly in Fiji, the Government was challenged to continue to provide essential SRH/FP services, during the second wave of COVID and after various tropical cyclone season.

At the same time, UNFPA and partners persevered to drive forward and deliver the expected targets included the monitoring and evaluation framework that was revised post-midterm review in 2021. The TA is currently has completed 19 indicators with a yes/no target that require no future work[1] (16%) and is on track for another 39 indicators with annual targets in 2021 to be achieved each year (33%), which are dark and light green in the MEF respectively.

Forty-four indicators (37%) are partially on track (yellow color). These are indicators which have achieved between 35 per cent and 75 per cent of their target and are likely to be achieved by the end of the programme in 2022. UNFPA and partners expect to achieve 73% of the programme indicators by the end of 2022. Currently, 18 (15%) indicators across the countries are not on track, which are indicators that have achieved between 35 per cent and 75 per cent of their target.

UNFPA and partners will continue to accelerate where possible, expecting to reduce this number to 1% by 2022. UNFPA will discuss with DFAT these slow progressing indicators for further consideration.

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

Baseline data available in TA countries to measure availability and quality of SRH/FP services: One of the major achievements of the programme in 2021 was the completion of the Health Facility Readiness and Service Availability Assessments (HFRSAA) in the six focus countries. The HFSRA assessed a total of 725 out of 872 health facilities (83.1 per cent) to provide information on the availability and quality of essential SRH and maternal health services, including SRH commodities and

[1] E.g. Country's in-school FLE is adapted to meet international standards.

supplies.[2] Information from the HFRSAA provides the baseline for several key indicators of the TA and UNFPA Supplies Programme, which can now be successfully tracked over time by spotchecks to highlight improvements as well as address bottlenecks. Fiji used HFRSAA data to inform its COVID-19 preparedness and response. Kiribati, Tonga and Vanuatu drew on the data to review and develop RMNCAH policies. In Kiribati, the data guided decisions to scale up FP services and select health providers for FP training. Successful implementation and use of HFRSAA data by TA countries have informed advocacy for the other 6 PICTs to replicate these assessments in 2022, which will continue to positively impact measuring SRH/FP data in the region.

Strengthening capacity on client centered, rights-based family planning: UNFPA, FPNSW and ministries of health continued to strengthen in-service FP training to reduce unmet for FP in the Pacific. Technical support has helped all six countries to contextualize and adapt FP training guidelines and tools in line with updated WHO guidelines; conduct champion/master training; and roll out competency-based FP training to primary and secondary health-care services. To date, 117 champion and master trainers have been trained out of the planned 120 (92%), and master trainers have started the nationwide roll-out of trainings for service providers in Kiribati. Of the 117 trainers trained, 31 are in Fiji; 9 in Kiribati; 9 in Samoa; 23 in Solomon Islands; 23 in Tonga and 15 in Vanuatu. The nationwide training roll-out will start in 2022 in all other countries. The percentage of SDPs that have at least one member of staff who can provide youth friendly, disability inclusive FP services is: 13 per cent in Fiji, 5 per cent in Kiribati, 50 per cent in Samoa, 4 per cent in the Solomon Islands, 71 per cent in Tonga and 4 per cent in Vanuatu, which will have an important impact on client focused, rights-based FP counselling and services. There were previously no trainers and no data on numbers of health workers in these countries with capacities to provide integrated youth friendly and disability inclusive FP services.

Aligning midwifery curricula with international standards to improve quality of care: In 2020, UNFPA supported the review and analysis of midwifery curricula in Kiribati, Samoa, Solomon Islands and Tonga. These four countries validated the review reports in 2021 achieving the first half of a two-part indicator. Recommendations were made on alignment to global standards on FP, inclusion of adolescent SRH, disability inclusion and addressing violence against women. Curriculum renewal has started in Kiribati and Tonga and will be initiated in 2022 for Samoa and the Solomon Islands. Curriculum review will also be initiated in Fiji and Vanuatu in 2022. The recommended generic template used for the curriculum update and renewal in all countries has a dedicated module on sexual and reproductive health and rights and focused on appraising all available family planning methods including ECs and discussing considerations required when counselling women and girls regarding family planning and reproductive choices

Strengthening supportive supervision to improve quality of care in SRH/FP services: FPNSW is leading the strengthening supportive supervision on SRH/FP, linking it to the newly developed FP training packages. In 2021, it developed a draft supportive supervision toolkit and training plan and held initial consultations in Fiji and Solomon Islands. The toolkit consists of SRH checklist; the Youth Friendly SRH checklist; the Client Satisfaction Survey; the Health Facility action plan and Health Worker Development plan; which are geared towards monitoring the performance of health workers based on the skills they have acquired during the FP trainings and supporting them to utilise these skills correctly. The tools will also facilitate feedback on client satisfaction or dissatisfaction with service provision, in order to improve health facility performance. Solomon Islands revised and piloted the

[2] The 2020 DFAT TA report indicated higher figures of facilities visited, "HFSRAA assessed 872 out of 936 health facilities (93%) across the six DFAT focus countries." This is because Solomon and Vanuatu used preliminary data that are being corrected to reflect the actual number of functional facilities visited.

use of the supportive supervision tools. It trained 13 participants (10 females and 3 males) on the tools which will be applied in 2022 to improve the quality of SRH/FP services. Discussions were reinitiated with all other countries, except Tonga, on developing supportive supervision tools and training.

Developing adolescent and youth friendly SRH guidelines: FPNSW held discussions with health ministries in Fiji, Kiribati and Samoa to lay the groundwork for developing and adapting youth-friendly guidelines that are disability inclusive as an entry point for institutionalizing SRH for adolescents and youth. Solomon Islands lead the way finalizing the guidelines and corresponding support supervision checklist. Training of trainers on youth-friendly health services was provided to 10 service providers at the national level. These trainers will train other health workers on youth-friendly health services, in 2022, thus contributing directly to indicators to increase the percentage of secondary and tertiary SDPs providing quality-assured, adolescent-friendly, integrated SRH services and the percentage of SDPs that have a member of staff available and fully trained on providing youth-friendly, disability-inclusive FP services.

Continuation of delivery of family planning services in times of crises: In 2021, regional humanitarian work focused on strengthening national health system readiness and response capacities for sustaining essential SRH/FP services during crises. In Fiji, 23 retired midwives were deployed to support the continued provision of SRH/FP services in response to the tropical cyclones and during the second wave of the COVID-19 outbreak. Their return to service ensured that SRH/FP services could remain open at critical times in 2021. The midwives reached an estimated 16,157 people with 39,865[3] services, including FP, antenatal care, labour and delivery, postnatal care and COVID-19 vaccination for pregnant women. Approximately one in every seven persons required FP services. In recognition of her service, retired midwife Karalaini Macanwai received the Independence Day Medal for Community Service from the President of Fiji for her service.

Eighty-three representatives of governments, non-governmental organizations (NGOs) and communities participated in MISP trainings in Samoa and Tonga, which lead to key commitments to take forward MISP actions plans preparedness. To further enhance MISP training in the Pacific, a disability inclusion module was developed, translated into nine Pacific languages and piloted in Kiribati and Solomon Islands. Participants demonstrated increased understanding of the concept of disability, the SRH challenges and needs of people with disabilities, and disability inclusion in MISP.

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

Political commitment to support implementation of in- and out-of-school family life education[4] that is aligned with international standards: Securing political commitment has been the cornerstone of comprehensive sexuality education (CSE)/family life education (FLE)[5] success in this reporting period, helping to shift institutional attitudes and programming norms to ensure there is a supportive environment for the revision and implementation of CSE/FLE and building sustainability and national ownership. Key strategic results included the creation and operationalization of multi-sectoral CSE/FLE committees in Kiribati, Samoa and Vanuatu to provide oversight to CSE/FLE implementation and lead national and sub national level advocacy.

[3] This number is extrapolated from Phase II data estimating that an average of 2.5 services are provided to one client.

[4] CSE and FLE are both used for countries to identify with the terminology of their choice, i.e., FLE, while acknowledging alignment to international standards with TA support defined under CSE.

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In school CSE/FLE: Countries continue to advance in the alignment of in-school CSE/FLE in line with international standards. Five countries used the CSE/FLE content gap analysis to inform scoping and sequencing for targeted syllabi, resulting in draft syllabi for Kiribati (grades 9-12), Samoa (grades 10-12), Solomon Islands (grades 1-12) and Vanuatu (grades 11-13). All eight CSE/FLE concepts from the International Technical Guidance on Sexuality Education have been included in CSE/FLE targeted syllabi in Kiribati, Samoa, Solomon Islands and Vanuatu. Kiribati piloted revised CSE/FLE integrated syllabi in years 10 and 11 in targeted outer island schools. Kiribati, Samoa and Vanuatu developed teacher guides in 2021. In Samoa, drafts are available from grades 1-8, pending finalization. Vanuatu has developed term 1 teacher guides for years 11 and 12. Kiribati has created teacher guides for terms 1 and 2 for grades 10 and 11. In Kiribati, associate lecturers trained in 2020 conducted CSE/FLE trainings for 82 teachers in 2021. FPNSW supported Vanuatu to conduct a master training for 25 teachers and health workers.[6] These 25 teachers will roll out the training to other teachers in 2022.

Out-of-school Comprehensive Sexuality Education/Family Life Education: Fiji, Samoa, and Vanuatu finalized modules for out-of-school CSE/FLE curricula in line with international standards for CSE, an important step for the region. FPNSW then facilitated validation trainings[7] in the three countries with 42 participants (12 in Samoa, 10 in Solomon Islands and 20 in Vanuatu).[8] The trainings equipped staff of relevant government programmes, CSOs and youth organizations with knowledge, skills, attitudes and resources to deliver effective CSE/FLE to young people in out-of-school settings, using the out-of-school CSE/FLE resource package, which will be rolled out in 2022. When Solomon Islands was in the process of validating the curriculum, civil unrest and violence occurred and the workshop was interrupted.

Creating awareness and education on family planning: With technical support from Nossal and ABC International Development (ABCID), Kiribati successfully completed its Behaviour Change Communications (BCC) Strategy and Implementation Plan. Tonga and Vanuatu finalized their draft strategies, which are pending government approval. Fiji, Samoa, and Solomon Islands, drafted BCC strategies and implementation plans slated for completion in 2022. Inclusive processes to develop the strategies brought together government and CSO partners to conduct formative research, and review and validate proposed strategies, messages and channels of communication. This enhanced capacities to successfully implement the strategies. In all six countries, information and messages on FP and SRH reached 67,858 people, mostly women and young people through community activities, IEC products and social media supporting demand generation for FP services and overachieved the target 3.7 times (target: 18,500).

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

Enabling a supportive environment for sexual and reproductive health: The development of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) policies and strategies in Fiji, Kiribati, Tonga and Vanuatu in 2021 contributed to an improved environment for SRH, including FP, adolescent sexual and reproductive health, GBV, supply chains for the sustainability of contraceptive supplies and a greater focus on disability inclusions. HFSRAA findings and recent

[6] In Vanuatu, FPNSW used TA funds to develop training materials and facilitate the training. Spotlight funds were used for organizing the venue and supporting participants to attend the training.

[7] A validation training is a hybrid activity that combines validation of modules for OOS CSE and training of facilitators was designed to accelerate implementation while completing the development of the modules in the out of school curriculum. However, in 2022 the program has reverted back to separation of these activities where validation is different from training.

[8] Note: This activity was cost shared between the TA programme and the Spotlight programme for Samoa and Vanuatu. FPNSW staff who delivered the training were supported by the TA programme. The Spotlight programme covered training venue costs and participant expenses. Therefore, these are recorded as results for both programmes.

Multiple Indicator Cluster Surveys/ Demographic and Health Surveys informed the process by providing data on gaps in the availability and quality of SRH/FP services at the facility level. A major milestone for adolescents and youth in the Vanuatu RMNCAH policy is a clear specification that adolescents aged 13 and over can obtain contraception without parental consent. Further, the legal Health Committees Act that guides the cost of services will be reviewed towards making SRH/FP commodities and services free for adolescents.

Strengthening health management information system to improve SRH/FP data: Fiji, Kiribati, Solomon Islands and to a limited extent Vanuatu worked on health management information system (HMIS) strengthening in 2021. Initial capacity-building workshops guided staff to critically assess their own data needs and use of existing data. As a next step, gap analyses of HMIS components on SRH and GBV took place in all four countries. They considered information collected through surveys, discussions and the workshops. This work creates a foundation for strengthening HMIS to produce key SRH/FP indicators and redesign monitoring tools to inform policy and programming.

Tracking advances in SRH/FP services through spotcheck with Tupaia MediTrak: All six countries conducted random spot checks of health facilities in 2021 but not quarterly or mid-year as planned due to competing health ministry priorities, the reallocation of staff due to COVID-19 and travel restrictions. Solomon Islands and Tonga conducted spot checks with Tupaia MediTrak using the Reproductive Health Module, generating additional data points to compare against the HFRSAA baselines highlighting improvements as well as identifying bottlenecks to be timely resolved. For example: in Solomon Islands there was an important increase from 10 percent to 75 percent for secondary and tertiary SDPs providing at least five methods. Once spot checks become embedded in the routines of health ministries, data between years is expected to show more stable improvement that can be more suitably compared to the baseline.

Needs assessments of sexual and reproductive health and gender-based violence of women and young people with disabilities: Women Enabled International, the Pacific Disability Forum and local disabled people's organizations to carried out needs assessment on SRH and GBV for people with disabilities in Fiji, Samoa and Vanuatu. The Samoa report has been finalized and published and full draft reports were completed for Fiji and Vanuatu in 2021 and will be finalized in Q1 2022. The needs assessments identified barriers to SRH and GBV services for women and young people with disabilities including attitudinal barriers, information and communications barriers, and physical barriers and legal barriers. Based on the findings, each country has formulated priority recommendations, of which multiple recommendations were underway in 2021 or are incorporated into work plans for 2022. For example, Fiji is implementing a community-based SRH outreach pilot to expand demand for and access to SRH services among women and young people with disabilities. SRH officers with disabilities will conduct outreach activities to women and young people with disabilities in their communities and will work with divisional officers and/or local staff of the MHMS on disability inclusion in the area of SRHR and SRH services. Additionally, recommendations included ensuring new RMNCAH strategies, mainstreamed disability inclusion as well as other SRH/FP research and training curricula. Specific examples are provided in the section on twin track approach to leaving no one behind.

Follow-up on the TA midterm review and strengthening results-based management: UNFPA and partners developed two-year workplans (2021-2022) that align with the revised programme scope after the mid-term review. UNFPA took measures to strengthen results-based management in 2021. It worked with all partners in the six countries to revise the monitoring and evaluation framework in line with programme reprioritization and measurable targets. UNFPA also contracted a senior M&E consultant. Internal M&E systems were reviewed; an improved tracking system for TA results was created; and the capacity of UNFPA staff and implementing partners to improve reporting through

workplan progress reports was strengthened. Results-based management capacity-building workshops in four countries involved line ministries, NGO partners and UNFPA staff.

Increased expenditure and responsible stewardship of resources: The overall expenditure of DFAT-TA funds has increased between 2020 and 2021, from US $4,378,660 to US $5,573,308, with increases in several countries despite the on-going pandemic of COVID-19. This has constituted an increase of 27 per cent in implementation of our activities in the financial year 2021. It highlights growing capacity of some IPs to implement more resources.

UNFPA worked closely with governments to improve disbursements, implementation and fund absorption through increased human resource allocations, regular coordination meetings and continuous capacity building. UNFPA increased the number of IPs that can roll over outstanding financial balances so they can spend resources at the start of a new year. In 2021, 19 implementing partners were able to continue programming US $757,245 in resources. This was a 9.5-fold increase from 2 partners in 2019 and a total of US $79,802.

UNFPA has made improvements in disbursements while seeing advances in implementing partners reporting on time. Average turnaround times for disbursements have declined, from 15 days in 2019 to 6 days in 2020, and remained at 6 days in 2021. UNFPA also continued to provide advances of two-quarter disbursements. Seventeen out of twenty national and regional IPs received such disbursements. Five full audits were completed in 2021. All five audits were unqualified.

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 the 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 (FP), 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 6 of 14 PICTs, contrary to the trend in most other regions. Fertility rates are growing in 4 out of 14 PICTs, given low contraceptive prevalence rates and some of the world's highest rates of unmet need for FP[9].

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 AU $30 million investment in UNFPA's PSRO is DFAT's single largest investment in SRHR to date.

The DFAT-supported "Transformative Agenda for Women, Adolescents and Youth in the Pacific" (TA) aims to improve SRHR in six priority countries: Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. The programme seeks to reduce unmet need for FP 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 FP
- Increased *demand* for integrated SRH information and services, particularly for FP
- 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 2021**. It highlights major changes in the region and individual countries, key achievements, progress towards the results framework, challenges and lessons learned, and management issues.

[9] Based on analysis of countries' latest National Population and Housing Census, Demographic Health Surveys, Administrative Data or Annual report.

2. Regional context

2.1 Political and humanitarian context

Changes in political leadership in 2021 included Samoa's first female Prime Minister, The Honourable Fiame Naomi Mata'afa. Tonga's King Tupou VI appointed Siaosi Sovaleni as the new Prime Minister for Tonga. In Samoa, the elections in April 2021 were followed by a three-month political impasse after the opposing party won with one seat. The sitting party appointed an additional woman to the parliament to meet the country's ten per cent female representation quota. The court broke the deadlock by voiding the additional seat. In the Solomon Islands, civil unrest erupted in November when protests over government policies turned violent, fuelled by poverty, unemployment and inter-island rivalries.

In 2021, Samoa and Solomon Islands underwent Universal Periodic Reviews by the Human Rights Council. Samoa participated in the thirty-ninth session of the Universal Periodic Review in November 2021, receiving 145 recommendations. At least 90 (62 per cent) related to the Nairobi Summit on ICPD25.[10] Samoa accepted 112 recommendations, including one to revise the existing family life education (FLE) curriculum to align with the United Nations International Technical Guidelines on Sexuality Education.

The Human Rights Council adopted the Universal Periodic Review of Solomon Islands on 30 September 2021. Of 160 recommendations by UN Member States, Solomon Islands accepted 106 and noted the rest. It accepted all recommendations to strengthen policies and coverage leading to universal health coverage. It did not accept recommendations to implement the commitment made at the Nairobi Summit to ensure access to appropriate information, education and adolescent-friendly comprehensive quality and timely SRH services for adolescents and youth.

[10] The twenty-fifth anniversary of the International Conference on Population and Development (ICPD).

Masked health workers in Fiji

COVID-19 pandemic

By 28 December 2021, Kiribati was one of only eight PICTs that had not reported any COVID-19 cases. Solomon Islands reported 24, with 7 in Vanuatu, 2 in Samoa and 1 in Tonga.[11] Fiji had one of the most significant community outbreaks of COVID-19 in 2021. After almost 12 months without community transmission, by 21 April 2021, Fiji had recorded three new locally transmitted cases that would result in widespread community outbreaks, causing 52,577 confirmed cases and 697 deaths by 10 December. By this time, 91.4 per cent of the population over 18 years had received two doses of the COVID-19 vaccine. Some public health measures were lifted, with international tourists starting to arrive and the mitigation phase prioritizing lower rates of preventable morbidity and mortality; reduced negative health, social and economic impacts; and accelerated recovery.

Tropical Cyclone Yasa and other humanitarian emergencies

During the 2020-2021 tropical cyclone season, Fiji experienced three tropical cyclones. Category 5 Severe Tropical Cyclone Yasa made landfall over Vanua Levu, Fiji, on 17 December 2020, affecting an estimated 93,000 people in northern Fiji and causing two deaths. It was followed by Category 2 Tropical Cyclone Ana on 30 January 2021 and Tropical Cyclone Bina on 1 February 2021. The three cyclones caused significant precipitation, high seas, storm surges and coastal indurations affecting many of the same households in the Northern Division. On 2 February 2021, the National Disaster Management Office reported there were 14,755 evacuees in 422 evacuation centers.

[11] WHO Western Pacific Regional Office, COVID-19 situation report for the Western Pacific Region #85: 22 December 2021 to 28 December 2021. The eight PICTs that had not reported any COVID-19 cases were Cook Islands, Kiribati, Micronesia (Federated States of), Nauru, Niue, Pitcairn Islands, Tokelau and Tuvalu.

The Hunga-Tonga-Hunga-Ha'apai volcano in Tonga erupted on 19 December 2021, creating a new island, about 65 kilometers northwest of Nuku'alofa.[12] Other events that required close and ongoing monitoring included increased activity in a number of Vanuatu's volcanoes, particularly Ambae Volcano. It was upgraded to Level 2 (major unrest) on 27 December 2021.[13] The Pacific also experienced a "double-dip" La Niña episode from mid-July 2021. Low-lying atoll nations such as Kiribati are at higher risk of drought, while Fiji, Samoa, Solomon Islands, Tonga and Vanuatu are at higher risk of flooding.[14]

2.2 Financing context

Household Income and Expenditure Surveys in seven PICTs have indicated that one in every four Pacific Islanders lives below the national poverty line. Youth unemployment averages 23 per cent compared with the 13 percent global average.[15,16] The economic impact of COVID-19 has snowballed into a larger economic crisis.[17] Although data are only available for a few Pacific countries, a 20 per cent fall in per capita household income/expenditure (or a combination of rising costs and falling incomes/expenditure) could increase basic needs poverty by 7-17 per cent.[18]

Universal health coverage (UHC) has become a dominant goal across Asia and the Pacific. It is more urgent than ever in the wake of the pandemic. In Asia and the Pacific, the spread of COVID-19 exposed challenges in health systems and the important interrelationships between health and economic prosperity. Households have been severely affected by increased health burdens and declining incomes, exposing them to greater risks of medical impoverishment and/or increasing the likelihood they will forgo essential health care. Across the region, countries have made strong commitments to universal health coverage yet critical challenges remain. Reforms have sought to increase financial protection, especially for the poorest, as well as to improve the availability and coverage of essential services. To achieve UHC, health services must be available, accessible, affordable, acceptable and equitable.

UNFPA advocates for TA countries to increase domestic financing for FP and SRH. In 2020, UNFPA and the Burnet Institute carried out an investment case study specifically on small island developing States that quantifies the affordable costs and multiple benefits of scaling-up family planning and maternal health interventions.[19] In 2021, the report was presented to Fiji, Samoa, Solomon Islands, Tonga and Vanuatu at a technical briefing as part of UNFPA's advocacy to engage further contributions. This

[12] This was followed by a significant eruption on 15 January 2022 that resulted in widespread ash fall and a 15-meter tsunami that affected around 84,776 people or 84 per cent of the population of Tongatpau, Ha'apai and 'Eua. This is not reported in the 2021 annual report since it occurred in early 2022.

[13] Government of Vanuatu, Vanuatu Volcano Alert Bulletin n°14 – Ambae Activity (27 December 2021). Available at: https://reliefweb.int/report/vanuatu/vanuatu-volcano-alert-bulletin-n-14-ambae-activity-december-27th-2021.

[14] Secretariat of the Pacific Regional Environment Programme, "Pacific Likely to Experience Double-dip La Nina." Available at: https://www.sprep.org/news/pacific-likely-to-experience-double-dip-la-nina-episode.

[15] World Bank (2017), *Pacific Possible: Long-term Economic Opportunities and Challenges for Pacific Island Countries.* Available at: http://www.worldbank.org/en/country/pacificislands/brief/pacific-possible.

[16] United Nations Development Programme (2017), *Financing the SDGs in the Pacific Islands: Opportunities, Challenges and Ways Forward.*

[17] Asian Development Bank (2000), *Asian Development Outlook*. Available at: https://www.adb.org/publications/asian-development-outlook-2020-innovation-asia.

[18] World Bank (2020), *Macroeconomic Impact Assessment of Covid-19 in Selected Pacific Island Countries.*

[19] 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.

investment case provides evidence to governments on how to prioritise interventions in the context of disrupted health systems in the wake of the COVID-19 pandemic, and how to ensure the inclusion of FP and maternal health services in essential health benefits packages and UHC. Continued advocacy efforts to encourage domestic contributions are planned for 2022.

Contraceptives

To date, most health ministry budgets are not explicit on allocations to SRH and FP, which are lumped under broad allocations, such as for family health. This limits tracking and comparison over time. UNFPA advocates with ministries to complement allocations to SRH/FP interventions or increase existing budgets. Health partners need to approach this issue strategically to ensure sustainable financing; it is a potential area of collaboration with the World Bank. Fiji has allocated FJD80,000 for FP supplies under the 2021/2022 national budget and has sought support from UNFPA to access third-party procurement for various SRH items.[20] So far, however, the 2021 allocation has been diverted to the COVID-19 response.

Additionally, UNFPA Supplies procures and distributes an estimated 99 per cent of all family planning commodities for the PICTs. In 2021, UNFPA provided US $263,801.34 in contraceptives to the six TA countries, making it a critical partner given the region's high unmet need for family planning. Countries use their own funds to transport commodities to health centres, an important, in-kind contribution.

[20] The allocation for FP supplies in the 2021/2022 National Budget was FJ $80,000. See: https://www.economy.gov.fj/images/Budget/budgetdocuments/estimates/BUDGET_ESTIMATES_2021-2022_Web.pdf.

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.
- Ensuring the capacity of SRH service providers to deliver FP services to women, adolescents and youth for all modern methods of contraception.

Under outcome 2 (supply):

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

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.

Putting women, young people and people with disabilities at the centre

All TA activities have sought to involve women, youth and persons with disabilities or representative organizations to ensure activities are connected to their needs and interests. For example, in Fiji young people were key responders in the aftermath of Tropical Cyclone Yasa by providing information on SRH and GBV to their peers. Young people were trained in humanitarian action and respond to the (SRH) health needs of young people. The RMNCAH Committee in Kiribati worked with youth groups and people with disabilities (Te Toa Matoa) amongst others in developing SRH/FP information and educational materials, and conducting advocacy in the wider community. In the Solomon Islands, young people and young persons with disabilities were invited to contribute, as members of the core working committee, to national guidelines and training packages, including the National Adolescent Health Guidelines and the out-of-school CSE/FLE training package. Disabled People's Organizations in Tonga were actively involved in the development of the new Tonga RMNCAH Policy and Strategy which now mainstreams disability throughout the document as well as includes a dedicated chapter on people with disability. In all countries, the BCC materials that target young people are developed with the support from young people. In Vanuatu, The Society for Persons with Disability was fully engaged in a BCC strategy workshop to validate the materials, ensuring that messaging was appropriate. This participatory approach within the TA programme contributes to empowering young

people and persons with disabilities to come forward, present their ideas and opinions, participate in decision-making, and make a difference for their peers.

UNFPA humanitarian staff member and a youth advocate exchanging experiences at Dreketi Women-Friendly Space

Sex, age and disability disaggregated data

UNFPA's implementing partners in the countries collect sex-disaggregated data which help guide interventions. Where possible disaggregation is also done by age and disability. For example, in Kiribati the Ministry of Health and Medical Services collects SRH/FP data each month from all public health facilities. Data are disaggregated and analysed by sex and age, and capture methods of contraception used by adolescents (aged 15-19) and young people (aged 19-25). One of the findings based on the data analysis is the preference of injectable contraceptives as opposed to contraceptive pills. In Fiji, disaggregation by disability takes place in broad country exercises such as population-based censuses and surveys or if requested by UNFPA for reporting on programme outcomes.

Twin-track approach to leaving no one behind

The TA applies a twin track approach to ensuring that no one is left behind in reducing unmet need for family planning. The programme both mainstreams the needs of young people and people with disabilities across the interventions as well as implements targeted interventions specifically aimed at young people and people with disabilities. In addition, the TA recognizes the influence violence has on women's SRH/FP by addressing GBV into respective interventions.

The first approach aims at mainstreaming young people, disability and GBV across the TA programme. During local consultations, information and advice is sought from local Disabled People's Organizations (DPOs), youth and SRH/women's rights organizations. Below are examples of a few key interventions.

Health Facility Readiness and Service Availability Assessment: Health facilities were assessed on the availability of services, guidelines, equipment, commodities, and trained staff. Services for adolescents, youth, and people with disabilities as well for GBV were included in the assessment. For instance, as for the needs of people with disabilities, health facilities were assessed on structural provisions (e.g. ramps), and information and communication barriers (e.g. sign language interpretation, IEC materials in braille and/or contrasting colours). Some key findings of the HFRSAA indicate that for example 4% facilities in Kiribati, 28% of facilities in Fiji, and 65% of facilities in Tonga are accessible to persons with a physical disability. In terms of GBV, none of the health facilities in Tonga and Vanuatu are considered GBV services ready. In the Solomon Islands only 1.5 per cent are offering adolescent health services in line with global standards.

Reproductive Maternal Neonatal Child Adolescent Health Policy development: The results of the HFRSA assessments were instrumental to increase awareness of policymakers of the importance of addressing young people's needs and disability-inclusion mainstreaming in the RMNCAH policies. For example, the Vanuatu RMNCAH policy states that youth-friendly services should be able to address various health needs of adolescents and young people, including people with disabilities. The policy made significant improvement compared to the last one as adolescents are now allowed to access FP without the consent of their parents. The policy also mentions that the engagement of representatives of key vulnerable and target groups (such as people with disabilities) is required to plan and lead engagement with community leaders, parents and schools on contraceptives. In Tonga, the RMNCAH policy explicitly mentions that contraceptive information and services will be made available, accessible and acceptable for people with disabilities and will strengthen disability-friendly skills and communication of healthcare workers. The RMNCAH policies also integrate GBV to improve women's health.

Family planning training: The training is youth-friendly, disability-inclusive, GBV-inclusive, and addresses male involvement in women's health. The needs of adolescents, youth, people with disabilities, survivors of GBV, and men are addressed in the content and assignments of the family planning training package. For example, the diverse groups chapter, specifically provides guidance on service provision to young people (e.g. use terms that suit young people) and men as partners in women's health (e.g. invite their support). The same chapter also guides the participants on service delivery to people with sensory disabilities, physical disabilities, intellectual disabilities (e.g. use simple words), psychosocial disabilities, who are blind or have difficulty seeing, and who do not speak clearly. A dedicated chapter to violence is included in the training providing insights on how to respond to a disclosure of violence or harm.

Midwifery curricula: A comprehensive review of national midwifery curricula, in line with national and international documents, reports and policies, is undertaken to integrate family planning, adolescents and youth health, disability, GBV and humanitarian response as well as to more closely align curricula with international standards. Kiribati, Samoa, Solomon Islands and Tonga midwifery curricula review reports indicate the need to strengthen the integration of youth, disability, and GBV in the new curricula. The reports include a proposed curriculum structure which mainstreams all these into the modules.

Family planning behaviour change communication strategies: In the FP BCC strategies and implementation plans, women, youth and people with disabilities are identified as a primary target group who are at risk of unintended pregnancy and were engaged in research and consultations to inform the strategy development. While key messages are in most cases the same for people with and without disabilities, a conscious effort is made to mainstream images of people with disabilities in communication materials to ensure that people with disabilities recognize that this information is also

Girls participating in validation of the BCC strategy workshop in Vanuatu

relevant to them, and helps to counter erroneous stereotypes people with disabilities. In some instances, messages are proposed that are more explicit on disability-inclusion, for example a sample message identified in the BCC Strategy for Vanuatu: "We are a disability inclusive clinic." Materials that will derive from the BCC implementation plans will also be produced in accessible formats for people with disabilities such as subtitles for videos/animations for people with hearing impairments.

The second approach within the TA specially aims at a specific target group while mainstreaming the other target group and GBV.

Adolescents and youth: Within the programme three interventions are specifically focused on adolescents and youth while including disability. The first intervention is the adolescent and youth-friendly SRH guidelines aimed at improving health facilities' accessibility for young people and their SRH needs. The development of the guidelines follows a template outlining the eight principles that underpin best practices in delivering youth-friendly health services on the most current international literature, including the social model of disability and diversity, and inclusion.

The second and third interventions reach young people through CSE/FLE in and out of school. The curriculum integrates age-appropriate information that accounts for the developing capacities of young people. CSE/FLE includes sessions about family life, relationships, culture and gender roles, and also addresses gender equality, bodily autonomy and threats such as sexual abuse and violence. The CSE/FLE out of school specifically focuses on reaching vulnerable young people who are typically not enrolled in the school system. These young people may include young people from remote areas, young people with disabilities and LGTBIQ young people.

People with disabilities: SRH/FP and GBV needs assessments of women and young people living with disabilities in Fiji, Samoa and Vanuatu were carried out. The needs assessments identified the primary barriers affecting access to SRH and GBV services for women and young people with disabilities. The outcomes of these reports will further guide programming. For example, Fiji is implementing a community-based SRH outreach pilot to expand demand for and access to SRH services among women

and young people with disabilities. SRH officers with disabilities will conduct outreach activities to women and young people with disabilities in their communities and will work with divisional officers and/or local staff of the MHMS on disability inclusion in the area of SRHR and SRH services. Additionally, recommendations included ensuring new RMNCAH strategies, mainstreamed disability inclusion as well as other SRH/FP research and training curricula, which has occurred.

In addition, Know Your Rights IEC materials were developed to provide information to address SRH and GBV during the COVID-19 pandemic. The information in this guide targets women, young people, and gender non-conforming persons with disabilities, and representative organizations. It uses plain language and ensures application of human rights standards to COVID-19 contexts. An easy-read version is currently being finalized to support people with intellectual disabilities better understand written information. In 2022, PDF plans to distribute the resource among 16 local partners from the 6 PICTs. PDF's partners have praised this resource for being fully accessible and report using it as a key tool to disseminate information about SRHR and GBV among women and young people with disabilities in their communities. Organizations of persons with disabilities from Vanuatu and Tonga have been particularly active in using this IEC material for these purposes. These documents are discussed in more detail under the regional and country sections.

4. Financial expenditure

Table 1. DFAT financial commitment and funds received to date

Tranche	Total Pledged AUD	Total Paid AUD	Total Income Received USD
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		
2022		7,500,000	5,380,201
Total	**30,000,000**	**30,000,000**	**22,137,729**

Table 2. Transformative Agenda expenditure to date (2018-2021)

Year	Expenditure in USD
August - December 2018	936,737
January - December 2019	3,070,431
January - December 2020	4,378,660
January – December 2021	5,573,308
Total 2018-2021	**13,959,136**

Table 3: Transformative Agenda implementation rates by country, implementing partner and UNFPA PSRO for 2018-2021

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%
2021	292,523	102,868	35%
Kiribati			
2018	-	-	0%
2019	380,780	148,441	39%
2020	275,316	100,982	37%
2021	1,084,609	297,703	27%
Solomon Islands			
2018	80,000	78,514	98%
2019	162,982	66,751	41%
2020	324,648	98,747	30%
2021	233,053	81,947	35%
Samoa			
2018	32,000	-	0%
2019	421,303	210,283	50%
2020	427,916	166,591	39%
2021	462,701	156,923	34%
Tonga			
2018	-	-	0%
2019	336,926	205,646	61%
2020	395,486	147,725	37%
2021	586,710	206,111	35%

Vanuatu			
2018	88,096	72,850	83%
2019	302,400	141,776	47%
2020	759,129	322,999	43%
2021	760,881	321,523	42%
Technical Assistance provided by NGOs			
2018	61,398	59,088	96%
2019	0	0	0%
2020	3,323,286	1,200,931	36%
2021	1,371,307	1,204,941	88%
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%
2021	3,994,883	2,788,455	70%

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	Percentage allocation of programme resources
SUPPLY	1 Strengthened delivery of high quality, integrated SRH information & services	1,554,978	749,788	1,399,536	25%
	2 Strengthened health workforce capacities	957,993	649,748		
DEMAND	3 Increased community engagement and leadership	939,783	507,779	1,150,236	21%
	4 Increased national capacity for community & school based FLE	1,602,029	642,457		
ENABLING ENVIRONMENT	5 Expanded evidence-based legislation, public policy and programming	286,030	172,756	507,319	9%
	6 Increased availability, analysis and use of high-quality data	576,702	334,563		
Subtotal of program expenditures				3,057,091	
TA planning, monitoring and evaluation				241,305	4%
Human resources/ operations				1,862,074	33%
Indirect costs (8%)				412,838	8%
Total of 2021 Expenditures				$5,573,308	100%

Table 5: Programmed amounts, expenditures and balances

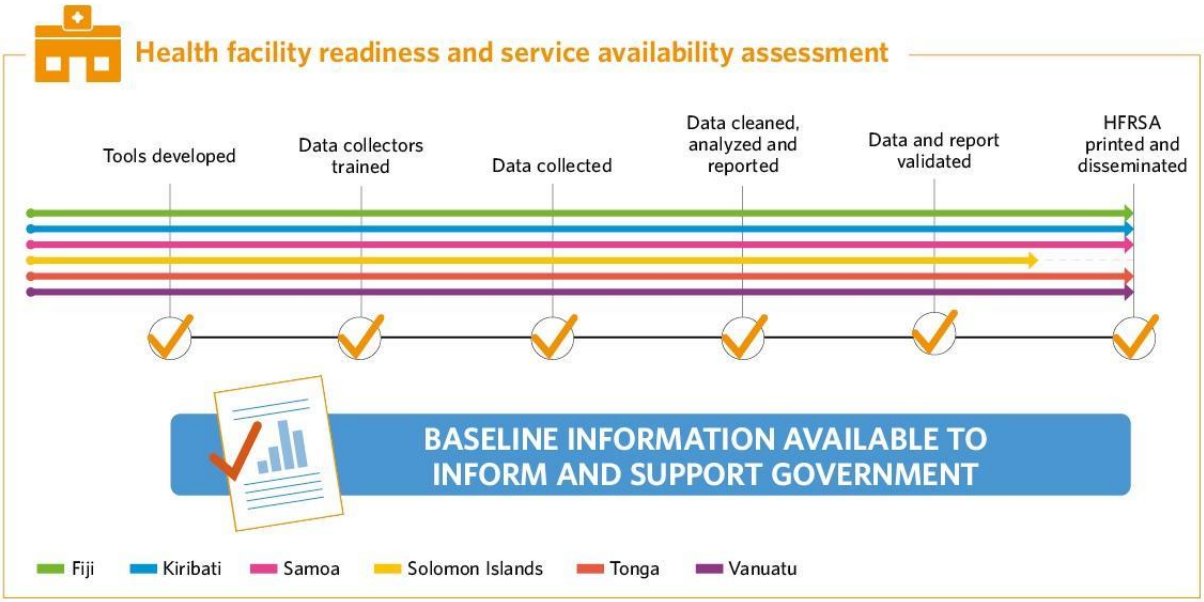
Total DFAT Commitment	AUD 30,000,000
Year	**Amount in US$**
2018	
Total funds received	5,668,934
Total expenditures for 2018	936,737
Balance	4,732,197
2019	
Total funds rolled over from 2018	4,732,197
Total funds received in 2nd tranche	5,292,613
Total funds available for programming	10,024,810
Total expenditures for 2019	3,070,431
Balance	6,954,379
2020	
Total funds rolled over from 2019	6,954,379
Total funds received in 3rd tranche	5,795,981
Total funds available for programming	12,750,360
Total expenditures	4,378,660
Balance	8,371,700
2021	
Total funds rolled over from 2020	8,371,700
Total funds received in 4th tranche (received Q1 2022)	5,380,201
Total funds available for programming	8,371,700
Total expenditures	5,573,308
Balance (as of 31 March 2022)	8,178,593

5. Regional and country specific reporting

5.1 Regional results

OUTCOME 1: Increased and improved *supply* of integrated SRH information and services, particularly for family planning

Health Facility Readiness and Service Availability Assessments



One of the major achievements of the programme in 2021 was the completion of the HFRSAA in the six focus countries. In Vanuatu, results were validated and the report was launched with printing and dissemination in 2021. In the Solomon Islands, results were validated in 2021 and the report will be launched, printed and disseminated in 2022. Results have already been validated and disseminated in Fiji, Kiribati, Samoa and Tonga.

The HFSRA assessed **725** out of **872** health facilities (**83.1** per cent) across the six focus countries to provide information on the availability and quality of essential SRH and maternal health services, including SRH commodities and supplies.[21] The assessments used a standard methodology to analyse services for FP, youth, skilled birth delivery (including emergency obstetric and newborn care) and HIV/prevention of mother-to-child transmission as well as the availability of contraceptives and essential medicines.

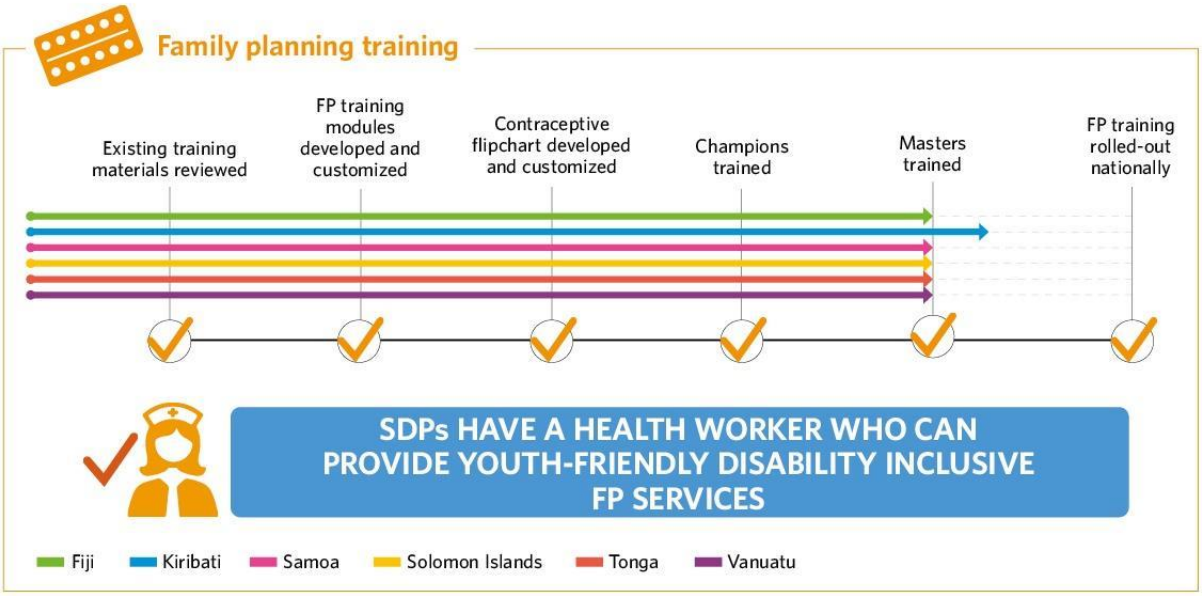
Findings have been used in 2021 to inform and support national government efforts to further policy development and the equitable provision and availability of SRH services. This has been done according to different types of health facilities, primary, secondary and tertiary, in line with national and international standards. For example, Fiji used HFRSAA data to inform its COVID-19 preparedness

[21] The 2020 DFAT TA report indicated higher figures of facilities visited, "HFSRAA assessed 872 out of 936 health facilities (93%) across the six DFAT focus countries." This is because Solomon and Vanuatu used preliminary data that are being corrected to reflect the actual number of functional facilities visited.

and response. Kiribati, Tonga and Vanuatu drew on the data to review and develop RMNCAH policies. In Kiribati, the data guided decisions to scale up FP services and select health providers for FP training.

Information from the HFRSAA provides the baseline for several key indicators of the TA and UNFPA Supplies Programme. Additional data points will be captured by the Tupaia MediTrak Spot-check Tool, developed to build on the HFRSAA data through UNFPA Supplies Programme support. Successful implementation and use of HFRSAA data by TA countries have informed advocacy for the other 6 PCTs to replicate these assessments in 2022, which will continue to positively impact measuring SRH/FP data in the region.

Building capacity on client centred, rights-based family planning



UNFPA, FPNSW and ministries of health have continued to strengthen in-service FP training in line with the most updated WHO guidelines. From 2020 to the present, technical support has helped all six countries to conduct champion/master training; contextualize and adapt FP training guidelines and tools; and roll out competency-based FP training to primary and secondary health-care services. The FP training curriculum, which is youth- and disability-inclusive, comprises four modules: 1) FP consultation and counselling, 2) contraceptive foundations, 3) long-acting reversible contraception, and 4) clinical supervision, training and assessment using a contraceptive decision-making flipchart. Given the pandemic, champion/master training was delivered virtually in all six countries. To date, 117 champion and master trainers have been trained. Master trainers have started the nationwide roll-out of trainings for service providers in Kiribati. The nationwide training roll-out will start in 2022 in all other countries. As of December 2021, the percentage of service delivery points (SDPs) with at least one staff member who is fully trained on youth-friendly and disability-inclusive FP is as follows: 13 per cent in Fiji, 5 per cent in Kiribati, 50 per cent in Samoa, 4 per cent in the Solomon Islands, 71 per cent in Tonga and 4 per cent in Vanuatu. By the end of 2022, SDP coverage per country is expected to increase to 75 per cent in Fiji, 80 per cent in Kiribati, 100 per cent in Samoa, 50 per cent in Solomon Islands, 100 per cent in Tonga and 85 per cent in Vanuatu.

To assure quality of the training conducted, in each training workshop FPNSW conducts a baseline survey of participating health workers to determine baseline levels of knowledge, confidence and skills, as well as identify expectations for the training workshops. This also provides an opportunity to

seek input from participants on key needs and important areas of knowledge and skills gaps, which guides the focus of attention during the training.

"We were doing it the way we had learnt in school, many years ago. Now that we are trained we have better knowledge on how to do counselling, and how to approach and build rapport with the mothers. What questions we need to ask them before starting on family planning information." Jotika Mala, FP champion trainer and FP nurse

Following delivery of each training, a rigorous post-training survey with participants is conducted. This enables comparison of knowledge, confidence and skills with the baseline data, as well as seek feedback on the training program, including content, modes of delivery and resources used. This was analysed and specific areas of weakness were provided as feedback to individual participants to highlight areas they would need to strengthen, in order to facilitate effectively.

Since the FP training of master trainers, Fiji has been hit by two cyclones and a second COVID-19 outbreak, which paused the nationwide roll-out. Despite this setback, champion and master trainers have been putting new knowledge and practices to use in training retired midwives to update their FP skills. More details on results achieved by the midwives are provided under the Fiji country section of this report.

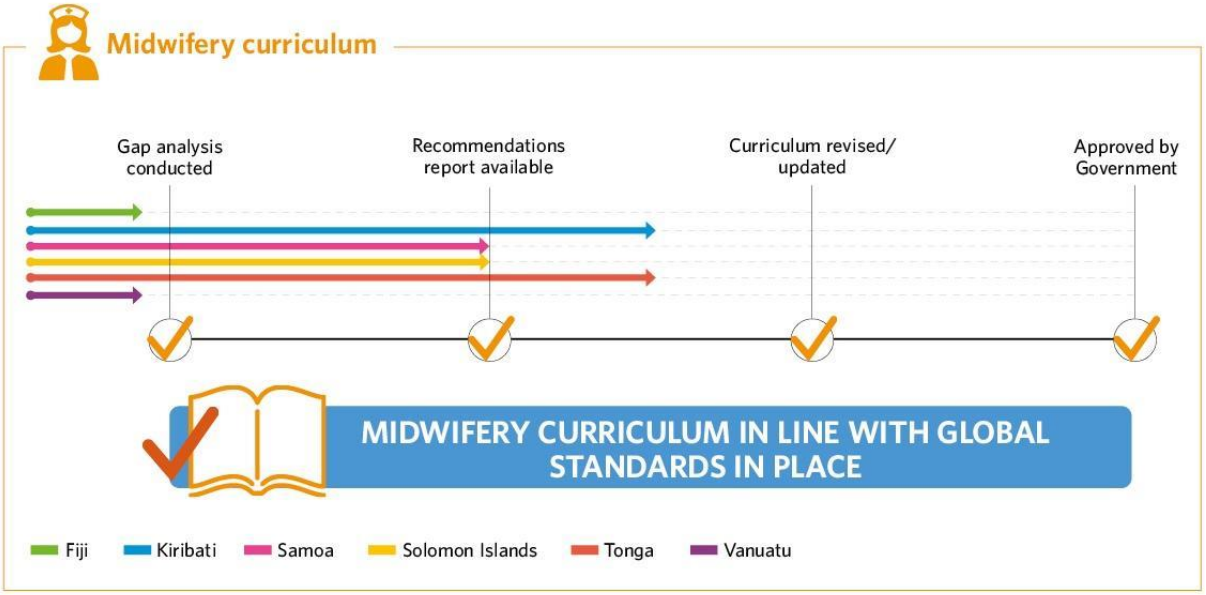
Quality of care

Supportive supervision is critical to the sustainable provision of high-quality SRH and FP services. It entails coaching, guiding and monitoring health workers to promote compliance with standards of practice and ensure delivery of quality services. FPNSW is leading the adoption of supportive supervision, linking it to the FP training packages. It has held consultations on supportive supervision tools in countries and conducted a desk review of global best practices. In 2021, it developed a draft supportive supervision toolkit and training plan and held initial consultations in May 2021 in Fiji and Solomon Islands.

Only Solomon Islands revised and piloted quality-of-care interventions, including integrated supportive supervision tools, such as a youth-friendly health services checklist, and client exit interviews. It trained 13 participants (10 females and 3 males) on the tools.

Discussions were reinitiated with all other countries, except Tonga, on developing supportive supervision tools and training. In the last quarter of 2021, meetings were planned or held in all countries in conjunction with the youth-friendly health services project. In 2022, FPNSW will provide technical assistance to establish model supportive supervision tools.

Midwifery curricula review, strengthening and capacity building



In 2020, UNFPA supported the review and analysis of midwifery curricula in Kiribati, Samoa, Solomon Islands and Tonga. These four countries validated the review reports in 2021, completing half of a two-part progress indicator.[22] A common recommendation from all reviews was to renew midwifery curricula in line with global standards and contemporary learning, teaching and assessment methodologies. Specific recommendations were made on alignment to global standards on FP, inclusion of adolescent SRH, disability inclusion and addressing violence against women. Review of the Fiji midwifery curricula will take place in 2022.

Sharing midwifery curriculum review recommendations with key stakeholders has drawn governments and donors together. The recommendations were vital in obtaining government support in Kiribati to invest in midwifery training to meet the SDGs and strategic plans for universal health coverage and the national 20-year Vision. Some countries had not renewed their curriculum in more than 20 years, while others had not factored in key emerging issues such as providing long-acting reversible contraceptives (LARCs) in the immediate postpartum period and in humanitarian responses.

Curriculum renewal has started in Kiribati and Tonga, and will be initiated in 2022 for Samoa and the Solomon Islands under the Faculty Development Programme, which builds capacity in curriculum review, renewal and implementation. By the end of 2022, at least four of the TA focus countries are expected to update the pre-service curricula for midwives and nurses in line with international

[22] Indicator 10: Number of countries in which pre-service curricula of midwives/nurses is reviewed and updated to align with international standards.

standards. Curriculum review will also be initiated in Fiji and Vanuatu in 2022.[23] The recommended generic template used for the curriculum update and renewal in all countries has a dedicated module on sexual and reproductive health and rights and is focused on appraising all available family planning methods including emergency contraception and discussing considerations required when counselling women and girls regarding family planning and reproductive choices.

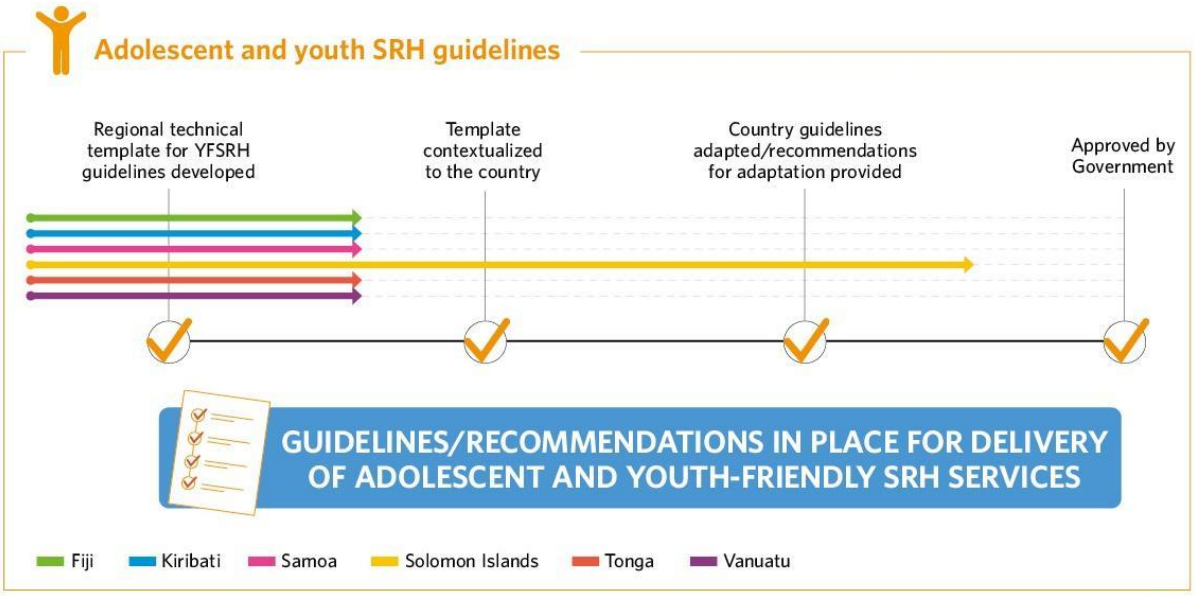
Midwifery Faculty Development Programme: The Midwifery Faculty Development Programme (FDP) was rolled out in the Pacific in 2021 in collaboration with Burnet Institute by adapting and contextualising the UNFPA Asia Pacific Regional Office FDP curriculum aimed at strengthening midwifery faculty capacity. It uses a modular structure where faculty members can complete six discreet but integrated modules independently or as an entire course[24]. The programme focuses on both theoretical and practical aspects of learning and teaching in midwifery education, and provides activities and assessments that support the development of knowledge and skills in all aspects of midwifery education curriculum design, development, implementation and evaluation. The programme allows flexible delivery options including face-to-face, online or a blended approach. The rationale for the FDP is that improving the quality of midwifery education results in an increase in the quality of midwifery graduates and midwifery care provision. This innovative programme which though is not currently a recognizable qualification in the Pacific, has the potential to be adopted by midwifery tutor training institutions of higher learning, or form part of a continuing development programme for midwifery educators in the future, following the completion of its successful pilot in the countries.

All TA countries participated in the programme, which involves eight countries in the Pacific. Approximately 86 persons (12 in Fiji, 16 in Kiribati, 11 in Samoa, 9 in the Solomon Islands, 9 in Tonga and 12 in Vanuatu) enrolled in it. Modules 1 and 2 were completed in 2021. Modules 3-6 will be delivered in 2022. Based on experience, participation has been extended beyond midwifery tutors to also include nursing tutors because nursing pre-service curricula also require renewal. Tutors will benefit from capacity building geared towards faculty development. Besides benefitting both midwifery and nursing schools, the programme has created a platform for sharing ideas, knowledge and skills across the Pacific.

[23] As of mid-2022, the Fiji midwifery curricula gap analysis is on-going.

[24] Modules 1-6: Curriculum development and review; Developing midwifery graduate attributes; Designing modules of learning; Authentic assessment processes and practice; Contemporary learning and teaching in midwifery education; Clinical teaching - mentoring and role-modelling.

Adolescent and Youth Friendly Sexual and Reproductive Health Guidelines



FPNSW held discussions with health ministries in Fiji, Kiribati and Samoa to lay the groundwork for developing and adapting youth-friendly guidelines as an entry point for institutionalizing SRH for adolescents and youth. The guidelines include a contextual analysis of SRH in each country, WHO criteria for quality health services, and delineation of the roles of health-care actors providing adolescent and youth-friendly SRH services. Solomon Islands, with technical support from FPNSW, finalized the guidelines and corresponding support supervision checklist, the only country to achieve this in 2021.[25] Training of trainers on youth-friendly health services was provided to 10 service providers at the national level (7 females and 3 males). These trainers will train other health workers on youth-friendly health services, which is expected to start in 2022. Health ministries in Fiji, Solomon Islands have made a first critical investment by designating support staff for targeted adolescent and youth sexual reproductive health programming. But many health ministries were overwhelmed by the COVID-19 response and vaccination roll-out, which limited SRH activities and affected planned timelines for the guidelines. In 2022, adaptation of adolescent and youth-friendly SRH services guidelines is planned for Fiji, Kiribati, Tonga and Vanuatu and it is expected that Fiji and Tonga will complete them for Government approval by the end of the year. Technical recommendations will be provided to Samoa as it did not highlight the need for adapting the guidelines.

[25] The Youth Friendly SRH guidelines were officially approved by the Ministry of Health and Medical Services in Q2 2022.

Regional humanitarian support to ensure SRH/FP service continuity

Two girls counselled by a deployed midwife at a Women-Friendly Space in Fiji

In 2021, regional humanitarian work focused on strengthening national health system readiness and response capacities for sustaining essential SRH/FP services during crises. Training on the Minimum Initial Service Package (MISP) for SRH were conducted in Samoa and Tonga. In Fiji, retired midwives were deployed to support the continued provision of SRH services during the second wave of the COVID-19 outbreak.

"I was so pleased to see that many women visited us for contraceptives. They came from far distances."

Merenaisi Maopa, retired midwife, tells more about the deployment here.

Approximately 83 representatives of governments, non-governmental organizations (NGOs) and communities participated in MISP trainings in Samoa and Tonga. The training discussed the MISP framework, resource mobilization to respond to SRH needs in times of crisis, coordination mechanisms and the development of MISP action plans.

In Tonga, two coordination mechanisms were developed for MISP objectives on SRH and GBV, including sexual violence. For the SRH coordination mechanism, a steering committee was proposed and terms of reference drafted to provide technical guidance on planning and implementing SRH and related programmes. The committee is expected to link to the existing RMNCAH Committee. For the GBV coordination mechanism, a working committee was proposed and its terms of reference drafted to coordinate activities and enhance networking and partnerships. The Ministry of Health has committed to mobilizing resources to support plans on FP; STIs and HIV; maternal care; newborn care; and GBV, including sexual violence.

In Samoa, the two MISP trainings tasked participants to develop workplans with complementary emergency activities. The National Disaster Management Office presented its national action plan in both trainings and is currently finalizing advocacy around accessing FP methods and information in emergencies.

MISP disability inclusion modules

To enhance MISP training in the Pacific, IPPF's Subregional Office for the Pacific developed an electronic disability inclusion module in 2021. The module is accompanied by slides, handouts and pre- and post-tests, with handouts translated into nine Pacific languages.[26] The package was piloted virtually with Kiribati and Solomon Islands with 38 participants from IPPF Member Associations, National Disables People's organizations, and national stakeholders. Participants demonstrated increased understanding of the concept of disability, the SRH challenges and needs of people with disabilities, and disability inclusion in MISP.

Deployment of retired midwives during Tropical Cyclone Yasa, Tropical Cyclone Ana and the COVID-19 outbreak

In response to Tropical Cyclones Yasa and Ana, and the COVID-19 outbreak in Fiji, UNFPA deployed 23 retired midwives to affected areas to support the health system. UNFPA also mobilized medical equipment and commodities to sustain SRH/FP services.

From April to December 2021, the midwives reached an estimated 16,157 people with 39,865[27] services, including FP, antenatal care, labour and delivery, postnatal care and COVID-19 vaccination for pregnant women. Approximately one in every seven persons required FP services.

[26] The training manual was translated into Bislama, Fijian, Hindi, Kiribati, Samoan, Solomon Pijin, Tongan, Tuvaluan, and Tokpisin.

[27] This number is extrapolated from Phase II data estimating that an average of 2.5 services are provided to one client.

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

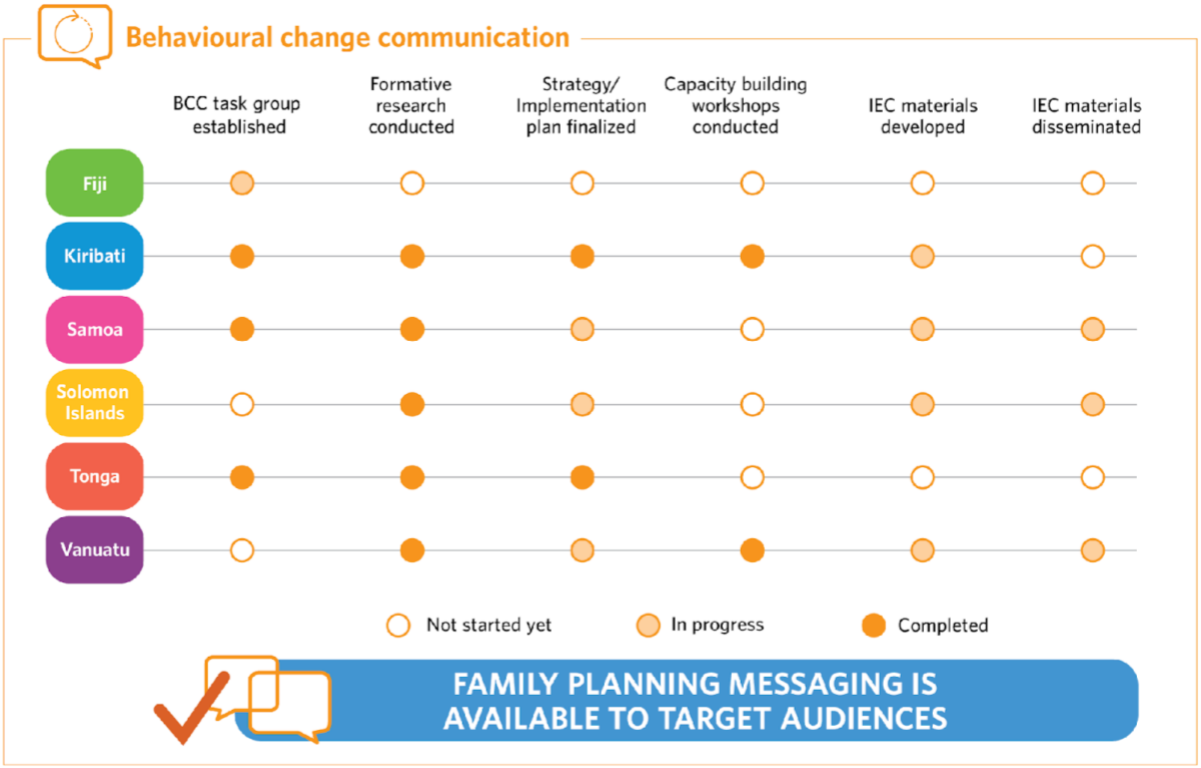
Male condom demonstration

Behaviour change communications

With technical support from Nossal and ABC International Development (ABCID), Kiribati successfully completed its BCC Strategy and Implementation Plan. The strategy was developed with national stakeholders in the BCC Task Group formed in 2020. ABCID provided BCC refresher training late in 2021 to 27 youth champions aged 18-25 and members of the BCC Task Force. Participants developed videos to raise awareness on adolescent pregnancy and contraceptive choices, IEC materials and campaign ideas, and short skits. These will be used in the implementation strategy in early 2022.

Nossal and ABCID provided technical support to Fiji, Samoa, Solomon Islands, Tonga and Vanuatu to develop draft BCC strategies and implementation plans slated for completion in 2022. Tonga and Vanuatu finalized their draft strategies, which are now pending government approval. Inclusive processes for developing the strategies provided opportunities to bring together multiple stakeholders, including government departments, community-based organizations and NGOs to conduct formative research, and review and validate proposed strategies, messages and channels of communication. This helped identify national NGOs, like Wan Smol Bag in Vanuatu, that can play leadership roles in BCC programming. The process enhanced their capacities in understanding and rationalising BCC for FP and positioning them to receive supplementary capacity building for successful implementation of the strategies. In Kiribati and Vanuatu, organisations that were involved in the development of the strategies were better prepared for the BCC capacity building training from ABCID compared to those that were not involved. In Solomon Islands, technical issues emerged around measuring the impact of the BCC strategy. UNFPA with IPPF and Nossal initiated discussion of

a proposed monitoring and evaluation (M&E) framework that will be finalized by the 4th quarter of 2022 after piloting the developed concept in the 3rd quarter.



Samoa and Solomon Islands used technical support from ABCID to develop and test IEC materials and radio scripts. Radio scripts in Samoa were finalized and disseminated, contributing to the total number of women and young people reached with SRH/FP messages in 2021. Towards the end of 2021, the Ministry of Health in Solomon Islands approved IEC materials developed with ABCID support, enabling a planned roll-out in 2022.

In all six TA countries, information and messages on FP and SRH reached 67,858 people, mostly women and young people through community activities, IEC products and social media overachieving the target 3.7 times. Fiji reported reaching approximately 6,726 women and young people.[28] Kiribati reached 7,621 people (55.2 per cent were female), including 5,800 through radio and community awareness programmes.[29] In Samoa, 4,410 people were reached through various activities, including 3,000 individuals through social media, television and radio spots. Solomon Islands reported reaching 9,209 people through various outreach activities. Vanuatu reached 37,340 people, including 36,717 through social media platforms. Tonga reached approximately 2,552 individuals, including 2,500 through its condom campaign and 42 youth advocates on different aspects of SRHR including FP, and 10 individuals were engaged in the development of CSE.

In general, weak BCC programming capacity coupled with limited human resources with requisite skills continued to affect community engagement interventions for SRH/FP. Nevertheless, targeted capacity building by ABCID has started to propel positive changes in some countries. In Kiribati, youth advocates and members of the BCC task force developed their own IEC materials and disseminated SRH/FP videos on Tik Tok.

[28] This figure does not include any BCC messaging provided by the humanitarian response.

[29] No sex-disaggregated data were collected for this group; the number of women is estimated based on Kiribati's population demographics.

Providing grants to small civil society organizations (CSOs) involved in the formative research for BCC strategies, such as Wan Smol Bag in Vanuatu, is helping build grass-root structures and support direct implementation of activities, accompanied by reporting to established BCC national task forces and government partners. Assisting established national BCC task forces to coordinate, implement and build lower-level capacity for BCC programming is also imperative for increased community engagement and leadership in SRH. Through national task forces on BCC or government partners, more community-level partnerships with existing organizations of women, youth and people with disabilities can accelerate implementation of planned BCC interventions. Proposed BCC M&E activities in ABCID, IPPF and UNFPA workplans need support in 2022.

Aligning and implementing comprehensive sexuality education/family life education in line with international standards

Political commitment has been the cornerstone of CSE/FLE[30] success in this reporting period, helping to shift institutional attitudes towards young people's access to it. Countries are increasingly open to what works and how in other Pacific countries. Ministries, councils and CSOs have championed CSE/FLE and appear ready to support and sustain implementation.

Key strategic results include the creation and operationalization of CSE/FLE committees in Kiribati, Samoa and Vanuatu to carry the agenda forward. The committees comprise education specialists; other line ministries in health, youth affairs and community development; national NGOs; organizations of people with disabilities; youth organizations; and higher institutions of learning such as teaching colleges. In Fiji, there was agreement to revitalize the dormant FLE Committee in 2022.

In-school comprehensive sexuality education/family life education

"I never thought I could talk about puberty to my students in a classroom setting. After my training on FLE, I was able to talk freely with my students about relationships, their bodily changes and their emotions. I could see the enthusiasm among students as they started to open up and ask questions."

Naomi Ioteba, primary school

Building on a 2020 training, 21 associate lecturers from the Kiribati Teacher College trained approximately 82 teachers on CSE/FLE delivery in 2021. This took place through the TA's Continuous Professional Development programme to integrate CSE/FLE in strengthening teacher competencies.

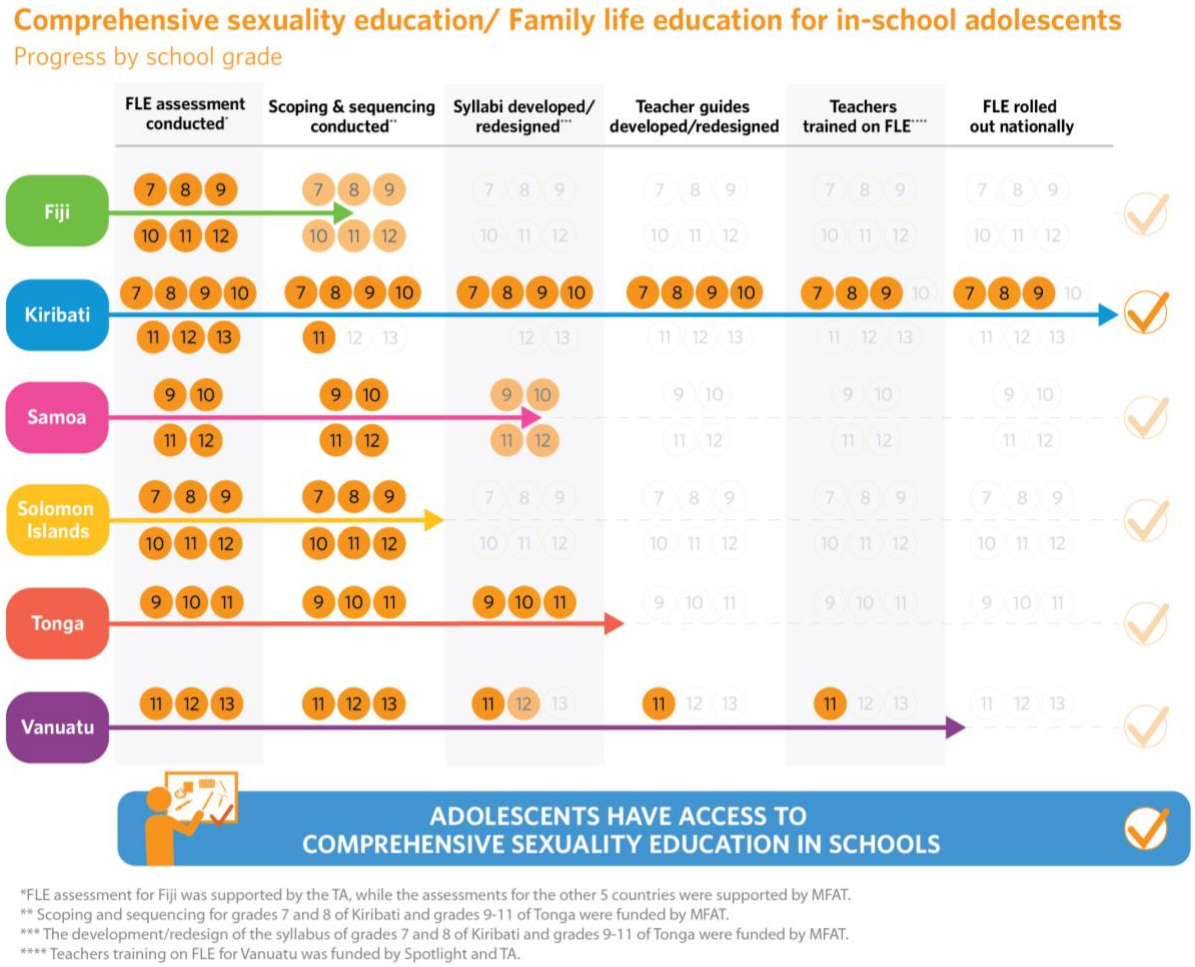
FPNSW supported several countries to build capacity to deliver and strengthen CSE/FLE curricula. In Vanuatu, 25 participants from two provinces, comprising school improvement officers, teachers and health workers, became CSE/FLE master trainers. Both year 11 and year 12 CSE/FLE syllabi were reviewed with the finalization of teacher guides for year 11 underway.

In Kiribati, technical support helped develop a master training proposal for continued CSE/FLE support. A project outline and workplan for 2021-2023 include steps to integrate CSE/FLE into teacher pre-service training at Kiribati Teachers College.

In Samoa, CSE/FLE multimedia lesson plans for secondary schools were finalized with key adaptations to support programme delivery during COVID-19 restrictions. The completion of two prioritized lesson plans on gender norms and respectful relationships was a huge advance towards strategic and innovative approaches to social norms change. Progress in implementing CSE/FLE in schools was

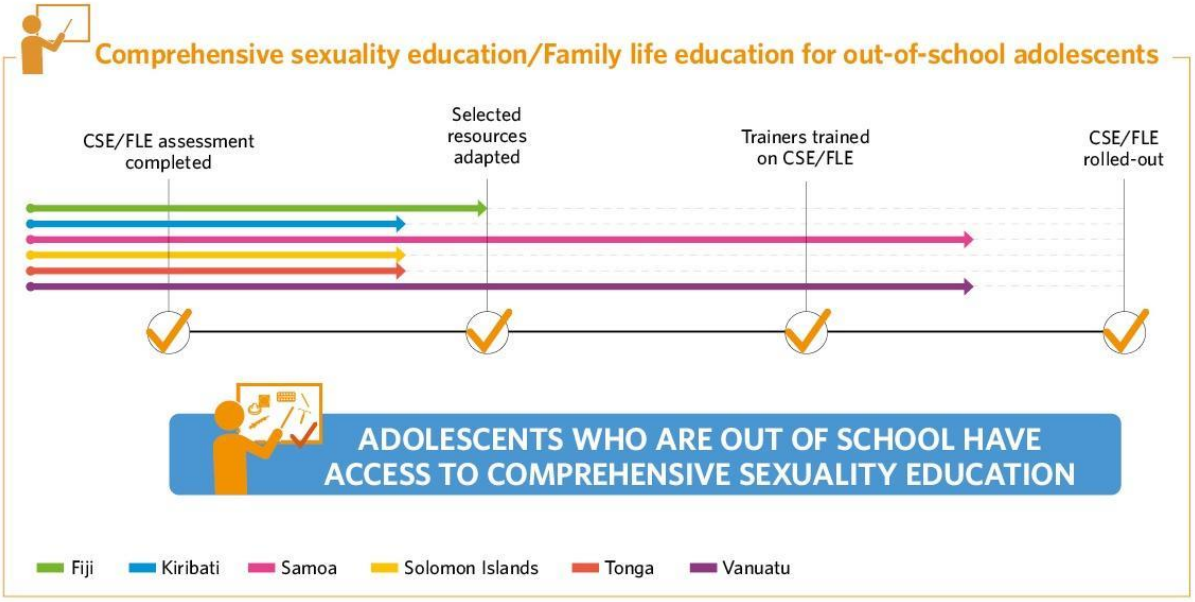
[30] CSE and FLE are both used for countries to identify with the terminology of their choice, i.e., FLE, while acknowledging alignment to international standards with TA support defined under CSE.

slower than for out-of-school initiatives, however, due to many competing priorities for the Ministry of Education.



Consensus building with the Ministry for Education, Heritage and Arts in Fiji enabled the approval of CSE/ FLE integration across primary and secondary grades. A roadmap was developed to guide this process. In Tonga, a CSE/ FLE coordinator was recruited and discussions with the Ministry of Education towards the end of the year set into motion the development of a CSE/FLE integration plan to be completed and implemented in 2022. Lastly, with technical support from FPNSW, the Ministry of Education and Human Resources Development in Solomon Islands initiated the scoping and sequencing exercise across primary and secondary grades for CSE/FLE integration across all schools.

Out-of-school CSE/FLE



With support from FPNSW, Fiji, Samoa, and Vanuatu successfully reviewed and finalized modules for out-of-school CSE/FLE curricula in line with international standards for CSE, an important step for the region. The six CSE/FLE modules cover topics related to values, rights and sexuality, healthy relationships, gender, safety, adolescent growth and development, and SRH.[31]

Following the development of the CSE/FLE draft modules, FPNSW facilitated validation trainings in Samoa, Solomon Islands and Vanuatu with 42 participants (12 in Samoa, 10 in Solomon Islands and 20 in Vanuatu).[32] The five-day course covered facilitation skills and obtained feedback on the modules. The trainings equipped staff of relevant government programmes, CSOs and youth organizations with knowledge, skills, attitudes and resources to deliver effective CSE/FLE to young people in out-of-school settings, using the out-of-school CSE/FLE resource package. When Solomon Islands was in the process of validating the curriculum, civil unrest and violence occurred and the workshop was interrupted. All trainees from Samoa and Vanuatu are now prepared to roll out CSE/FLE trainings with direct beneficiaries in 2022. Subsequent trainings of trainers identified as youth advocates by IPPF will continue in 2022. The youth advocates will then deliver out-of-school CSE/FLE to young people in communities where targets have been set by each country in the TA Monitoring and Evaluation framework.

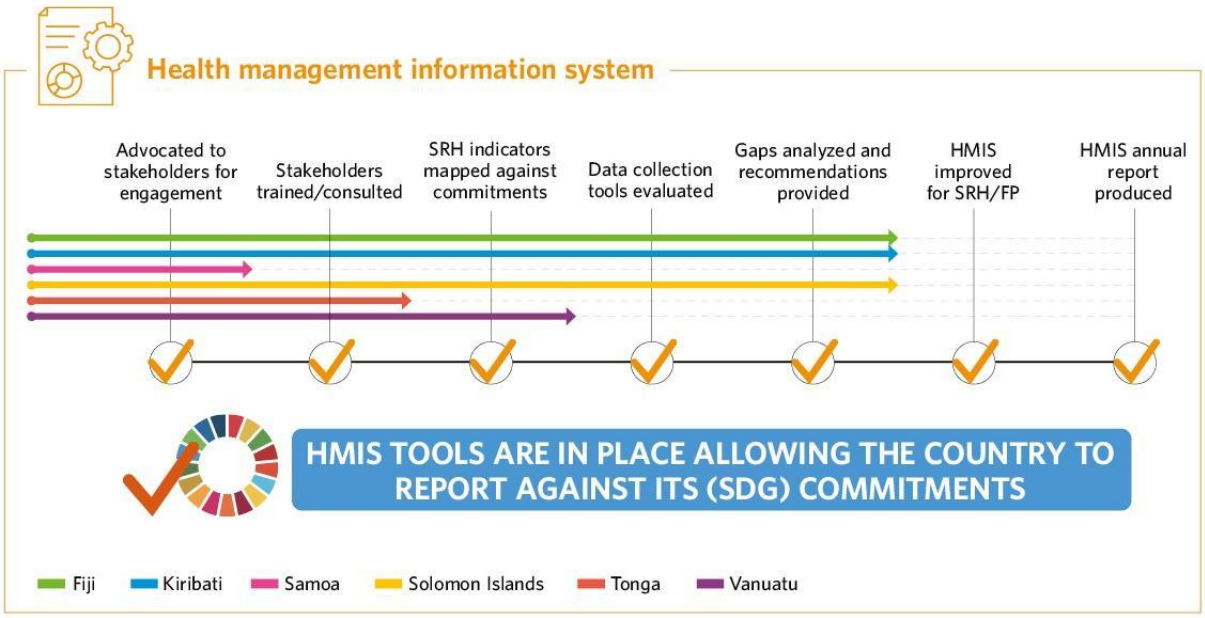
Young female smiling in Vanuatu

[31] FPNSW provided a framework for a seventh module based on specific needs and requests for some countries. This included non-SRH content areas such as mental health, first aid, nutrition, exercise, etc. As this goes beyond the International CSE Guidance, National multi-stakeholder FLE committees led the process for developing Module 7 with editorial support from TA-funded FLE coordinators.

[32] Note: This activity was cost shared between the TA programme and the Spotlight programme for Samoa and Vanuatu. FPNSW staff who delivered the training were supported by the TA programme. The Spotlight programme covered training venue costs and participant expenses. Therefore, these are recorded as results for both programmes.

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

Strengthening HMIS



Strengthening HMIS aims to ensure the availability and use of SRH/FP and GBV health response data. This can inform the development and revision of policies and programmes, advocacy and resource allocation at all levels. The approach involves building the capacity of users and producers of health data within the Ministry of Health. Key data users comprise health facility staff and managers and programme staff. Data producers include collectors at facilities as well as in M&E and health information units. Fiji, Kiribati, Solomon Islands and to a limited extent Vanuatu worked on HMIS strengthening in 2021.

Initial capacity-building workshops guided participants to critically assess their own data needs and use of existing data. This entailed discussion on collection methodologies, how work is reflected in administrative data, the usefulness of the HMIS for evidence-based decision-making and where indicators are not useful. Staff gained understanding of implications of these data gaps on practice, and potential ways data collection and quality can be improved.

The process identified challenges including in the quality of HMIS data collection, analysis and communication; poor alignment of information needs, indicators and data collection tools; limited collaboration between RMNCAH departments and health information units; and the lack of routine use of HMIS data in decision-making.

In workshops in the Solomon Islands, the contraceptive prevalence rate was one of the key indicators discussed, along with the non-usefulness of proxy indicators such as contraceptive contacts, differences between HMIS and survey data, and how to identify current users. Overall, the workshops were crucial to sharing data collection tools including registers, process and aggregation forms, and reports generated by the health ministry. Further one-on-one discussions were conducted with stakeholders depending on their availability.

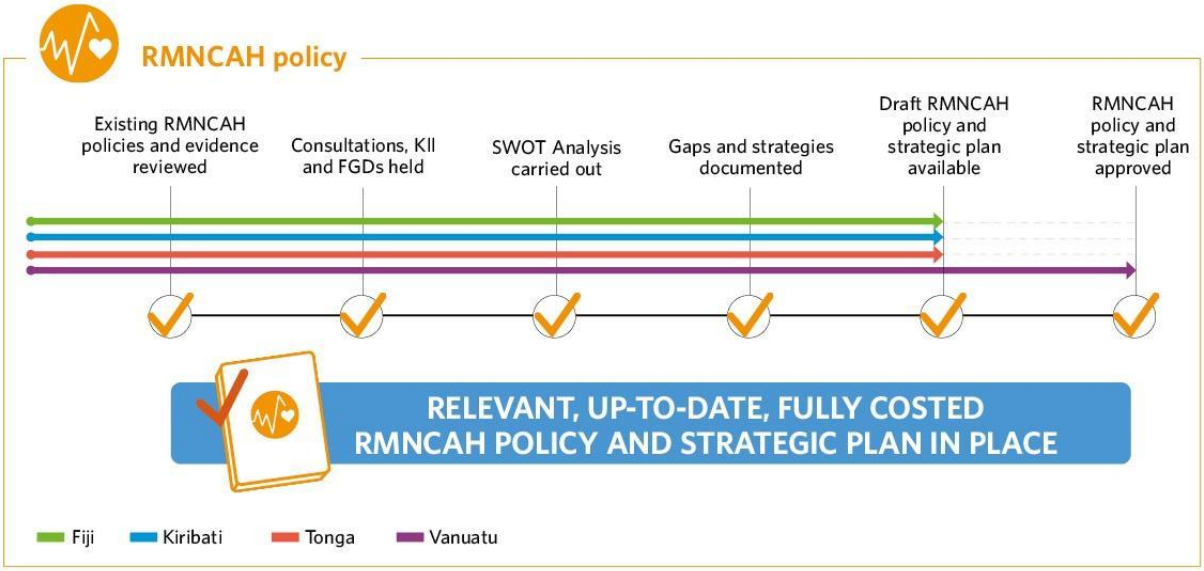
As a next step, gap analyses of HMIS components on SRH and GBV took place in four countries. They analysed information collected through surveys, discussions and the workshops. Fiji, Kiribati and

Solomon Islands completed full draft gap analyses. Vanuatu is well advanced on its analysis but faced challenges in obtaining necessary information and documents.

This work creates a foundation for strengthening HMIS to produce key SRH indicators and for redesigning monitoring tools. There is now greater understanding of the close relationship between health personnel working on programme design and delivery and health information units that consolidate data across various programmes. Knowledge grew of key concepts related to the entire HMIS system, from the point of data generation to the use of final results.

All gap analysis reports will be circulated among national partners for feedback and validation before being finalized in 2022. All four countries are struggling with COVID-19 outbreaks in Q1 2022, however, so finalization may be delayed.

RMNCAH policies and strategies



The development and finalization of RMNCAH policies and strategies in Fiji, Kiribati, Tonga and Vanuatu in 2021 contributed to an improved environment for SRH, including FP, adolescent sexual and reproductive health, GBV and supply chains for the sustainability of contraceptive supplies. HFSRAA findings and recent MICS/DHS informed the process by providing data on gaps in the availability and quality of these SRH services at the facility level. SWOT (strengths, weaknesses, opportunities and threats) analysis carried out in each country elicited information on bottlenecks, gaps and challenges requiring policy attention. Previous RMNCAH policies in the Pacific countries have not clearly articulated supply chain and commodity security issues, GBV responses and disability-inclusive services. In Fiji, Kiribati and Tonga, this was the first attempt at integration across the continuum of care using the WHO RMNCAH Framework.

Health worker holding two strips of contraceptive pills

UNFPA provided technical support and assisted with country-led negotiations and validation exercises. It provided technical assistance, recruited local and international consultants to support country-led negotiations and supported the involvement of technical partners for specific components, for example, John Snow Inc. on supply chains and the Australia Broadcasting Corporation for health promotion and BCC. UNFPA ensured that key stakeholders, including government departments beyond health, religious groups, youth, persons with disabilities and UN agencies (UNICEF, WHO and UN Women) took part.

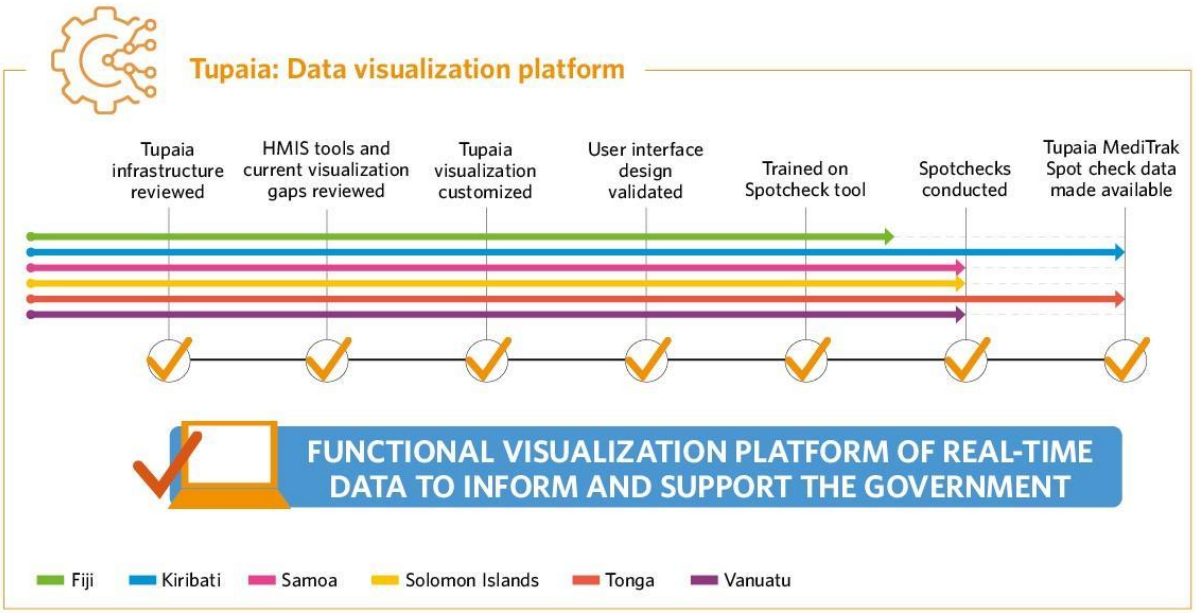
SRH and GBV policy legislative reviews

UNFPA commissioned the Nossal Institute to review SRH- and GBV-related legislation and policy in the six TA countries to identify how policy and legislation support SRHR and prevent GBV and identify gaps in order to advocate for changes to bring them into alignment with international, regional and national commitments and strategies. Findings have suggested that SRHR is an important priority for all six countries. Samoa's National Sexual and Reproductive Health Policy (2018-2023), anchored by the Ministry of Health, provides a comprehensive package of services, for example. In Vanuatu, a standalone RMNCAH Policy and Implementation Strategy 2017-2020 includes benchmarks, reporting structures, targets and indicators. In Solomon Islands, there is no stand-alone national SRHR policy and strategy although the current Population Policy (2016-2026) meets many international SRH standards. Fiji's new RMNCAH policy is under development.

Contraceptives are accessible in the six countries although the policy and legal environment varies. Divergences are also evident in SRH services for youth. In Solomon Islands, the National Youth Policy 2017-2030 highlights meeting young people's SRH needs, while in Samoa, children under 18 require parental consent to receive testing for HIV and STIs. Fiji, Kiribati and Vanuatu lack clear policy or clinical guidance to support the evolving capacities of adolescents to consent to contraceptives. Of the six countries, only Vanuatu has legislation supporting the integration of CSE in the national school curriculum.

The policy and legal landscape around GBV is gaining momentum. In Samoa, for instance, the Ministry of Women Community and Social Development launched the National Policy on Family Safety: Elimination of Family Violence 2021-2031. It is the country's first stand-national alone policy addressing family violence, which is the most prevalent form of GBV in Samoa.

Tupaia and SRH spot checks



Tupaia is a data platform used by many regional partners and ministries to aggregate and visualize data. The UNFPA Reproductive Health Module has been designed specifically to support the TA and reproductive health security, combining mSupply, HFRSAA and spot checks. The spot-check tool, which collects data during facility supervision visits, has approximately 175 questions. It is aimed at routinely tracking key SRH/FP indicators and allows programme staff to monitor progress against HFRSAA baseline data. It also collects service statistics to generate real-time insights, avoiding the typical 6–18-month delay in making HMIS data available. Data are collected through the Tupaia Meditrack app, which updates dashboards automatically. Since the system is synced with a server, it is not dependent on a mobile telephone network. It also allows data imports through a paper-based tool with an Excel spreadsheet.

All six countries conducted random spot checks of health facilities in 2021 but not quarterly or mid-year as planned due to competing health ministry priorities, the reallocation of staff due to COVID-19 and travel restrictions. In Tonga, spot checks were conducted only in the third quarter (in 14 out of 31 facilities or 45 per cent of the total). Samoa carried out spot checks for all 14 facilities in the first, second and third quarters with a government paper tool; staff were then retrained on the Tupaia MediTrack tool. In Kiribati, spot checks took place in the third quarter only (5 out of 110 facilities or 4.5 per cent). Vanuatu conducted them in 5 out of 136 facilities or 3.7 per cent without the TupaiaMediTrak tool (data were not available). Solomon Islands' third quarter spot check involved 116 out of 308 facilities or 38 per cent. In 2022, efforts will be made to ensure that all countries use the standardized Tupaia tool so data are visible and comparable to HFRSAA baselines and cover 25-50 per cent of facilities. Results of the spotchecks are reported in country sections and indicators section.

Tupaia

a multi-country data platform designed to improve the availability of medicines and provision of health service

The UNFPA RH Module integrates real-time data from :

- *mSupply (Commodity availability)*
- *Health Facility Readiness and Service Availability Assessment (TA Baseline data)*
- *Facility Spot-checks*
- *Service provider training data (in development)*

Dashboards designed to enable decision making at

- *regional*
- *national*
- *subnational (provincial/district) and*
- *facility levels*

RH FACILITY SPOT CHECKS

Designed to monitor key RH/FP indicators and collects data on

- *Availability of Services*
- *Availability of key RH/FP products (including availability of 3 or 5 FP methods)*
- *Availability of guidelines and jobaids at facilities*
- *Availability of records and service registers*
- *Clients visits/service statistics*

Uses Tupaia Meditrack app so that data is seamlessly integrated into the **UNFPA RH Module** dashboards for trend analysis and tracking progress against targets

- *Online/offline mode*
- *Paper-base tool with Excel spreadsheet available for locations without tablets*

Needs assessments of sexual and reproductive health and gender-based violence of women and young people with disabilities

To make interventions disability inclusive, UNFPA worked with Women Enabled International, the Pacific Disability Forum and local disabled people's organizations to carry out a needs assessment on SRH and GBV for people with disabilities. Data collection was completed in Fiji, Samoa and Vanuatu. The report for Samoa has been validated and finalized. For Fiji and Vanuatu, full draft reports were completed in 2021 and will be finalized in Q1 2022. The needs assessments identified primary barriers to SRH and GBV services for women and young people with disabilities. These include attitudinal barriers (e.g., disability stigma), information and communications barriers (e.g., lack of sign language interpretation), physical barriers and legal barriers (e.g., informed consent).

Based on the findings, each country has formulated priority recommendations, such as organizing SRH and GBV workshops for women with disabilities and family members to strengthen understanding of these issues; scaling up values clarification training on disability; developing disability-specific and accessible IEC materials and strengthening/scaling up disability-specific awareness raising. The reports have led to productive conversations among ministries of health, youth, women, NGO partners and disabled people's organizations on how to strengthen SRH/FP services and reduce barriers to people with disabilities.

5.2 National results

5.2.1 Fiji

Country context

The 2019-2020 Household Income and Expenditure Survey estimated that the majority of people in Fiji reside in urban areas (477,500). The total population is 864,132, with over half under age 30. Nearly a third (32 per cent) is aged 10-30, dropping slightly from 34 per cent in the 2017 Census. The adolescent birth rate increased from 21 births per 1,000 in the 2007 Census to 31 births per 1,000 in the 2021 Fiji MICS. The total fertility rate slightly increased from 2.6 in 2007 to 2.8 in 2021. The 2021 MICS reported a contraceptive prevalence rate of 22.6 per cent and unmet need for FP at 26.3 per cent.

Total government health expenditure for the 2021-2022 financial year was around FJ $403 million (AU $262 million) or 11 per cent of total government expenditure. This included FJ $80,000 (AU $52,180) allocated for FP supplies, which was 0.12 per cent of total expenditure on medical supplies and equipment. Unfortunately, this allocation was diverted to the COVID-19 response.

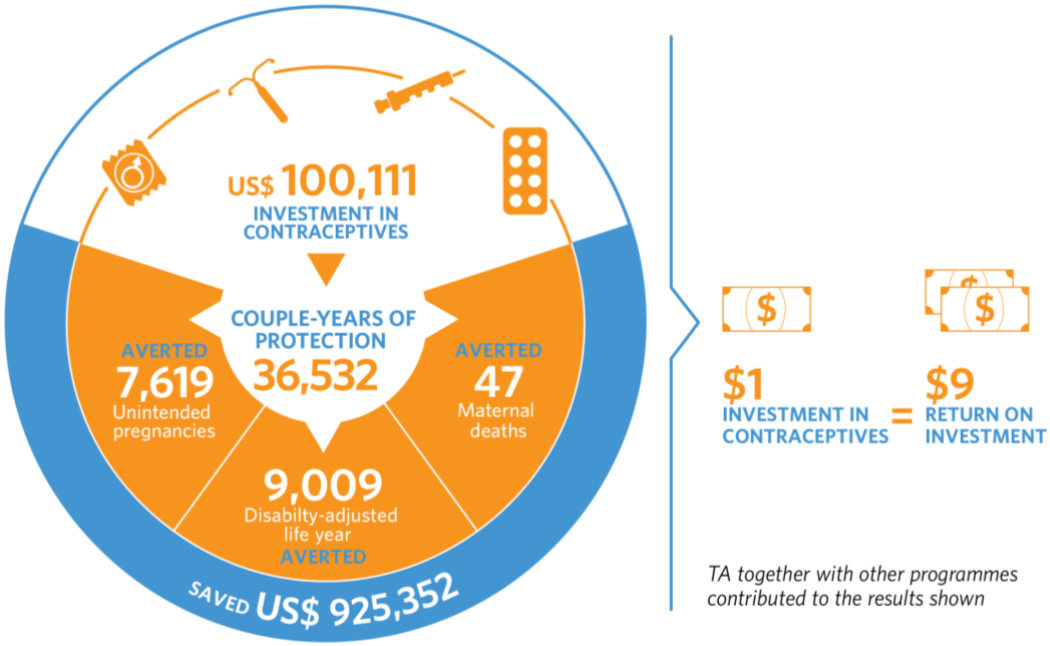
Fiji's initial closure of its borders kept the COVID-19 virus at bay. The second wave showed how quickly early hard-won gains could be reversed and took a heavy toll on the economy. According to the World Bank, Fiji's economic growth contracted by 19 percent in 2020, one of the worst downturns in growth in the world and the most severe in the country's history. Cyclones Yasa and Ana caused further crisis in early 2021. The TA faced challenges when implementing partner staff managing UNFPA programmes were redeployed as part of the pandemic response.

RMNCAH Committee:

While the Ministry of Health and Medical Services had an initial meeting on the committee with stakeholders, the pandemic prevented further sessions. The ministry reprioritized all staff to respond to the outbreak. It plans to re-establish the committee in 2022.

Coordination with the DFAT post:

Frequent informal liaisons happened with the DFAT post in Fiji. These included follow-up discussions in 2021 after results management training in 2020 to see how UNFPA could synergize TA and DFAT bilateral funding. DFAT has always been available when invited to TA-funded activities and meetings, including the biannual Steering Committee meetings. The PSRO obtained bilateral funding from the DFAT post to support the humanitarian response to Cyclone Yasa and COVID-19. The funds complemented TA resources to ensure the continuity of SRH/FP services. More efforts are needed to enhance coordination with DFAT bilateral funding.



Results

In 2021, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health and Medical Service, the Ministry of Youth and Sports and Medical Services Pacific. The commitment was US $356,153 of which US $292,523 was under national implementation and the rest under UNFPA implementation. Of the total, US $158,179 was delivered (44 per cent). The remaining funds will be rolled into 2022.

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

"During a crisis, all women should have access to family planning because that is the time that they are facing difficulties at home"

Karalaini Macanawai, retired midwife

The Ministry of Health and Medical Services in 2021 focused on the humanitarian responses to Cyclones Yasa and Ana and the COVID-19 pandemic providing a total of 23 retired midwives to sustain crucial FP/SRH services and information for people in affected areas.

Tropical Cyclones Yasa and Ana hit in December 2020 and January 2021. They devastated the Northern Division, leaving a trail of destruction and badly impacting health services. Health facilities were damaged or destroyed, and some became inaccessible due to damaged roads. Some women and girls were not able to access essential SRH/FP services. Based on past experiences, UNFPA deployed retired midwives to maintain services and set up Women-Friendly Spaces in affected areas.

In coordination with the National Disaster Management Office, UNFPA's humanitarian team reached an estimated 5,868[33] people with 14,479 health services from April to July. These services included FP counselling and commodities, antenatal and postnatal care, COVID-19 vaccination for pregnant

[33] This number is extrapolated from Phase II data estimating that an average of 2.5 services are provided to one client.

women. One in seven clients were provided with FP services. A total of 483 contraceptives were distributed.

The second wave of the pandemic in April overwhelmed health services. Due to rapid spread, lockdowns in several communities were applied to contain the spread of Covid-19. Ultimately, two main referral hospitals – Lautoka Hospital and Colonial War Memorial Hospital – were converted into Covid-19 health facilities while a number of makeshift facilities were erected to accommodate increasing numbers of severely ill patients. The disruption of services affected all other types of health services and it was necessary to reduce routine health care and maintain emergency medical services only. Maternity care and family planning services were delivered in make-shift hospitals set up in a government ship, health centres and health facility tents. The unmet needs for services became evident as women face challenges in gaining access to maternity care and FP services. Some health centres were shut down because of manpower shortages and inability to sustain services. The health systems in Fiji were far too stretched to adequately respond to the crisis.

To ease health-care gaps, UNFPA provided a second deployment of retired midwives to support the existing workforce, provide needed FP and SRH services, and reach communities that could not access facilities. They managed Women-Friendly Spaces set up to complement existing facilities. The midwives reached an estimated 10,289 people[34] and provided 25,386 services in Vanua Levu and Viti Levu between April and December. The services included FP counselling and contraception, antenatal and postnatal care and COVID-19 vaccination. The midwives assisted with 770 childbirths and provided 3,790 people with FP services, including 611 contraceptives. Prior to deployment, the midwives were trained by master trainers using the revised FP training package. This included a specific focus on Jadelle insertion since many midwives had previous experience inserting Norplant.

Combined funding support from the TA and several other sources meant achievement of 36,532 CYP and the delivery of 73 per cent of the targeted 50,000 contraceptives.[35] There were 4,990 new acceptors of FP, nearly half of the planned target of 10,000 for the year.

Retired midwife Karalaini Macanawai was awarded the Independence Day Medal for Community Service by His Excellency the President of Fiji for her work during the 2021 humanitarian and COVID-19 response. She also served in other Pacific countries when crises hit, including the Samoa measles outbreak in 2019.[36]

Work with regional implementing partners continued during the pandemic, despite challenges in getting technical inputs from the ministry. Discussions were held to orient the Ministry of Health on the need for adolescent and youth SRH guidelines and their format, and to set timelines for development. A workplan for devising FP quality assurance mechanisms was agreed but with delays in obtaining current audit tools from the ministry. Two health staff joined the online midwifery Faculty

[34] This number is extrapolated from Phase II data estimating that an average of 2.5 services are provided to one client.

[35] UNFPA Supplies, UNFPA regular resources, USAID and DFAT Fiji post contributed resources to this combined result.

[36] Funded by other funding sources.

Development Programme led by the Burnet Institute. A review and update of the midwifery curriculum were pushed to 2022 due to the limited availability of technical staff.

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

The Ministry of Youth and Sports focused on three major interventions in 2021: FP/SRH training for young people, FP/SRH outreach to rural and remote settings and the revision of the current out-of-school CSE/FLE training package to align with international standards.

> *"I don´t want to have more children because I know we live in a difficult time."*
>
> Mere

The Ministry of Youth and Sports trained 623 young people, including four living with a disability, on out-of-school CSE/FLE, surpassing the year's target of 500. The programme for out-of-school young people teaches life skills based on five modules: rights, responsibilities and relationships; body, puberty and reproduction; communication and decision-making; staying safe and healthy futures. Of those trained, 53 per cent were males and 46 per cent were females, with an age distribution of 25 per cent aged 10-19, 30 per cent aged 20-24 and 45 per cent aged 25-35. Training took place in all four national divisions. The modules are currently being revised based on international standards and to incorporate all elements of CSE/FLE.

A BCC message on SRH/FP reached 6,726 women of reproductive age and young people, surpassing the annual target of 1,000. Among them, 97 per cent were reached through FP counselling by the retired midwives in the humanitarian programme, with the rest through Ministry of Youth and Sports programmes. While the humanitarian programme focused on affected areas in the two main islands, the ministry reached rural locations and outlying islands.

Young people reached by the ministry were 46 per cent male and 54 per cent female, with 16 per cent aged 10-19, 29 per cent aged 20-24 and 55 per cent aged 25-35. Outreach included visits to 33 villages on the island of Beqa, the rural districts of Tunuloa and Natewa in Vanua Levu and the Nadarivatu district in the rugged interior of Viti Levu. The ministry partnered with an IPPF member affiliate, the Reproductive and Family Health Association of Fiji, to carry out FP/SRH services during the visits. These included contraceptive distribution and counselling and cervical cancer screening. The team also replenished the condom stocks of village nurses.

Work continued on several fronts despite the pandemic, including to develop the mHealth App. The mHealth starter pack is a complete, ready-to-deploy platform that can run on Android smartphones. It was initiated by UNFPA; Fiji is one of over 10 countries that will use it. As a response to pandemic restrictions, the Ministry of Youth and Sports chose the app as a virtual platform for awareness and training among young people.

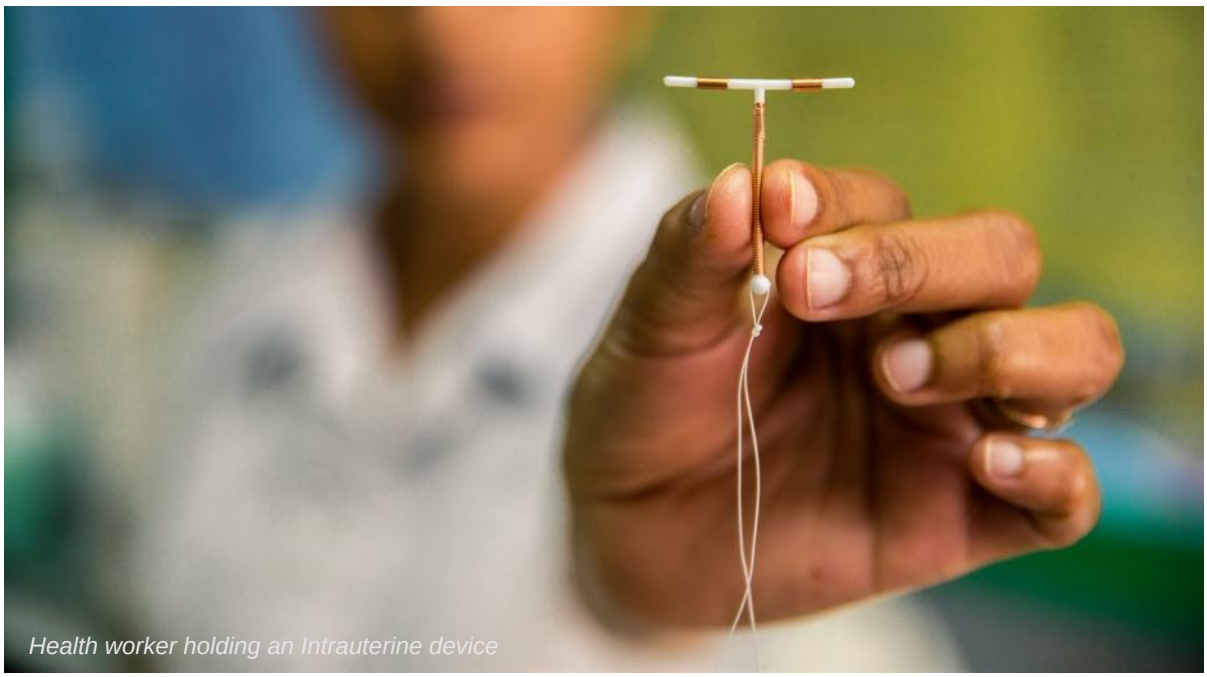
With technical support from FPNSW, the ministry is also revising its out-of-school CSE/FLE training package to operate online. The revision involves consulting young people to ensure it is user-friendly. Ongoing discussions to link other global training programmes to the package include one with IPPF related to the "It's All in One" curriculum for out-of-school youth.

As mentioned, on out-of-school CSE/FLE, FPNSW is working with the Ministry of Youth and Sports to align the current SRHR training package to international standards, including through consultations with young people. The work also involves developing a training package for facilitators, including

from the Reproductive and Family Health Association of Fiji, the local IPPF affiliate, to train its staff to teach the out-of-school CSE/FLE curriculum.

For an in-school CSE/FLE curriculum, earlier assessments were compiled as part of making recommendations to inform the CSE/FLE Action Plan. The plan includes extending the curriculum to primary school, for years 1 to 6; reforming the FLE Steering Committee; designing and rolling out pre-service teacher training; establishing a monitoring framework and reviewing the child protection policy within the Ministry of Education. A partnership agreement has been signed with the Ministry of Education, which will oversee the CSE/FLE work.

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



Health worker holding an Intrauterine device

The Ministry of Health and Medical Services focused on three major interventions in 2021: the HMIS gap analysis and review, the development of the RMNCAH Policy and Strategic Plan and a review of national policies that impact SRH.

UNFPA focused on completing the HMIS gap analysis with the ministry with support from the Burnet Institute. The ministry has provided most SRH data-gathering tools to the Burnet Institute for the analysis, which is expected to be validated and finalized in 2022. The activity was presented to the HMIS team and leaders, garnering full support; HMIS team members are part of the working group that has had regular meetings with the Burnet Institute. Some key initial findings involve needs to develop a core, minimum set of SRH/FP HMIS indicators that align with international measures, update and maintain metadata files or a “data dictionary” for all SRH/FP indicators, develop standardized templates for facility-level data collection and establish mechanisms to ensure the quality of reports.

Work began on the first RMNCAH policy and strategic plan, with a draft policy produced and preliminary input provided by technical staff. Further in-depth inputs were not possible given the pandemic-related redeployment. The policy will be finalized in 2022 along with a strategy and costed

implementation plan by a technical working group within the Ministry of Health and Medical Services already established to work on the draft.

The Nossal Institute reviewed national policies and laws impacting SRH and identified gaps and areas needing strengthening. A validation is planned for 2022, with findings and recommendations used to guide SRH programmes and policies, including the RMNCAH policy and strategic plan.

Women Enabled International conducted a needs assessment of three priority issues impacting human rights at the intersection of gender and disability: SRH, GBV and legal capacity. Key recommendations include providing disability-specific values clarification trainings for a wide range of SRH and GBV service providers and for police and justice sector personnel, developing accessible SRH and GBV IEC materials specifically targeting women and young people with disabilities, and establishing a women and young people with disabilities community health liaison/advocate programme. Findings and recommendations will be validated in 2022.

> *"Only some deaf women make their own decisions when seeing a doctor. … The doctors and nurses would make the decision for me what family planning method to take even though I choose another family planning method. However, the doctor would tell me to take the one they choose because it's better."*
>
> Deaf woman (27), Fiji

Challenges and actions to overcome them

The pandemic has been the main challenge in 2021. Fiji has been badly hit with widespread community infection and deaths. The second wave overburdened the health system, shattered the economy and caused spiking unemployment.

UNFPA reprogrammed TA resources to humanitarian programming to address FP/SRHR limitations brought on by the pandemic. This included the deployment of retired midwives to support and replace exhausted health staff or manage FP/SRHR stations left vacant when health staff were sent elsewhere. This sustained SRH/FP services that otherwise would have not been available.

Online discussions and meetings helped manage the challenges of the pandemic. This highlighted the importance of the work done with the Ministry of Youth and Sports to develop the mHealth App. Medical Services Pacific, a new partner for Fiji, was not able to conduct outreach to maritime areas based on their workplan. The Ministry of Health and Medical Services tapped the group to receive antenatal mothers in their clinics as part of the national response to COVID-19.

5.2.2 Kiribati

Country context

The 2020 Population and Housing Census found that Kiribati has 119,438 people, with 41 per cent under age 18. Since 2010, the average annual population growth rate has been 1.37 per cent. The 2018-2019 MICS indicated a total fertility rate of 3.3, a decline from 3.8 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 is 20 per cent. While unmet need for FP for all women is 18 per cent, it is 30 per cent among adolescent girls aged 15-19.

The Kiribati 20-Year Vision 2016-2036 recognizes the critical importance of a globally competitive and healthy human resource base. Acknowledging the complexities of population growth, the diversity of cultural and religious beliefs, and social and cultural challenges, the Government has committed to an improved health-care system with 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 due to population growth. Between 1995 and 2014, however, Kiribati experienced one of the lowest real annual growth rates in total health spending per capita among Pacific countries. From 2004 to 2014, total health expenditure per capita dropped by 25 per cent to US $154. Most health spending is public, which includes social welfare support for those aged 18-59 and support for the elderly aged 60 and above.

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 (AU $11.8 million), closely followed by spending on maternal, newborn and child health (AU $8.6 million) and activities related to the prevention of communicable diseases (AU $4.3 million). Measures to strengthen the health system garnered AU $3.5 million. FP received an estimated AU $1.9 million, and GBV and youth services combined received AU $1.4 million.

RMNCAH Committee

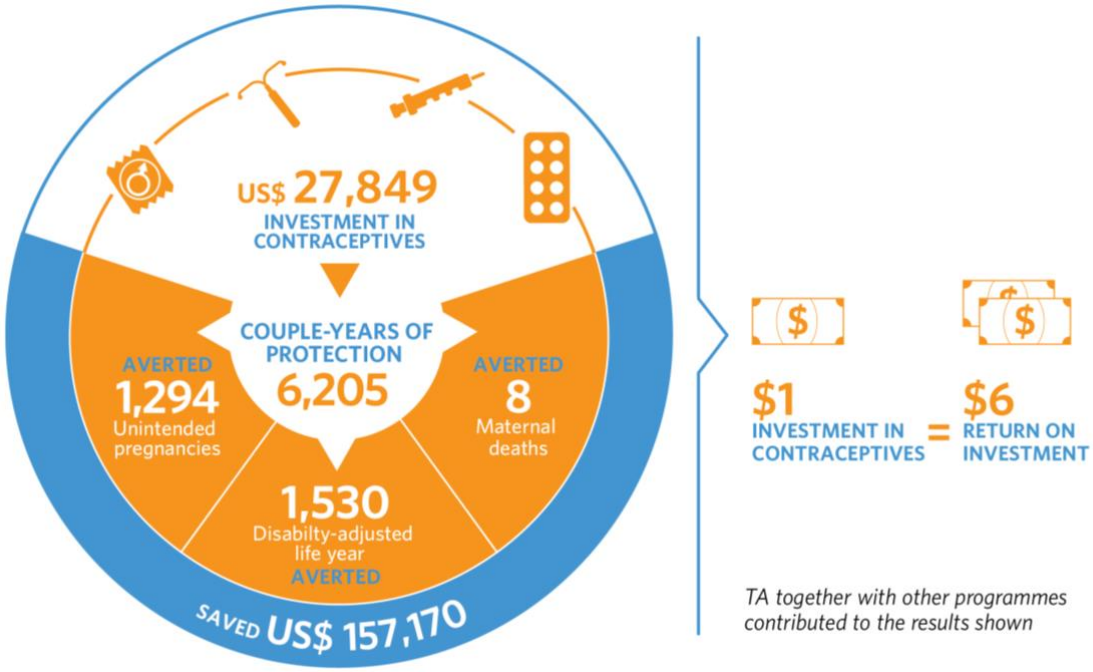
The RMNCAH Committee falls under the direct leadership of the Ministry of Health and Medical Services, which has pledged to continue supporting the committee as part of the UN Joint Programme on RMNCAH Transition Plan. Chaired by the Director of Public Health, the Committee comprises representatives from the Ministry of Health and Medical Services; Ministry for Women, Youth, Sport and Social Affairs; Ministry of Education; development partners such as DFAT and the 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 organisations; disability groups such as Te Toa Matoa; and UN entities including UNFPA, UN Women, UNICEF and WHO. Through the committee, UNFPA plays a significant role in providing contraceptives on a quarterly basis; training midwives, nurses and doctors on FP; and coordinating activities to provide SRHR/FP services and access to women, girls, adolescents and people living with disabilities.

The pandemic affected the functioning of the committee; a full committee meeting did not take place in 2021. After the sudden loss of one RMNCAH staff member, committee organizers called for two meetings in the third and fourth quarters, one on next steps and a second in conjunction with other programme areas. All development partners were invited to review and develop the annual workplan

at the second meeting. UNFPA participated and ensured activities were aligned with the ministry's plan. But since key organizers could not attend, the meeting mainly covered progress updates.

Coordination with DFAT post:

The UN Joint Presence met with DFAT on the arrival of the new Australian High Commissioner to present progress on UN programmes, inter-agency coordination, technical support and operational bottlenecks. The Ministry of Health and Medical Services conducted meetings of the COVID-19 Executive Management Committee with selected stakeholders and the COVID-19 Communicable Disease Surveillance Response Committee with UN agencies and donor partners including the Asian Development Bank, DFAT and MFAT. UNFPA invited DFAT to participate in several activities, such as those related to ICPD25, the RMNCAH policy, the midwifery development curriculum and the TA implementing and regional partners meeting.



Results

In 2021, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health and Medical Services, Ministry of Education, and Ministry of Women, Youth, Sports and Social Affairs. The commitment was US $1,121,609 of which US $1,084,609 was under national implementation and the rest under UNFPA implementation. Of the total, US $298,578 was delivered (27 per cent). The remaining funds will be rolled into 2022.

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 two main activities in 2021: FP training with youth-friendly and disability-inclusive components and a review of the midwifery curriculum.

Due to travel restrictions, FPNSW delivered FP online training to 16 health workers – 11 champions comprising nurses and midwives, and 5 master trainers who are gynaecological specialists and

maternal health programme managers.[37] FP training continued from 2020 to 2021. Master trainers who successfully completed the training went on to train other health-care providers with some support from FPNSW.

The training strengthened the capacity of health service providers to deliver quality, youth-friendly and disability-inclusive FP counselling and services, free of judgment. As a result, 5 per cent of SDPs in Kiribati now have at least one staff person equipped to deliver such services. FP training in the outer islands in 2022 will increase this percentage.

A review of the midwifery curriculum was completed. Recommendations highlighted alignment with global standards and competency-based learning, teaching and assessment methodologies. Specific recommendations called for applying global FP standards and including disability, adolescent SRH and responses to violence against women. The Burnet Institute worked with the Ministry of Health and Medical Services and the School of Nursing to revise the curriculum based on the review. It was submitted to the Ministry of Health and Medical Services in December 2021 for comments and review. The process is expected to conclude in the second or third quarter of 2022, following revisions by the Burnet Institute and final acceptance by the ministry.

UNFPA supported 16 nurse/midwife educators and Ministry of Health and Medical Services staff to undertake Modules 1 and 2 of the Midwifery Faculty Development Programme led by the Burnet Institute. UNFPA will continue to support nurse/midwife educators and staff from the Ministry of Health and Medical Services in taking Modules 3-6 in 2022. The training provided participants with essential skills and knowledge to become more competent in the curriculum revision process as well as equipped them with the learning tools to deliver midwifery training to pre- service nurses.

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

The Ministry of Education and Ministry of Women, Youth, Sports and Social Affairs in 2021 focused on four areas of work: operationalizing CSE/FLE-integrated syllabi, training teachers, developing the curriculum for out-of-school CSE/FLE, and finalizing the BCC Strategy and Implementation Plan.

UNFPA's partnership with the Government on CSE/FLE is advancing. Kiribati has operationalized the CSE/FLE integrated syllabi for years 6 to 9, reaching an estimated 27,765 students. Almost 70 per cent are girls aged 11-15 in 56 schools (47 primary and 9 junior secondary schools).[38]

While implementation of CSE/FLE in grades 6 to 9 is ongoing, the nationwide roll-out for grades 10 and 11 is expected to happen in 2023. In 2021, integration of CSE/FLE into three subjects (moral education, physical education and health, and social studies) for years 10 and 11 commenced, including drafting syllabi and conducting consultations with multiple stakeholders across the country on content. This process became an avenue for CSE/FLE advocacy. CSE/FLE integration efforts for years 10 and 11 in 2021 and 2022 are driven by the logic model approach, which ensures that key learning activities and objectives from the core of the curriculum influence behaviour change to achieve health goals. The approach is a tested tool that ensures young people aged 10-24 can access age-appropriate, rights-based, culturally sensitive and gender-inclusive sexuality education to inform decisions on sexuality and matters related to SRHR.

[37] In Fiji and Kiribati, an additional layer of trainers was added. They are responsible for delivering the master-level training programme.

[38] The Ministry of Education's School Improvement Unit estimated this percentage.

Ongoing training of pre-service and in-service teachers includes associate lecturers at the Curriculum Development Resource Centre, through the Kiribati Teachers College and with support from FPNSW on CSE/FLE teaching pedagogies. The Kiribati Teachers College developed pre-service modules that will be integrated into teaching content on moral education, physical education and health, and social studies. These will be used in the first semester of 2022 after approval from subject content lecturers. This marks a significant accomplishment for the college since it will be the first time that CSE/FLE modules are integrated into pre-service courses on the three subjects. Pre-service teachers will be able to deliver CSE/FLE content once they graduate, contributing to a lasting impact. In previous years, the college had to train in-service teachers with no prior knowledge of CSE/FLE. Integrating CSE/FLE into pre-service modules and courses will significantly contribute to the sustainability of CSE/FLE and yield long-term SRH and other dividends.

"The teacher was able to deliver the sensitive topic in such a relaxed manner. More interestingly, her students were active and engaged with lots of curiosities in the taught topic. Her students, even the boys, bombarded the teacher with deep questions related to menstrual cycle and ovulation. The teacher looked confident in handling those questions and her students looked satisfied with the teacher's responses. I was very excited to see this happening in the school. I can't wait to see changes in future!"

Aberaam Tebitaki - FLE master trainer and Senior Associate Lecturer

Continuous professional development for in-service teachers in early 2022 will train the remaining 20 per cent of teachers on CSE/FLE. This is part of continuous professional development for in-service teachers conducted in late 2020 until the end of January 2021. Training modules incorporating CSE/FLE teaching pedagogies were developed with technical assistance from FPNSW and associate lecturers from the Kiribati Teachers College.

The 21 master trainers trained in 2020 delivered CSE/FLE training in 2021 to 82 teachers from primary, junior secondary and senior secondary schools. The master trainers include staff from the education and health sectors as well as from the teachers' college. Since many challenges in rolling out CSE/FLE in schools are due to restrictive social norms and religious beliefs, the education and health sectors agreed that health workers would deliver sensitive modules in schools so that students receive the full CSE/FLE curricula. At the same time, with on-going advocacy and training, more teachers are equipped with appropriate teaching pedagogies and the confidence to deliver CSE/FLE.

Curriculum development for out-of-school CSE/FLE is underway with support from FPNSW, the Ministry of Education and IPPF. It will be contextualized to align with the Kiribati Family Health Association's existing out-of-school CSE/FLE manual. Ongoing work on standardizing an out-of-school CSE/FLE manual with technical support from FPNSW is aimed at increasing national capacity, strengthening community based CSE/FLE and promoting SRH/FP uptake messages to over 900 young people in 2022. The final draft manual is expected to be completed in the second or third quarter of 2022 and rolled out by the fourth quarter.

1,321 out-of-school adolescents and youth were reached through activities in the existing CSE manual of Kiribati Family Health Association.[39] Information shared was focused on adolescent SRH/ FP and preventing adolescent pregnancy which is an alarming issue in Kiribati.

Female condom demonstration during BCC Youth Advocates training

Kiribati developed and finalized its BCC Strategy and Implementation Plan, which includes a focus on youth and mainstreaming disability inclusion. The Nossal Institute and ABCID supported the process with inputs from the BCC Task Force, which consists of different stakeholders, including the Ministry for Women, Youth, Sport and Social Affairs, the Ministry of Education, the Ministry of Health and Medical Services, Te Toa Matoa, the Red Cross and youth advocates/Y-Peer. Launched in 2021, the BCC intervention is fully underway. ABCID will continue to provide technical assistance to conceptualize, design and implement it in 2022, including through IEC materials, radio scripts and comic scripts.

"I hope to become the voice for young girls who are scared because of the social norms, to share the right information, and prepare them before they become partners."

Tiera Koria (20), Youth Advocate

One training for the BCC task force in 2021 reached 27 youth advocates, enhancing their knowledge and understanding of key SRHR/FP messages and different contraceptive methods. After the training, the advocates joined the community outreach activities engaging 1,321 out-of-school young people; 70 per cent were women and girls. Advocacy also reached 33 young people living with disabilities, a 47 per cent increase from 2020. During these activities components of the existing CSE/FLE manual of Kiribati Family Health Association were utilized.

BCC radio and community awareness programmes reached approximately 5,800 people. Increased CSE/FLE community advocacy and promotional activities by the Kiribati Men Behavioural Change group reached well over 500 men, women, girls and adolescents aged 17-68 who are living with a disability.

More men are becoming aware of how they can support women and girls in realizing SRHR, including through FP to achieve a healthy family. The number of men trained on links between SRHR/FP and GBV increased in 2021 by over 30, a significant achievement by Kiribati Men Behavioural Change. Continuous support is essential, however, to reach more men since they play a dominant role in families and communities.

[39] The existing KFHA CSE manual has key elements of the International Guidance on CSE, but does not yet include all areas of the new guidance.

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 three interventions in 2021: finalizing the RMNCAH policy, strengthening the HMIS, and finalizing the mapping of policy and legislative gaps related to SRH and GBV.

The final draft RMNCAH policy was submitted to the Ministry of Health and Medical Services in late December 2021 for final comments. The policy draws on the HFSRAA and recent DHS/MICS data responding to gaps identified. UNFPA provided assistance through technical advisers, an international consultant to support the Government-led negotiations as well as technical partners on specific components. Key stakeholders, including government departments beyond health, religious groups, youth, persons with disabilities and UN agencies (UNICEF, WHO and UN Women) participated in the discussions.

A validation workshop is expected in 2022 depending on the COVID-19 situation. The draft policy is aligned with the National Health Strategic Plan 2020-2023 and the Kiribati Development Plan. It serves as a guiding document in formulating activities to address unmet needs and gaps and realize national development targets and indicators aligned to regional and global health targets and indicators. The draft policy includes priority interventions related to an enabling environment, the supply of and demand for RMNCAH services, and health information. It encompasses RMNCAH commodity security, health promotion and people living with disabilities, and humanitarian preparedness and response.

The Ministry of Health and Medical Services focused on strengthening the HMIS to ensure the availability and use of SRH/FP data. An initial workshop involved 31 participants from the Health Information Unit, medical assistants, pharmacy staff, district principal nursing officers and RMNCAH Committee members with full participation and extensive consultations. Technical support was provided by the Burnet Institute. The draft is being reviewed by the UNFPA technical team and will be shared with the Ministry of Health and Medical services for further comments and inputs in Q1 2022. The training provided participants with knowledge on how to identify and critically examine data needs and uses. Discussions are underway for a possible validation workshop by 2022.

The workshop offered a platform for the SRH programme at the ministry level and the Health Information Unit to establish a relationship and common understanding on respective roles as data users and producers. They developed capacities on HMIS and indicators, reviewed data tools and made recommendations to address data gaps. The workshop shaped a draft gap analysis report to strengthen production of key SHR indicators. Plans to circulate the report for feedback and validation in 2022 may be delayed by COVID-19, however.

Sixteen participants from the Health Information Unit, pharmacy staff and RMNCAH staff were trained on the Tupaia MediTrak tool. Participants said the app has resulted in improved commodity stock-taking as it provides clearer insights on timely ordering and distribution of RH commodities. The spot-check tool will be rolled out to approximately 40 health facilities, including on the outer islands, in 2022. Spot checks were planned for 17 of 112 health facilities in 2021 but were possible only in 5 given COVID-19 constraints. All five facilities had at least three FP methods available on the day of the visit.[40]

[40] The 5 facilities visited had a target of stocking at least 3 methods of contraception.

None were using the inventory stock card although health workers felt this would be helpful. There was no functional mSupply so commodities were ordered manually.

With technical support from the Nossal Institute, Kiribati finalized the mapping of policy and legislative gaps related to SRH and GBV. The report was shared with relevant stakeholders, namely, the Ministry of Health, Ministry of Education and Ministry of Women, Youth, Sports and Social Affairs for their comments. Validation is expected by the second quarter of 2022. The report will guide policymaking on improving SRH and the well-being of women and girls.

UNFPA supported two coordination meetings between the Ministry of Health and Medical Services, Te Toa Matoa and Women Enabled International to discuss a planned SRHR and GBV needs assessment of people living with disability. It will provide evidence to prioritize SRH and GBV services for young people and women living with disabilities.

Health worker stocktaking contraceptive pills

Challenges and actions to overcome them

Although Kiribati did not have COVID-19 cases in 2021, national vaccine campaigns consumed attention and time. Many key health staff were shifted to support this effort. Both financial and human resources were diverted to COVID-19 with limited priority given to SRH and FP. The lack of staff to take over when programme managers are on leave and the unavailability of senior staff to approve activities tended to hinder timely implementation of activities. The sudden passing away of one of the key focal persons for UNFPA also deterred programme implementation.

Despite openness around discussing SRH/FP issues with young people in schools through CSE/FLE-integrated syllabi, and advocacy by youth advocates and male champions, community resistance continues. Work on community sensitization and radio programmes on the benefits of SRH services for women and young people should be continued until reaching zero unmet need for FP. Some youth advocates shared that they still have concerns around being seen as not respecting traditional culture while promoting SRHR/FP messages in communities. Religious beliefs can be a barrier along with social and cultural norms that uphold traditional gender roles and limit discussions on contraception and FP, even among married couples.

Travel restrictions continued to prevent regional implementing partners from entering the country, requiring increased coordination among UNFPA offices. While online training has presented opportunities for innovation, it also challenges effective engagement, particularly where Internet connectivity is extremely poor.

UNFPA trained 25 government officials on results-based management in 2021 to strengthen results reporting. The country office worked closely with the Ministry of Health and Medical Service, the Ministry of Education and the Ministry of Women, Youth, Sports and Social Affairs to revise the M&E framework with realistic goal setting against indicators. This has improved work progress reports, and the design, planning, implementation and M&E of approved workplans. But this training needs more support moving forward to achieve significant impacts. Improvement in understanding of the RBM

concept and the ability to link it with programme design, planning, implementation, and M&E have been helpful in better programme management.

UNFPA has been working closely with the Government to improve processes around disbursements, implementation and fund absorption. It has focused on increased human resource allocations, regular coordination meetings and the continuous capacity building of key implementing partners. As a result, UNFPA managed to address spot-check findings for two critical implementing partners, the Ministry of Health and Medical Services and the Ministry of Women, Youth, Sports and Social Affairs. 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 must 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. The reconciliation period for the Government is a lengthy process that can take up to two quarters. Additionally, due to a lengthy recruitment process, the Government did not hire a TA-funded SRH officer in 2021. This further hindered timely implementation.

In 2021, UNFPA completed three spot checks and one auditing report. The audit was conducted by an external firm; no major observations were highlighted. Financial findings involving missing supporting documents for two implementing partners have been resolved; one remaining issue on return of funds from the Ministry of Education will be completed in the second quarter of 2022. The Kiribati National Statistics Office, under the Ministry of Finance of Kiribati, had an outstanding financial finding from a 2018 audit that was resolved in 2021, following the highest level of intervention with the Ministry of Finance. UNFPA staff provided regular support to all implementing partners for compliance with financial and programme procedural requirements. This resulted in significant improvements in the timely submission of workplan progress reports, Face forms for the 2021 year-end closure, and finalization of 2022 workplans by December.

5.2.3 Samoa

Country context

According to the last census in 2016, Samoa has 195,979 people. About 77 per cent live in Upolu and 25 per cent in Apia, the capital. Around 56 per cent are under age 25; 38 per cent are under age 15. Women of reproductive age (15-49 years) comprise 22 per cent of the population and nearly half (46 per cent) of the total female population. Samoa has a young population, with 44 out of 100 people below age 18.[41] While Samoa reduced the total fertility rate from 4.7 in 2011 to 3.8 in 2016, demand for FP satisfied by modern methods among married/in-union women of reproductive age has declined from 39 per cent in 2014 to 29 per cent in 2019, based on the DHS. In the same period, the adolescent birth rate stagnated, from 56 births per 1,000 women aged 15-19 to 55 per 1,000. Samoa has a high antenatal care coverage rate of 94 per cent for at least one visit and a high institutional delivery rate of 88.6 per cent. An integrated approach to SRH and FP may allow more service delivery platforms to reach women of reproductive age with information and services.

SRH care is guided by several newly launched policies and plans, such as the Community Development Sector Plan 2021-2026 and the Ministry of Women, Community and Social Development Strategic Plan 2021-2026. The first encompasses social outcomes that include reproductive health. An M&E

[41] Samoa Bureau of Statistics (2021), *Samoa Demographic and Health – Multiple Indicator Cluster Survey 2019-20, Survey Findings Report.*

framework reflects SRH-related targets and indicators, with an emphasis on vulnerable groups, including people with disabilities.

Two other policies launched in 2021 include the National Policy on Gender Equality and Rights of Women and Girls 2021-2031 and the National Policy for Persons with Disabilities 2021-2031. The first provides a framework for achieving gender equality and women's empowerment and improving SRHR for women and girls. The disabilities policy is the second of its kind, aimed at adopting, promoting and advancing a human rights-based approach in facilitating the inclusive development of persons with disabilities in Samoa. The policy explicitly refers to SRH for the first time.

The Government continues to demonstrate a commitment to financing health. Based on the 2021-2022 budget estimates, the approved appropriation for health through public sources was WST 127 million or 7.8 per cent of total approved budget appropriations for 2021-2022 of WST983 million. Of this amount, 14.4 per cent was financed through external sources, including capital projects/grants and in-kind donor assistance. The Government continues to receive cash grants and concessional lending from development partners to finance additional development projects and programmes. External finance for projects and programmes for FY2021-2022 reached an estimated US $243.4 million. Of this, US $241.2 million comprised cash grants and US $19 million was for the health sector.

SRH/FP products are supplied under the UNFPA Supplies Programme and received at the Ministry of Health warehouse for distribution to all SDPs based on request. The ministry funds the operations of the Family Planning Unit and free antenatal services. The Family Planning Unit serves some 20 clients a week. The SFHA operates static and mobile FP services to provide counselling and distribute FP products. The Global AIDS Foundation supplies only male condoms.

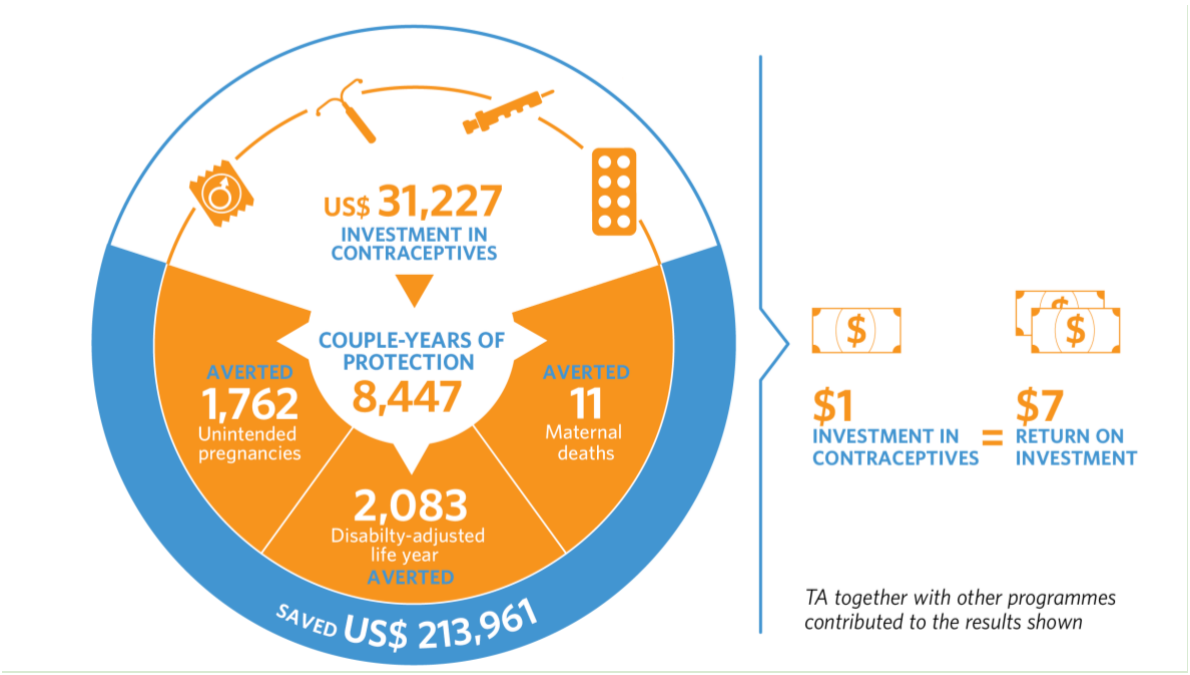
SRH Stakeholders Committee

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 24 agencies, including the Ministry of Education, Sports and Culture; the Ministry of Women, Community and Social Development; and NGOs such as the SFHA and Samoa Red Cross. External partners such as donors and development partners, including UNFPA, are not members and do not take part in routine 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 (e.g., FP training and antenatal guidelines). In 2021, only two meetings took place, given national pandemic restrictions, competing priorities related to COVID-19, the national elections and a political impasse. To help coordinate and provide secretariat functions, UNFPA funded technical assistance within the ministry.

Coordination with the DFAT post

Throughout 2021, UNFPA invited the DFAT focal point in Samoa to participate in strategic programme coordination meetings and other key events, for example, the validation of the midwifery review report. Any formal correspondence on programme activities with the sub-implementing partners was shared with the DFAT focal point.



Results

In 2021, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Finance, the main implementing partner, and seven sub-implementing partners, including the Ministry of Health; Ministry of Education, Sports and Culture; Ministry of Women, Community and Social Development; SFHA; Samoa Red Cross; Samoa Fa'afafine Association and National University of Samoa. The commitment was US $590,320 of which US $462,701 was under national implementation and the rest under UNFPA implementation. Of the total, US $175,650 was delivered (30 per cent). The remaining funds will be rolled into 2022.

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

The Ministry of Health, SFHA and National University of Samoa focused on three major interventions in 2021: strengthening health workforce capacity to deliver FP services, bolstering national capacity to deliver MISP during emergencies and strengthening the national midwifery curriculum.

UNFPA with technical assistance from FPNSW supported the Ministry of Health to contextualize a youth-friendly and disability-inclusive FP training package and decision-making flipchart on contraceptives. Seven health workers (six senior government nurses and one SFHA midwife) completed an eight-day training to strengthen youth-friendly and disability-inclusive FP counselling, improve skills in providing FP methods and prepare to train other health workers on these subjects. In 2022, the six government master trainers will train at least two health workers at all 12 government-owned SDPs. The SFHA master trainer will train health workers in the two SFHA SDPs. As a result of the master training, 50 per cent of all SDPs have at least one member of staff fully trained on youth-friendly, disability-inclusive FP service provision. After the nationwide roll-out, this will increase to 100 per cent of SDPs.

Trained FP master trainer counselling a client

The National University of Samoa School of Nursing, with support from UNFPA and technical support from the Burnet Institute, led a review of its postgraduate midwifery programme. The Nursing Association and midwifery staff of the Ministry of Health validated the findings in 2021. The review highlighted the fact that the midwifery curriculum had not been reviewed for over 20 years, the current curriculum does not reflect international midwifery standards, and midwifery services have advanced knowledge but graduates lag behind. Based on national consultations, a key recommendation was to update the current curriculum based on international standards. In 2022, the School of Nursing will initiate a renewal of the postgraduate midwifery programme in line with new courses designated by the Samoa Qualifications Authority and the National University Council. Eleven midwives from Samoa attend the regional Midwifery Faculty Development Programme provided by the Burnet Institute; they will play a role in updating the postgraduate programme.

To improve capacity to deliver SRHR services at the onset of crises, the SFHA conducted two trainings on MISP for health workers and first responders from various agencies in Upolu and Savaii. Of the 40 participants (24 in Upolu and 16 in Savaii), half were women and four were people with disabilities. The training addressed SRH and GBV in emergencies, and as a result participants developed workplans with complementary emergency activities. The National Disaster Management Office presented its national action plan in both trainings and is currently finalizing advocacy around accessing FP methods and information in emergencies.

While the COVID-19 pandemic and national elections had great impacts on many interventions, some were more affected than others. At the start of 2021, discussions about supportive supervision were paused due to competing priorities of the Ministry of Health. These discussions resumed in late 2021 with plans to conduct quality-of-care training in early 2022.

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; SFHA; Samoa Red Cross and Samoa Fa'afafine Association focused on four major interventions in 2021: strengthening in-school CSE/FLE, bolstering out-of-school CSE/FLE, improving access to FP/SRHR information and services for out-of-school youth, and developing a BCC plan and messages.

CSE/FLE implementation had a slow start in 2021 due to competing priorities. In 2020, in response to a situational analysis report and plan of action, an FLE Multi-Stakeholder Committee was established with three subcommittees on curriculum development, teacher training and out-of-school CSE/FLE. The first is tasked with reviewing in-school CSE/FLE content by subject area, the second with reviewing CSE/FLE teaching resources and the last with reviewing the out-of-school CSE/FLE curriculum. Together they are responsible for strengthening CSE/FLE both in and out of school.

In 2021, with FPNSW support, the Curriculum Development Subcommittee completed a review and gap analysis to inform the scoping and sequencing of CSE/FLE content for primary and secondary schools. Scoping and sequencing were completed to integrate CSE/FLE into health and physical education courses for grades 1-12. This subject is compulsory in primary schools and optional in secondary schools. The CSE/FLE curricula will be revised to meet international standards and is expected to be taught in 2022. An important finding of the scoping and sequencing exercise was the need to increase CSE/FLE coverage in secondary schools, since health and physical education is not mandatory. A national statement from the Ministry of Education, Sports and Culture is currently being drafted to emphasize embedding CSE/FLE into other carrier subjects in school. The Curriculum Development Subcommittee also drafted a teachers' guide that is currently undergoing consultations with plans for finalization in 2022.

The Teacher Training Subcommittee is developing a microcredential qualification for in-school CSE/FLE. The qualification consists of five modules, with the first completed in 2021. The full course is expected to be finished in 2022 and will become available for both in-service and pre-service secondary school teachers of health and physical education. The course will be mandatory for pre-service teachers and optional for in-service teachers.

CSE/FLE lesson plans aligned with the remote teaching of secondary education were developed in 2021. Two out of 10 lesson plans were published in multimedia formats, with another eight to follow in 2022.[42] The two available lesson plans are on gender norms and respectful relationships and were made available on the Ministry of Education, Sports and Culture's online platform, which is accessible to all secondary school teachers. Health and physical education teachers taught these lesson plans during the national lockdowns in September and October, reaching 3000 adolescents.

Progress in using an out-of-school CSE/FLE manual is advancing well. An out-of-school CSE/FLE mapping in 2021 identified an existing CSE/FLE manual that was reviewed and adapted to meet international standards. A five-day training on the manual's seven modules was conducted for eight master trainers (75 per cent female and 25 per cent male). Participants involved one Ministry of Health worker, one Ministry of Women, Community and Social Development worker and six representatives of CSOs. They will train at least 80 youth as community-based trainers in 2022.

[42] CSE/FLE lesson plans are co-funded by Spotlight and the TA. The TA is funding the development of six modules and the training of trainers; Spotlight is funding the roll-out of CSE/FLE to communities.

"This CSE OOS curriculum comes at a critical time as young people are looking to solve their sexual reproductive health issues and have no one to turn to in their communities. We as community leaders, peer educators, and trainers, it is our responsibility to make sure this information is available to youth, so that they can make informed-decision about their health, sexuality, relationships and respect."

Gabby Apelu, Women in Sports

While the out-of-school CSE/FLE manual has not yet been fully rolled out, efforts were made to reach out-of-school adolescents and youth. Approximately 1,060 out-of-school youth were reached with SRHR information and services through the Ministry of Women, Community and Social Development, the SFHA, the Samoa Red Cross and the Samoa Fa'afafine Association. The ministry reached 120 youth (17 per cent under age 18, 83 per cent aged 19-35) in rural areas through integrated health services provided by the Ministry of Health (on tuberculosis, SRH and non-communicable diseases), the Ministry of Police (illicit drugs), the Samoa Red Cross (humanitarian) and the Samoa Victim Support (shelter).

In Samoa, 490 young people (455 females and 35 males) were reached through the SFHA. The programme team conducted awareness on SRH/FP, sexual violence, respectful relationships, and bodily integrity. Young people were offered clinical services such as general health care, ante natal care and family planning services.

The Samoa Red Cross reached 600 people including 250 youth in church groups, increasing awareness of SRHR/FP and distributing condoms. The Samoa Fa'afafine Association mobilized 200 youth in Savaii by organizing a sports day and providing information on SRHR/FP, including through dance sessions and the distribution of posters and condoms. SRHR information included FP methods, STIs, and respectful and healthy relationships. People reached in village-based community activities were 60 per cent female and 40 per cent male, all under age 25. The Samoa Red Cross reported a 25 per cent increase in knowledge on FP services through its peer educators programme.

A draft BCC implementation plan was developed with technical support from ABCID. Finalization is planned for 2022. ABCID also assisted the Ministry of Health to develop IEC materials and a multimedia script on SRHR. The materials include messages on available youth-friendly spaces and services and on emergency contraception. The multimedia script covers the locations of FP services, including during crises. The script was pre-tested with the SRH Committee and subsequently broadcast, reaching approximately 3,000 people through the Government-owned radio station, the National University of Samoa TV channel, all six privately owned TV channels and their radio stations, and social media. A typical FP TV spot showcases the accessibility of the local FP clinic and services for FP counselling, antenatal care and youth counselling.

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 Finance focused on two major interventions in 2021: improving supply chain management for reproductive health commodities, and reviewing SRH and GBV laws, policies and services, including a disability needs assessment.

With the support of UNFPA and John Snow Inc., the Ministry of Health coordinated a national workshop to improve supply chain management. Twenty-seven critical supply chain staff responsible for reproductive health commodities participated, including health-care workers from all 14 SDPs, pharmacy and warehouse officers, and staff from the health information system, IT and SRH units. The training identified gaps in the supply chain and explored approaches to strengthen efficiency. It produced solutions to ensure the timely distribution of reproductive health commodities from the warehouse to hospital pharmacies and eventually to all SDPs.

"When I was pregnant, I was so looking forward to taking care of my baby because I was experienced in taking care of my other cousins and siblings. However, I didn't know my parents had pre-arranged for a cousin of mine to take my baby and care for her. My family told me I cannot look after my baby. I felt so sad."

Deaf woman, age 23

In 2021, the SHR team conducted three spot-check monitoring visits to all 14 SDPs. Comparing the HFRSAA results and the spot checks suggested that the percentage of primary SDPs providing at least three modern methods of contraception on the day of assessment remained 100 per cent. The percentage of secondary and tertiary SDPs providing at least five modern methods increased from 75 per cent to 85 per cent. The percentage of SDPs with stock-outs of FP methods or products since the last visit fell from 50 per cent to 35 per cent. To further improve access to FP methods, UNFPA facilitated a one-day training for 15 health workers and 5 Ministry of Health support staff (e.g., IT) on the Tupaia MediTrak Spot-check Tool, which will be used in 2022 spot checks.

With technical support from the Nossal Institute and the University of Melbourne, Samoa finalized a review of policy and legislation related to SRH and GBV. A validation workshop with national stakeholders led by the Ministry of Finance ensured the report is accurate and comprehensive, and provided feedback on recommendations. The report concluded that Samoa has made good progress in creating an enabling environment for universal access to SRH. While there are no legislative restrictions on contraceptive access, however, minors and women with disabilities lack important legal protections related to consent. Anecdotal evidence suggests that third-party authorization for contraceptives takes place in practice.

Similar findings were reported in the 2021 needs assessment report of Women Enabled International. They mapped the range of restrictions that women and young people with disabilities face in accessing SRH and GBV services. Findings and recommendations were validated with stakeholders in the government and CSOs. The report led to a meeting with organizations of people with disabilities to draft concrete recommendations on strengthening SRH/FP services and dismantling barriers to access. These discussions will continue in 2022.

Challenges and actions to overcome them

The COVID-19 pandemic, emergency restrictions, national lockdowns, prioritization of COVID-19 vaccination campaigns and an economic downturn challenged programme implementation. The diversion of Ministry of Health staff to COVID-19 vaccination delayed various interventions; for

instance, the FP training was pushed to the end of 2021 and planning for supportive supervision was put on hold.

Pandemic-related challenges were compounded by the three-month political impasse following the national elections in April 2021. During this time, no Government disbursements could be made until an emergency budget was cleared. To address these unavoidable constraints, UNFPA worked with sub-implementing partners with funding capacity to continue implementation until the Ministry of Finance was able to disburse funds.

Persistent capacity challenges in implementing partner programme management and sub-implementing partners' M&E, in terms of the timeliness and quality of reports, continue to affect implementation. Frequent coordination meetings led by the Ministry of Finance as the main implementing partner are needed as a check on programme implementation. UNFPA directly supports the sub-implementing partners with financial and programme reporting.

5.2.4 Solomon Islands

Country context

Provisional data from the 2019 Census show Solomon Islands has a population of 721,455, a 30.8 per cent increase from 2009. Average annual population growth was 2.7 per cent, compared to 2.3 per cent in 2009. Updated figures on age (31 per cent of the population was aged 10-24 in 2009), life expectancy (69.3 years in 2009) and literacy (83.3 percent in 2009) are expected in the full Census report in 2022. Based on the 2015 DHS, the total fertility rate was 4.4, the adolescent birth rate was 77 per 1,000 live births, the contraceptive prevalence rate was 29 per cent and 35 percent of women had an unmet need for FP. A 2019 WHO estimate found 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, the RMNCAH Corporate Plan 2016-2020, the 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 plans have been extended through 2021 given the pandemic. The new sectoral plan (2022-2026), the next RMNCAH Corporate Plan and the Public Health Emergency Bill are expected to be developed in 2022.

In 2021, the already weak economy suffered two strong blows. Due to the COVID 19 pandemic, export income fell to a record low with adverse effects on domestic businesses, manufacturing, utilities and government operations as the decline in revenue was significant. Employment opportunities were curtailed. Per provisional employment data from the National Provident Fund, the total number of people employed fell by 6 per cent in 2020. Further, violent unrest towards the end of 2021 led to extensive adverse economic impacts. The Central Bank of Solomon Islands estimated the loss reached $534 million and economic growth contracted by 0.6 per cent, in place of a positive 0.4 per cent growth rate projected earlier. These events negatively affected timely implementation of planned activities in 2021 by the Ministry of Health and Medical Services and partners, including UNFPA.

In 2018, total health expenditure was SB $442 million; 92 per cent was from domestic and 8 per cent from external financing. General government expenditure on health as a share of overall expenditures was 7.9 per cent. Despite significant reliance on external financing, it has been decreasing. Out-of-pocket expenditure on health is low, at 4.6 percent of total health expenditure, although there are substantial indirect costs, such as for travel. Disaggregation of allocations to and expenditures 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 Ministry of Health and Medical Services saw an increase in its share of the total government budget from 11 per cent in 2015 to 13 per cent in 2020. In expenditure, while the recurrent budget is traditionally high, largely due to payroll and non-discretionary expenditures (utilities, annual leave, house rent, etc.), implementation of the development partners recurrent budget is low mainly due to poor planning, human resources constraints and the more discretionary nature of the funding. As per the World Bank Budget Expenditure Tracking Analysis, in 2019, the Ministry of Health and Medical Services implemented 88 per cent of its recurrent budget compared to only 66 per cent of the development partner budget.

Procurement of medicines and supplies is the ministry's single largest expenditure, excluding provincial grants. Given that the DFAT Direct Funding Agreement requires the ministry 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. In 2020, the National Medical Stores reported an expenditure of about SB$42 million for procuring drugs and supplies, which represented 99 percent of planned procurements.[43] A disaggregation of this amount to define what is spent on 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 through UNFPA Supplies and the DFAT-funded Jadelle programme to help avoid stock-outs.

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. But low absorptive capacity, mainly due to poor planning as well as limited human resources, has been a concern.

RMNCAH Committee and other coordinating mechanisms

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 for AIDS, Tuberculosis and Malaria, and other invitees. The group met six times in 2021 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's sector-wide approach agreement and timelines for developing the new national health strategy.

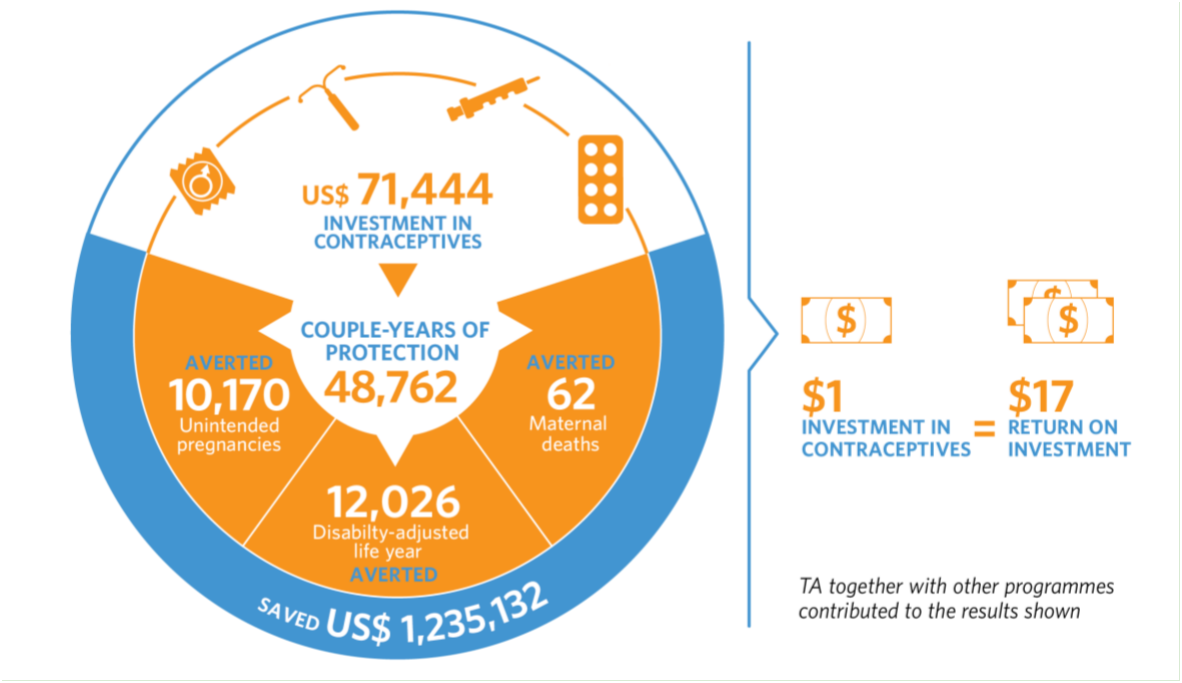
The Family Health Committee, equivalent to the RMNCAH Committee in other countries, met three times in 2021, chaired by the Undersecretary of the Ministry of Health and Medical Services. The committee is co-chaired by the Director of the RMNCAH Department with secretariat support provided by WHO. Key members of the committee include DFAT, MFAT, WHO, UNFPA, UNICEF, JICA, SAVE, SIPPA, World Vision and other international NGO invitees. The key purpose of the committee is to ensure better coordination among partners and build synergies while avoiding duplication of activities and resources. During these committee meetings, UNFPA validated the HFRSAA findings,

[43] Ministry of Health and Medical Services (2020), *Solomon Islands health budget and expenditure trend analysis 2012-2020*

obtained ministry approval to develop an FP communications strategy and advocated recommitment to FP2030.

Coordination with the DFAT post

In 2021, 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, and three face-to-face meetings were held. 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 optimize coordination and continued partnerships on SRH programmes. The DFAT-funded bilateral Upscaling Jadelle Programme, which complemented the TA, was successfully completed and closed in 2021.



Results

In 2021, under the TA, UNFPA provided funding and implementation support through the Ministry of Health and Medical Services. The total commitment was US $448,385 of which US $233,053 was under government implementation and the rest under UNFPA implementation. Of the total, US $156,473 was delivered (35 per cent). The remaining funds will be rolled into 2022.

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 2021: developing and implementing an FP training package, updating the National Adolescent- and Youth-Friendly Guidelines, developing an integrated supportive supervision tool on SRH and midwifery faculty development.

UNFPA supported the Ministry of Health and Medical Services to validate and finalize the HFRSAA completed in 2020. The findings and recommendations provided crucial information on the availability and quality of essential SRH services. This will support implementation of the Role Delineation Policy and is expected to inform development of the new National Health Sector Strategy 2022-2026 and the

"This [HFRSAA report] will enable us to facilitate integration of the assessment results in the preparation for the Ministry's annual operation plan and budget for 2022, and development of the new health sector strategic plan."

Pauline McNeil, MHMS Permanent Secretary

RMNCAH Corporate Plan 2022-2026. Key findings showed that while 99.5 per cent of health facilities provide FP services and 81 per cent routinely offer delivery services, only 33 per cent are FP ready and 0 per cent are vaginal delivery ready as per international standards. Only 1.5 per cent of facilities provide adolescent- and youth-friendly services according to global standards. Only 13 per cent have ramps for wheelchairs. Such evidence underlines an urgent need to support the ministry to ensure that health facilities provide quality and equitable SRH/FP services.

The HFRSAA report is under final review by the ministry following the validation workshop; it is slated for publication in 2022.

UNFPA with technical assistance from FPNSW supported the ministry to develop a national FP training package for the first time in the Solomon Islands. Training materials are aligned with international standards, customized for the country and youth-friendly and disability-inclusive. This will help ensure that FP training is standardized as it commences across the country in 2022. Pre-testing the training package has entailed developing a pool of master FP trainers. They include 11 trainers on the contraceptive update and counselling modules (1 male and 10 females) and 10 for LARCs, including 1 from SIPPA (all female). Six master trainers facilitated a training for provincial level trainers, establishing an additional 17 FP trainers (7 male, 10 female) in five provinces: Honiara (5, including 1 from SIPPA), Malaita (5, including 1 from SIPPA), Guadalcanal (3), Makira (2) and Temotu (2). Twenty-eight certified FP trainers are now in place in 15 health facilities and 50 per cent of the provinces. In 2022, they will train more trainers in the five remaining provinces. Collectively, they will support national FP training to ensure that at least 50 per cent of SDPs have at least one staff member fully trained on youth-friendly, disability-inclusive FP service provision.

UNFPA, with technical assistance from FPNSW, supported the Ministry of Health and Medical Services to update its national adolescent- and youth-friendly health services guidelines to make them disability-inclusive and aligned with international standards. The updated guidelines were pretested during a facilitators' training with eight participants (3 male, 5 female and including 2 young persons with disability) and then finalized. In 2022, the Family Health Committee is expected to endorse the package, likely in the first quarter, and it will be rolled out across the country supported by the eight trained facilitators.

With technical assistance from FPNSW, the ministry developed an integrated supportive supervision toolkit on SRH based on an existing checklist and through extensive consultations with relevant stakeholders. A client exit interview checklist and adolescent- and youth-friendly health service supervision checklist have also been drafted. The integrated supportive supervision checklist has been pretested in selected health facilities. These tools are expected to be disseminated in 2022, ensuring a comprehensive approach to strengthening the quality of SRH services across the country.

A review of the National Midwifery Curriculum by the Burnet Institute was validated by national stakeholders and an action plan developed. Some key gaps included limited information on the teaching philosophy and approach to learning, 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 encompassed

renewal of the midwifery curriculum to ensure the 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 suggested strengthening approaches to FP, ensuring a focus on SRHR and disability inclusion.

The completed review report is awaiting approval by the Faculty Academic Board and the Programme Advisory Committee before the curriculum revision process begins. In 2022, requisite approvals will be sought. Revisions are expected based on the review findings and in line with international standards. With technical assistance from the Burnet Institute, four midwifery teachers at the Solomon Islands National University are participating in the online Midwifery Faculty Development Programme and have completed Modules 1 and 2. They will lead the revision.

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

Women of reproductive age

The Ministry of Health and Medical Services focused on three major interventions in 2021: developing communications materials on SRH, drafting national FP strategic communications guidelines and drafting the out-of-school CSE/FLE training package. The Ministry of Education and Human Resources Development in 2021 finalized the phase two CSE/FLE assessment report.

UNFPA supported the Ministry of Health and Medical Services to print and distribute 9,000 pamphlets with simple messages on FP, maternal health, GBV and COVID-19 to increase community awareness of the importance of seeking SRH information and services, including for young people. With technical assistance from ABCID, four messages were developed into radio public service announcements that are currently awaiting approval from the ministry's IEC Committee for airing on local FM stations in 2022.

With technical support from the Nossal Institute, national FP strategic communications guidelines were drafted.[44] The guidelines were informed by qualitative research approved by the Research and Ethics Committee of the Ministry of Health and Medical Services. With technical assistance from ABCID, the Ministry of Health and Medical Services will apply the research to develop a plan to stimulate demand for SRH information and services.

Among other findings, the research showed that FP was closely linked with controlling birth, birth spacing and managing family size. Some people demonstrate understanding of how it contributes to better health and economic outcomes for themselves and their families. Family and community members mostly disapprove of use of contraceptives by young people and particularly unmarried youth, however, due to religious and cultural beliefs. Similarly, health workers display negative attitudes towards young people using contraceptives. While married women indicated they are using both modern and traditional contraceptives, reported use of modern contraceptives among unmarried female respondents was low. Fear of side effects and religion were identified as the two most important reasons for low uptake of modern contraceptives. Further, despite agreement that couples should jointly make decisions on FP, the responsibility is often left with women.

With technical support from FPNSW, the out-of-school CSE/FLE training package was drafted through extensive consultations with relevant stakeholders, including Ministry of Health and Medical Services programme coordinators (central and provincial), SIPPA, Solomon Islands National University, young people and young people with disabilities. Consultations were funded through the MFAT programme while the TA funded technical assistance to draft the training packages. Pre-testing of the manual began with 11 young facilitators, 7 male and 4 female, including 9 SIPPA volunteers, 1 member of People With Disability Solomon Islands and 1 person from the Ministry of Health and Medical Services. The training was interrupted due to political unrest and violence in Honiara in November and early December, however. Pre-testing, finalizing and endorsing the package are anticipated in the first quarter of 2022, after which SIPPA will roll the package out across the country under the TA programme.

UNFPA supported the Ministry of Education and Human Resources Development to validate and finalize the phase two CSE/FLE assessment report done in 2020. Recommendations and an action plan were developed based on the assessment and through extensive consultations with relevant stakeholders to help strengthen the national CSE/FLE programme. Plan implementation began with supporting the ministry to organize a three-week workshop to complete the scoping and sequencing of the CSE/FLE content/syllabus for all school grades – primary (1-6), junior secondary (7-9) and senior secondary (10-12). The workshop had 22 participants (12 males, 10 females) representing the ministry, Solomon Islands National University, the Red Cross and six schools in Honiara. This exercise will inform the 2022 revision of the CSE/FLE curriculum for grades 4-9 so it aligns with international standards.

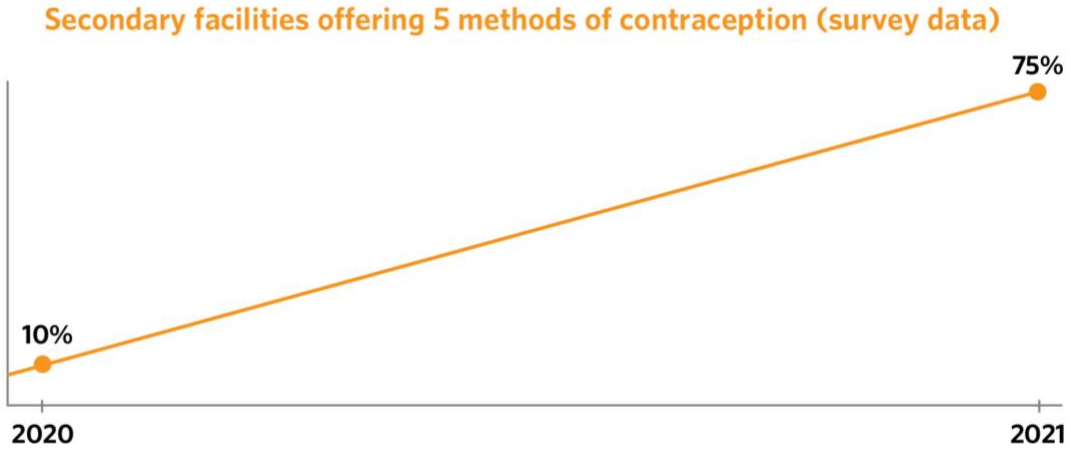
[44] Although the Nossal Institute has supported other countries to develop BCC strategies, the Ministry of Health and Medical Services in Solomon Islands requested that they be called FP strategic communications guidelines in line with existing national mechanisms for health communications.

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

Two health workers conducting a spot check

The Ministry of Health and Medical services in 2021 focused on three key activities: spot checks of health facilities, a review of existing HMIS frameworks and tools and a mapping of key SRH policy gaps.

UNFPA supported the ministry to spot check 92 health facilities out of 185 assessed during the HFRSAA. John Snow Inc. oriented 11 enumerators in September 2021; data collection from across the country was completed between October and November 2021. The spot check showed rapid progress on some indicators. For instance, the percentage of primary SDPs providing at least three modern methods increased from 66 per cent to 68 per cent in just over a year. The percentage of secondary and tertiary SDPs providing 5 modern methods increased from 10% to 75% in 2021. The removal of expired contraceptives in health facilities at the beginning of 2021, which was identified in the HFRSAA in 2020, led to improved indicators during the spot check later in the year.



Technical support from the Burnet Institute aided a review of existing HMIS frameworks and tools. It involved extensive consultation with relevant national stakeholders, including during the FP master training and the training of trainers. The draft report is under review by UNFPA. It will be shared with the ministry and other relevant stakeholders for their inputs to prepare for a validation workshop in 2022. The workshop will devise an action plan and agree on strategic interventions to strengthen the HMIS on SRH.

The Nossal Institute has completed a mapping of key SRH policy gaps. UNFPA reviewed key findings and recommendations and shared them with the Ministry of Health and Medical Services for inputs. The report will be validated and finalized in early 2022. It is expected to support sustained advocacy and evidence-based decision making on SRH to improve the health and well-being of women and young people, including those with disability.

A draft SRH in Emergencies Plan has been in place since 2020, developed in partnership with IPPF. It was expected to be validated in November 2021. Due to competing priorities at the Ministry of Health and Medical Services and political unrest, validation was postponed to 2022, when it should be followed by MISP training.

Challenges and actions to overcome them

The COVID-19 response, including vaccination campaigns, delayed several planned activities in 2021. Reproductive health coordinators and SRH health workers were diverted to the vaccination drive for extended periods. The HFRSAA validation workshop was held only in the last quarter, after being delayed several times, to ensure that relevant participants from provinces could attend. Accommodating the vaccination schedule meant completing the FP training of trainers in only five provinces in 2021; training in the remaining five provinces was postponed until 2022. One encouraging sign is that the Ministry of Health and Medical Services is preparing to recruit dedicated adolescent SRH and FP coordinators in all provincial health offices, which should support SRH programme planning and implementation in 2022.

Ongoing COVID-19-related travel restrictions and the inability of regional implementing partners to travel to Solomon Islands prevented face-to-face interactions and onsite demonstrations during competency-based training like the FP master training. All trainings were done online, which may have reduced effectiveness particularly in skills acquisition, for instance, on LARC. Even so, when conducting the FP training of trainers, the master trainers continued to learn and reported that by training others they were able to significantly improve their own knowledge and teaching and presentation skills. The availability of anatomic models and supplies during the training was very useful, allowing participants the chance to practice skills.

Prioritization of COVID-19-related activities by the Health Promotion Department resulted in significant delays in developing the FP strategic communications guidelines and securing endorsement of radio spots, with the latter pending since 2020. A consultant has been identified, in consultation with the Health Promotion Department, to support the Ministry of Health and Medical Services in finalizing the guidelines and implementation plan. The consultant needs to be engaged early in 2022 to expedite planned activities rolled over from 2021. Activities with the Health Information System unit in the ministry were also delayed due to limited human resources and extensive engagement in vaccination. In 2022, support will help the ministry's RMNCAH Department expedite selected activities in coordination with the Health Information System unit, such as updating the FP register and reporting tools.

Given that there was no annual workplan with the Ministry of Education and Human Resources Development in 2021,CSE/FLE-related activities were not adequately prioritized, leading to significant delays in planned initiatives, including the hiring of an FLE coordinator. In 2021, an agreement with the ministry was finally signed and activities for 2022 agreed in a timely way. Based on this, an annual workplan with the Ministry has been developed and signed off early in 2022 to expedite CSE/FLE activities.

5.2.5 Tonga

The Kingdom of Tonga comprises approximately 170 islands; just 36 are inhabited. The latest Census revealed that the total population fell from 103,252 people in 2011 to 100,651 in 2016, a decrease of 2.6 per cent. Tonga has a relatively young population, with a median age of 22 years. Almost 4 in 10 people (39 per cent) are aged 15 years and younger. Only 9 percent of the population is 60 years and older. Most Tongans live in rural areas, with 23 per cent (23,221) in urban areas. The latter include the villages of Kolofo'ou, Ma'ufanga and Kolomotu'a, which make up Nuku'alofa in Tongatapu, based on the 2016 Census.

Tonga's fertility rate decreased from 3.5 in 2016 to 3.2 in 2019. The adolescent birth rate is high and off target. While the target of the National Health Strategic Plan 2020 is 10 per 1000 live births, the rate has increased from 27 per 1,000 live births in 2012 to 32 per 1,000 in 2019. The percentage of women in union using modern contraceptives remains low and declined from 28.4 per cent in 2012 to 25.2 per cent in 2019, based on the Tonga MICS in 2019.

The first Tonga National Youth Policy and Strategic Plan of Action 2021-2025 was launched as part of commemorating International Youth Day on 17 August 2021. The policy includes a chapter on SRHR and is grounded in perspectives expressed by youth. It recognizes the increased adolescent birth rate as well as an unmet need for FP of 44.9 per cent among people aged 15-19. Implementation of the policy started in 2021.

Health spending comprises the second largest share of the 2021-2022 budget. The health budget includes a 13 per cent allocation to SRH and commodities. The 2022-2023 draft recurrent budget proposes a separate allocation for SRH and commodities. The Ministry of Health receives significant assistance from development partners, including through projects to address non-communicable and communicable diseases, such as a new vaccine project funded by the Asian Development Bank.

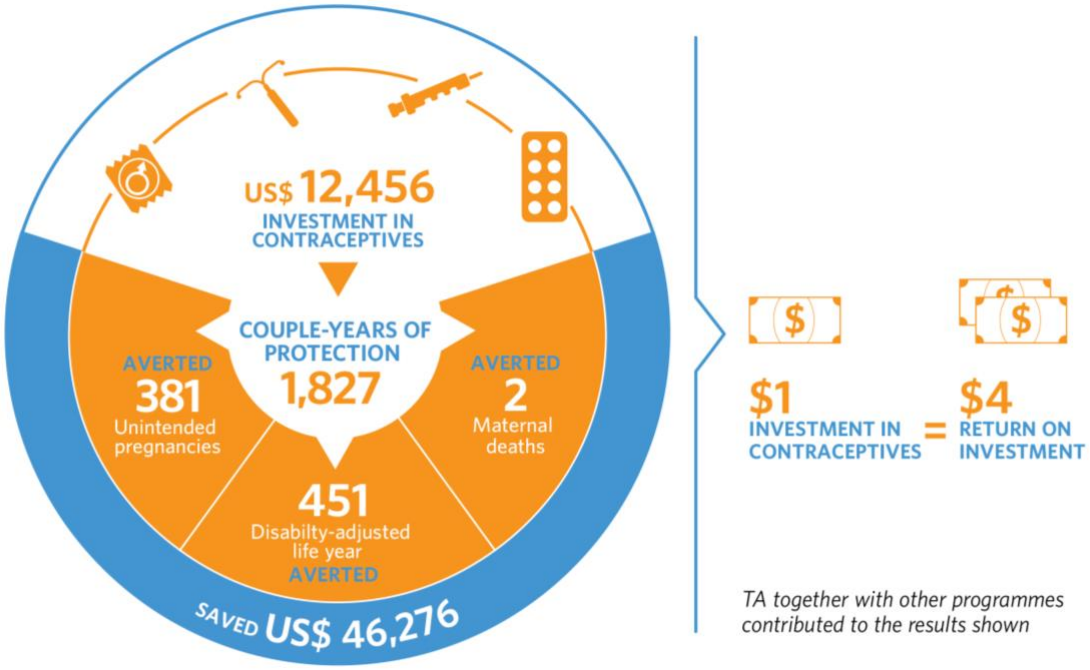
COVID-19 remains an ongoing challenge with an unexpected lockdown of one week in November 2021. A general election was also held in November. A new Prime Minister was elected and formed a new Government where Dr. Saia Piukala returned as Minister of Health. A new Minister of Foreign Affairs was also elected, the Hon. Fekita Útoikamanu Tupou.

RMNCAH Committee meetings:

The national RMNCAH Committee continued overseeing the UNFPA programme through its regular meetings. In 2021, the Committee met on seven occasions mainly to coordinate the formulation and validation of the national RMNCAH policy as well as the BCC implementation plan, Tonga standing operating procedures for the contraceptive logistics management system, standing operating procedures for the management of rape and GBV cases, and the policy and legislative review on SRH and GBV. UNFPA supports the committee secretariat and provides technical assistance on programmes, policies and procedures.

Coordination with the DFAT post:

UNFPA is a member of the Health Sector Development Partners Forum, which supports health development programmes by coordinating health projects and health financial expenditures reporting. UNFPA provides updates through the forum and regular informal meetings with the national DFAT post. UNFPA and the DFAT post met approximately four times in 2021.



Results

In 2021, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health. The total commitment was US $591,010 of which US $586,710 was under government implementation and the rest under UNFPA implementation. Of the total, US $208,240 was delivered (35%). The remaining funds will be rolled into 2022.

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

The Ministry of Health focused on three major interventions in 2021: strengthening health workers' capacity through FP training, strengthening the midwifery curriculum, and enhancing SRH capacity during emergencies through MISP training.

Following the contextualization of the youth-friendly and disability-inclusive FP training package and the decision-making flipchart on contraceptives in 2020, a training of champion trainers began in 2020 with three in the Ministry of Health successfully completing assessments in 2021. The champion trainers provided two trainings in which they upskilled 19 nurses and midwives from Tongatapu and Vavaú to become master trainers. The master trainers will be responsible for rolling out FP training to other health workers. Already, 71 per cent of all 31 SDPs in the country have at least one member of staff available and fully trained on youth-friendly, disability-inclusive FP service provision. This percentage should increase to 100 per cent after training in 2022.

In 2021, with technical support from the Burnet Institute, the review of the Tongan Advanced Diploma in Midwifery Curriculum was validated and finalized. Key recommendations were the need to renew

"The training has reminded me that it may not be the contraceptive that is the issue but how we as nurses communicate information across in a friendly and professional manner"

Lola Tukuafu Longani,
Nursing midwife

the midwifery curriculum in line with global standards (e.g., increasing the programme length from 12 to at least 18 months) and contemporary learning, teaching and assessment methodologies. The renewal of the curriculum commenced in late 2021 and is expected to be finalized in 2022. Nine government and university staff participate in the online Midwifery Faculty Development Programme led by Burnet Institute and completed two modules in 2021. Skills learned will be applied during the renewal of the Tongan curriculum.

Tonga held its first training on MISP for SRH in 2018 after the Category 5 Tropical Cyclone Gita. Based on the recommendations of the 2018 training, a second training occurred in 2021. Forty-three participants took part, comprising health workers, other Government partners, NGOs and communities, including representatives from outer islands. While for some participants the training served as a refresher, most learned new content. Five recommendations emerged from the training, including finalize national action plans related to MISP, establish a SRH steering committee, review the availability of STI medicines under syndromic management, endorse GBV as an essential service during crises and non-crises situations, and recognize national MISP facilitators as trainers for SRH and GBV. UNFPA facilitated the training virtually and in person. An evaluation indicated the exercise had achieved its learning objectives.

Results from a post-training test indicated marked increases in learning based on a pre- and post-training assessment. The average score pre-test was 78%, while the average score post-test increased to 95%.

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

The Ministry of Health in 2021 focused on developing the BCC Strategy and Implementation Plan. The Tonga Leiti Association, a sub-implementing partner, educated youth on SRHR. UNFPA supported young women to build leadership skills and sponsored the Youth Parliament.

With support from ABCID, the RMNCAH BCC Taskforce finalized the BCC Strategy and Implementation Plan, which is now awaiting government approval through the National RMNCAH Committee, which is mandated to oversee programme policies, guidelines and procedures. A next step will be training, scheduled for 2022, followed by implementation. The plan provides a detailed outline of key messages, audiences and media platforms, such as the use of songs to reach youth.

The Tonga Leiti Association carried out senior youth advocates training with 12 participants and the Ha'apai Island youth advocates training with 30 youth. It engaged 10 individuals in the development of a CSE/FLE toolkit for LGBTIQ, and reached 2500 people through a condom campaign and distribution. Association members helped establish youth advocate networks in their respective

Male condoms

islands. Since retention of youth advocates has presented a challenge, the Tonga Family Health Association stepped in to keep momentum going by providing ongoing training and follow-up.

Through the She Leads Fale Alea ‘o Tonga programme, UNFPA supported 30 young women to build leadership skills and become role models. During the one-week programme, young women learned about national governance and current social issues. One session facilitated by UNFPA and the Ministry of Health explored SRHR, adolescent pregnancy, contraception, peer education and the ICPD25 and SDGs. Participants identified entry points to influence decision-making and practiced advocacy in mock sessions. As potential future decision-makers gain knowledge and skills in leadership and on SRHR/FP, they can use their power to change policies that directly impact women’s lives for the better.

With the continued support of UNFPA, Tonga hosted its fifth Youth Parliament to boost the knowledge and confidence of future leaders. It took place from 28 October to 5 November. Twenty-eight youth aged 25-34 and two aged 14-18 participated. For the youngest participant, 16-year-old Jane Halahala of ‘Eua, the Youth Parliament was an eye-opening experience, inspiring a dream to become a female politician in the future.

She says, “I would love to start my career as a lawyer for Tonga Parliament and become a Member of Parliament when I am matured to run for Parliament. My advice for young people in Tonga is ‘do not belittle yourself and always stand up for what you believe in’.”

Tonga’s Parliament continues to support initiatives that encourage youth as well as women’s participation and increase awareness of their roles in society. Special sittings provide scope for the younger generation to discuss issues that not only concern them but the nation as a whole, such as illicit drugs, climate change, education, SRHR and good governance.

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

The Ministry of Health focused on three major interventions in 2021: RMNCH policy development, a policy and legislative review related to SRH and GBV, and work on enhancing supply chain management of reproductive health commodities.

The year kicked off with a SWOT analysis and planning workshop on the RMNCAH policy and strategy, aimed at reinforcing universal access to RMNCAH through multisectoral planning and evidence-based, high-impact interventions and resource mobilization. A planning workshop was followed by a validation workshop, with the draft policy and strategy submitted to the Government in September for a final endorsement due in November. Unfortunately, an unforeseen lockdown and the general election postponed the process. Compared to the previous policy, the new policy and strategy take a comprehensive approach to RMNCAH, including in humanitarian settings, and in terms of mental health, GBV and disability inclusiveness.

With technical support from the Nossal Institute and the University of Melbourne, the review of policy and legislation related to SRH and GBV was finalized. A validation workshop with national stakeholders ensured the report was accurate and comprehensive, and offered feedback on recommendations

"The development process of the RMNCAH Policy and Strategy contributes towards ensuring reproductive rights and SRH are given increased priority in policies, planning and budget allocations in the health sector and partners. Despite the economic difficulties we are in, we need to ensure that the Tongan people are confident in our health system"

Sioape Kupu,
Director of Corporate Services MOH

from the review. Key findings included the limited consideration of vulnerable groups in policy and legislation, and policy and legal gaps in providing CSE and in maternal health. The review also highlighted areas of law and policy that support contraception and FP, for example, through the availability of emergency contraception.

UNFPA continued advocating an HMIS gap analysis with GBV data explored as the entry point. A workshop on assessing data needs and use allowed programme staff to closely examine these issues, with the FP training as an entry point. Given that the HMIS orientation targets the same health workers as those of the FP training, options will be explored to combine the two for the nationwide roll-out in 2022.

The Ministry of Health approved its first contraceptive logistics management system standing operating procedures and guidelines for the management of FP commodities. A two-day training on the standard operating procedures in Tongatapu involved 16 participants, including pharmacists, reproductive health nurses and health officers. A second training followed on the remote island of Vavaú, involving 15 pharmacists, medical officers and reproductive health nurses.

A refresher workshop on the spot-check tool in the Tupaia programme took place. Spot checks were conducted in 14 out of the 31 SDPs, including on the remote islands of Haápai and Vavaú. The training and data collection resulted in improved stock-taking of commodities by providing health workers with a better understanding of their needs.

Challenges and actions to overcome them

Capacity challenges and delayed fund disbursements resulted in a slow start to the year. The workplan was signed in March but funds did not arrive until June due to emergency leave of UNFPA staff, audit and required documentation needed for a new disbursement which affected planning and implementation by the Ministry of Health. The unexpected COVID-19 lockdown on the main island in November caused unforeseen delays.

Other constraints arose from the shifting of the majority of SRH nurses and Ministry of Health workers to the COVID-19 vaccination roll-out. This delayed implementation and resulted in lower participation in trainings.

5.2.6 Vanuatu

Country context

In Vanuatu**,** the 2020 Census has updated several figures, while further analysis continues. The population size has increased to 300,019 with a population growth rate of 2.3, unchanged since 2009. The median age of the population is 20, and 45 per cent of the population is under age 18. Seventy-seven per cent of the population lives in rural areas. There are no new survey data for the adolescent birth rate (the DHS 2013 showed 51.2 per 1,000 live births), the total fertility rate (4.2 in 2013), the contraceptive prevalence rate (47 per cent in 2013) or total unmet need for FP (24.4 per cent in 2013). A planned MICS/DHS survey was delayed due to COVID-19 vaccination and preparedness.

The economy is extremely fragile, with a major source of income, tourism, halted though COVID-19 border closures. Throughout 2021, Vanuatu had no community transmission of COVID-19, making programme implementation possible. Recovery from Tropical Cyclone Harold in 2020 continued. Changes within the Ministry of Health included a new Acting Director of Public Health, who oversees the RMNCAH department. At the end of 2021, a new Director General was appointed, moving over from the Ministry of Youth and Sports.

Several new policies and strategies were released relevant to the TA and echoing its approaches. The new Health Sector Strategy is the framework for the newly released RMNCAH policy, strategy and implementation plan supported by the TA. The new Gender Policy takes a multisectoral approach and covers CSE/FLE and SRH.

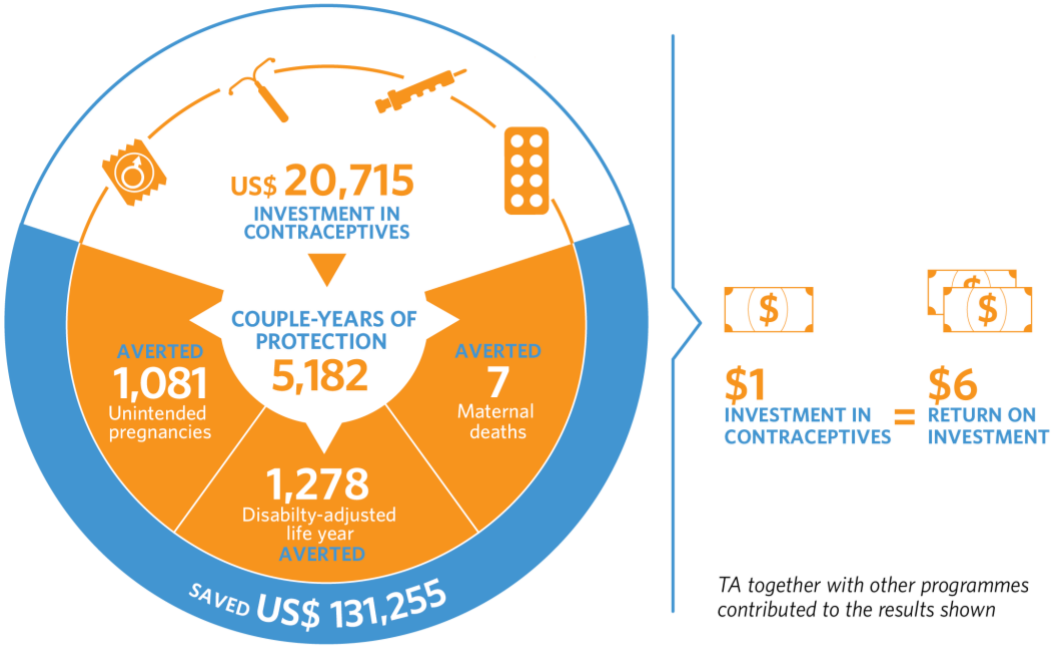
RMNCAH Committee

To aid the coordination of RMNCAH programme implementation, three national RMNCAH Committee meetings were held. These brought coordination closer to the Ministry of Health by including only departments such as the Planning Unit and the Health Information Systems team and key technical partners, rather than the wider NGO group. This configuration has been more effective in ensuring internal cohesiveness, planning and preparations. Sessions were key in developing the RMNCAH policy, strategy and implementation plan and helped initiate the preparedness plan for SRH services for the COVID-19 response, including FP services.

The committee has shared HFRSAA results with all provincial RMNCAH and public health leads, enabling them to prioritize improvements and target project implementation. The RMNCAH committee has been maintained throughout the year, with provincial RMNCAH focal points engaged 3 times throughout the year. UNFPA supports planning, and while the national RMNCAH team has challenges, assistance through a consultant provided by UNFPA has helped improve capacity for prioritization and programme management, and collaboration with other ministries in implementing the TA.

Coordination with the DFAT post

There have been regular links with the DFAT Vanuatu Health Programme throughout the year to ensure programmes are not duplicated. Meetings with the national DFAT team were held twice, in addition to joint partner meetings in other settings. The acting High Commissioner attended the opening of the FP master training course, held in Luganville, and the combined event releasing the HFRSAA report and launching the RMNCAH policy, strategy and implementation plan.

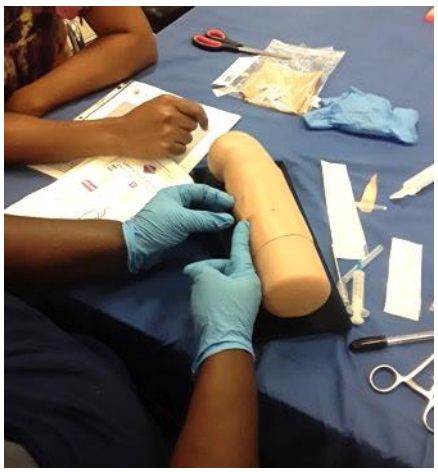


Results

In 2021, under the TA programme, UNFPA provided funding and implementation support through the Ministry of Health, National Statistics Office, Ministry of Education, Ministry of Youth and Sports, Care International and World Vision. The total commitment was US $869,493 of which US $760,881 was under government implementation and the rest under UNFPA implementation. Of the total, US $376,249 was delivered (43%). The remaining funds will be rolled into 2022.

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 three major interventions in 2021: FP training, the HFRSAA report, and COVID-19 preparedness for SRH services.



Jadelle practice during FP training

FP master training occurred in Luganville, Santo and Sanma Province to equip participants with necessary skills to roll out the training in different provinces. FPNSW delivered the course through online teaching, including clinical scenario simulations, individual workbooks, live assessments, peer education and group discussions to contextualize the training and learn from everyone's experiences. Fifteen female participants (one obstetrician-gynaecologist, eight nurses and six nurse-midwives, including a midwifery tutor from the Nursing and Midwifery School) came from all six provinces. The experience of some participants enhanced hands-on learning, particularly on LARCs. Two UNFPA and one Ministry of Health staff member assisted FPNSW in conducting the training.

Of the 15 participants, 7 have become trainers for the first round of training in 2022, with agreements in place to be released from clinical duties. The remaining 8 will stay in their practice roles and support

learning among colleagues who have been trained. The master training has led to a 4 per cent coverage of facilities with a provider trained on adolescent and youth-friendly family planning.

FP provincial training will be rolled out in two parts in the first and second quarters of 2022. The first will cover the 3C's (consultation, counselling and contraception) and the second will focus on LARCs. There will be five provincial trainings for Sanma and Torba Province combined, Shefa Province, Tafea Province, Malampa Province and Penama Province. Having national trainers enables ongoing professional training, including in integrating updated approaches to LARCs in midwifery education. A new cohort of midwifery students is planned for possible intake in 2022.

HFRSAA data collected at the end of 2020 were cleaned, collated, analysed and developed into key data tables covering 159 out of 161 public, private and not-for-profit health facilities across the six provinces. Data were validated through a supervisor debriefing workshop highlighting any irregular figures and needed corrections. A senior management review in the Ministry of Health comprised all directors, the Director General, the Principal Nursing Officer and key team managers. The final HFRSAA report was endorsed by the Acting Director General and the Minister of Health and released in December 2021.

Key findings from the HFRSAA included:

96% of facilities provide FP services
38% of facilities are FP service ready
65% of 112 primary-level facilities had three or more methods of FP available on the day of a visit
13% of 47 secondary/tertiary-level facilities had five or more methods of FP on the day of a visit

0% of facilities provide adolescent and youth-friendly services according to global standards
15% of facilities have staff trained to work with people with disabilities

HFRSAA data informed the Health Sector Strategy; RMNCAH policy, strategy and implementation plan; and recovery programmes after Tropical Cyclone Harold. For the first time, the Ministry of Health has a baseline to justify investment, prioritization, allocations and targeting, including for FP trainings, youth-friendly health service development, BCC and wider SRH system development. The data have also been key for service planning during COVID-19. Additionally, data related to SRH services and emergency contraception were analysed and presented jointly by UNFPA and the Director of Public Health at the National Health Research Symposium, supported by the in-country DFAT-funded Vanuatu Health Program.

In October 2021, a two-day workshop with a customized simulation exercise was held to ensure the continuity of essential SRH and GBV services during COVID-19 outbreaks, and to learn from good practices in adapting FP, antenatal care and safe delivery services in Australia, Fiji and Papua New Guinea. Fifteen attendees (3 males and 12 females) included RMNCAH leads from Shefa Province; Vila Central Hospital clinical leads in obstetrics, midwifery and outpatients; community SRH leads and members of the Vanuatu Family Health Association (an IPPF member association).

The workshop led to a clear plan for sustaining access to SRH service provision for the main national hospital and the surrounding Shefa Province. National and Shefa health teams intend to roll out the same planning approach to support all provinces to prepare in a similar manner early in 2022.

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

In 2021, the Ministry of Education focused on CSE/FLE in schools. The Ministry of Youth and Sports Development focused on supporting the Multi-stakeholder FLE Committee, out-of-school CSE/FLE, and the BCC strategy. Care International supported social norms dialogue, out-of-school CSE/FLE and BCC Strategy validation. World Vision focused on BCC material development.

> *"There have been students who have had to terminate or defer their courses because of poor decisions. It is my hope that by transferring what I have learnt here [at CSE Master Training], I can guide my own students toward having healthy social and sexual relationships."*
>
> Eric Nalau,
> Senior Public Health Educator

The FLE Committee that was re-established in 2020 to cover both in-school and out-of-school CSE/FLE accelerated implementation in 2021. The Committee coordinated the development and roll-out of CSE/FLE materials in schools and communities. In the second quarter, a national technical FLE consultant began assisting the in- and out-of-school CSE/FLE programme, bringing expertise and experience to the Ministry of Education and Training.

In-school FLE has progressed significantly in 2021. An exploration of the previous attempt to introduce FLE in 2007, which was held back through lack of understanding, confidence and recognition of challenges in communities, helped define new approaches to reduce resistance and enable the roll-out.

Based on global standards and a scoping and sequencing exercise, curricula for years 11 and 12 were contextualised and finalized. Recognizing local challenges in developing lesson plans and delivering the curricula in some schools, teachers' guides were developed for term 1 of the academic year. Translations for Francophone schools are expected to be ready for term 1 in 2022. Terms 2 and 3 will continue to be developed and will be rolled out in 2022.

Given the previous challenges with the confidence of teachers in delivering FLE, a multi-sector partnership has been developed with the Ministry of Health, bringing health workers in to every school nation-wide to provide support and deliver elements of the course in areas where the teacher is unable to deliver this, whether due to confidence on the subject area, or religious beliefs. The health worker connection will act as a link to local services to increase uptake, and in some cases act as an outreach and provide services within the school premises. A master trainers' orientation was undertaken with education supervisors, responsible for rolling out the FLE curriculum into schools. Additionally, 14 provincial RMNCAH supervisors and Education supervisors were trained together as Master trainers. This approach cements the critical partnership between the Ministries of Health and Education and ensures partnership at all levels from the national up to the individual schools. A health worker in a local facility will be trained together with the teachers in the rollout training. This integration reinforces health sector commitment to participate in the in-school FLE delivery, made in the RMNCAH policy. A Memorandum of Understanding is planned to be signed in 2022 between the Minister of Health and the Minister of Education and Training to reinforce this further.

With technical support from FPNSW and under the coordination of the FLE consultant, global out-of-school CSE materials were contextualized to Vanuatu, towards having a national out-of-school CSE programme. Six modules have been completed and will be available for partners in 2022.[45]

"My husband and I were summoned to a community meeting and I was ordered not to take contraceptives by my partner's family."

Lily, participant of BCC validation workshop and Good Relationships programme, tells her story here.

Following the development of draft modules, FPNSW facilitated validation trainings for 18 participants.[46] They included key partners from the National Youth Council, Adventist Development and Relief Agency, Vanuatu Family Health Association, Wan Smol Bag and more. Approaches and techniques were shared while participants learned from each other's experiences working on SRH in communities across Vanuatu. The CSE programme modules will be integrated into long term systems, based within communities across the country. This is through the Ministry of Health Village Health Worker programme, who act as health promoters, together with youth focal points in each area, through the Ministry of Youth and Sports Development.

In 2021, CARE International also continued to move forward with the implementation of its own OOS CSE curricula that began in 2020. To encourage targeted communities to accept out-of-school CSE programming, it facilitated a social norms dialogue in five key conservative communities in Tafea province – Ikapau, Lounapkalangis, Loupukas, Launuala and Lamtehekel. These communities have significant barriers for women to access SRH/FP services. The dialogue facilitated discussion around SRH/FP, gender equality and GBV. A total of 223 participants (83 males, 140 females) were involved. Participants included community presidents, priests, chiefs, pastors, youth, women leaders, aid post workers, area council representatives and persons with disabilities. The dialogues led to agreement to allow the out-of-school CSE programme to move forward in the communities.

CARE International then delivered Gud Rilesensips We I No Gat Vaelens (Good Relationships Without Violence), a pre-existing CSE programme, in the highly conservative province of Tafea. It was combined with the Findem Vois Blong Yu (Finding Your Voice) initiative, which was specifically tailored to the challenges of patriarchy and cultural norms that affect women's SRH, choices and engagement in CSE programmes. This initiative enhanced women's confidence, built understanding of respectful relationships and choices in FP, and bolstered knowledge of SRHR. The Good Relationships programme brought young women and men together to reflect on their relationships, social norms, communication and how to support and respect each other, and looked at SRH, including FP. The programmes reached 132 women and 91 men, and 158 women, respectively. One woman with a hearing disability went through both of the programmes.

Towards the end of the year, a follow-up visit to one village where the programmes took place found that 6 of 13 women in the Finding Your Voice initiative have assumed community leadership roles, including a savings group, kindergartens and churches. They spoke of changes that made them confident in voicing opinions in meetings, with strangers and with their partners, and families. In all communities, women have observed changes in men's willingness to support their partners and families with household chores and to ask for and listen to women's views. They described men and

[45] The modules are: 1) Values, Rights and Sexuality, 2) Healthy Relationships, 3) Gender, 4) Safety. Yours, Mine, Ours, 5) My Body and Its Development, 6) My Sexual and Reproductive Health.

[46] Note: This activity was cost shared between the TA and the Spotlight programme for Vanuatu. FPNSW staff who delivered the training were supported by the TA programme. Training venue costs and participant expenses were provided by the Spotlight programme.

women working together, and, in one community, noted the recent inclusion of women on a water committee. One woman with a hearing impairment who participated in both the programmes shared her feeling that she and her brother are increasingly included in household decision-making. These are clear additional benefits of empowerment grounded in health interventions.

"When we run these [BCC] workshops we involve men and fathers. When we try to discuss family planning with the mothers, they say that 'the men are the boss'."

Jayline Pakoa from Won Smol Bag, tells more about the BCC validation workshop here.

The Vanuatu BCC strategy, which is disability and youth inclusive was completed in 2021. To validate the draft BCC strategy, three workshops were held with participants from the conservative area of Middlebush, Tanna Island. This helped to ensure that messaging would be relevant and not limit progress in areas that are hardest to reach, and most challenging to achieve real change due to strongly rooted beliefs and traditions. Separate workshops took place involving men, unpartnered girls and young women aged 15-24, and married women aged 15-49 (in total, 12 males including 1 with a disability and 30 females). The workshops clearly highlighted the need for more awareness among parents and adults as the usual guardians of knowledge, and the importance of CSE. Simpler messages identified in the workshops were printed on T-shirts that will be distributed in 2022.

Launching the BCC strategy has partially commenced through learning from the draft strategy, media development and innovation workshops. The Ministries of Health and Youth and Sports Development, together with other RMNCAH partners, will orchestrate a full launch in 2022.

As part of implementing the BCC strategy, World Vision together with Won Smol Bag developed four short drama clips that were scripted, filmed and released on TV and social media. They addressed key challenges to FP and were targeted at young people, parents, men and traditional leaders or chiefs, due to the dominant male decision-making in the family. This notion was reinforced during the validation workshop as some women said they knew about contraception but that it was for the men to decide. When asked the women, they also said they had not been reached with any information. At the time of reporting, the clip on chiefs/leaders had received 12,318 views (link), the one on men 4,879 views (link), the one on young people 6,674 views (link) and the one on parents 12,846 view (link).

In further support of the BCC strategy roll out, MOYS led two youth leader workshops in Torba and Tafea provinces, with 19 youth leaders aged 20-32 (11 males and 8 females). They learned about SRH/FP message development and were briefed on the BCC strategy. The training built skills on video, photo and audio production, interviewing, researching and news writing using mobile apps. The best materials produced in the workshops will be used in the BCC strategy implementation.

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

The Ministry of Health focused on one major intervention in 2021, the RMNCAH policy, strategy and implementation plan. Women Enabled International emphasized the SRH and GBV assessment for persons with disability.

In December, the new RMNCAH policy, strategy and implementation plan was released after being developed through national consultations with 48 representatives of the Ministry of Health at the national and provincial levels, and national and international partner organizations. The process unfolded in harmony with the new Health Sector Strategy 2021-2030. Key policy priorities are updated and evidence-based guidelines on FP for health workers; an integrated service approach so FP can be accessed at any time, particularly by vulnerable and excluded groups; service fee waivers to end financial barriers to contraception; follow-up with defaulters; guarantees that women have the ultimate right in decision-making on contraception; improved human resources to fill service gaps and increase quality; partnerships with NGOs to expand coverage; and promotion of FP in line with the BCC strategy.

A major milestone for adolescents and youth in the RMNCAH policy is a clear specification that adolescents aged 13 and over can obtain contraception without parental consent. Further, the legal Health Committees Act that guides the cost of services will be reviewed towards making SRH/FP commodities and services free for adolescents.

Other areas reflected approaches supported by the TA. In particular, the partnership between the Ministry of Education and Training and Ministry of Health will be developed to address the health of adolescents and reduce unplanned adolescent pregnancy rates through health worker support to CSE/FLE in schools, youth-friendly health service guidelines and service provision, and BCC approaches through varying types of media.

Launching the policy included a special session of the Vanuatu Youth Parliament, with youth parliamentarians from both the leading and opposition youth parties debating FP. They deliberated a statement made by the Minister of Finance and Economic Management at the release of the 2020 Census. He said, “There needs a rethinking around FP and that we needed to remove the *namele* leaf (restrictions) in the bedroom.” Youth parliamentarians touched on concerns such as growing unemployment rates within a COVID-19 impacted economy and raised questions around whether government services meet actual needs. The debate included challenges to FP in some communities but a strong economic argument for the returns gained from these services propelled passage of a motion to ensure all facilities provide and promote FP. The debate was broadcast live on the Facebook page of the Ministry of Health and applauded by the Acting Director of Public Health.

Having released the RMNCAH policy in 2021, the attention is now focused on the gaps in the Vanuatu Youth Policy that was approved in 2020, specifically on the out of school CSE/ FLE and youth friendly SRH services. The Ministry of Youth and Sports Development has expressed interest in addressing these gaps.

With technical support from the Nossal Institute and the University of Melbourne, completed a review of policy and legislation related to SRH and GBV. The review highlighted that the country has legislation supporting integration of CSE into the national school curriculum; it lacks specific legislation that guarantees access to contraceptives though the RMNCAH policy emphasizes contraceptives be

free of charge and available to all users. Vanuatu also does not have a stand-alone action plan or strategy on GBV. Vanuatu National Gender Equality Policy 2020-2030 and RMNCAH policy both prioritize prevention of and response to GBV, outlining multi sectoral referral mechanisms and indicators to measure implementation.

"I think most women or girls [with disabilities] will be scared to go to hospital and ask questions [about SRH]. Mostly we have fear to ask questions."

Woman of short stature

Women Enabled International conducted research, focus group discussions with women, girls and young men with disabilities, and interviews with key in-country stakeholders on SRHR. The process sought to identify barriers preventing women and young people with disabilities from fully realising their SRHR in addition to their rights to legal capacity and to be free of GBV. Stakeholders interviewed included focal points from the Vanuatu Ministry of Health, Vanuatu Disability Promotion and Advocacy Association, Vanuatu Society for People with Disability, UN Women, UNFPA, CARE International, World Vision, Wan Smol Bag, Vanuatu Family Health Association and the Vanuatu-Australia Policing and Justice Programme 2017-2020. Focus group discussions included 34 female and 12 male participants, all with one or more disability.

"If I don't want to have a child, I can go to the hospital and talk to the doctor [and tell him] 'I have a lot of children, I want to stop having children'. The doctor will then send you back to your husband and you will discuss [the issue] with him… Sometimes the husband may say 'no, I am the boss. I will say whether or not to take family planning'. Then, that's it for us… [because this] may [lead to] violence [against us]."

Woman with a physical disability

The research showed that persons with disabilities experience marginalization and significant restrictions on autonomy and self-determination. Negative attitudes and discriminatory practices towards women and young people with disabilities prevent them from fully exercising their SRHR. Although the State has committed to advancing these rights for persons with disabilities, fully accessible and disability-inclusive SHR services are still extremely rare. Many women and young people with disabilities experience derogatory treatment from health-care workers who are not adequately trained on how to provide services to them. These attitudinal barriers, coupled with physical and communications barriers, result in many persons with disabilities refraining from requesting SRH services. A draft report made recommendations in general and on specific barriers. It is expected to be presented to key stakeholders in the first quarter of 2022 for validation and response planning.

Due to HFRSAA data collection at the very end of 2020, gaining full national coverage of facility assessments, and the focus on the COVID-19 vaccination programme, the Ministry of Health showed little appetite for spot checks in 2021. Five primary public facilities (3.7 per cent of the total) were visited for spot checks; all had three or more methods of FP available. This may have been a result of HFRSAA data collection prompting facilities to stock up on supplies or the reduced availability of health workers to provide FP given the focus on COVID-19 vaccination.

Challenges and actions to overcome them

The main challenges in Vanuatu remain insufficient government capacity and the focus on COVID-19 and other disasters. The Ministry of Health has long been neglected by the Government. It requires significant attention and investment over the long term, particularly in terms of infrastructure, human resources and leadership development.

Bringing together ministry-based experience and UNFPA supported consultants as additional human resources to assist and lead programme implementation has been the backbone of progress in Vanuatu. This has enabled work to begin but long-term initiatives such as in-school CSE/FLE and improved access to health services require longer-term approaches to maintain achievements beyond the funding period. In the Ministry of Education and Training, support for the implementation of CSE/FLE in schools is still seen as a separate project rather than part of the core work of the curriculum development unit. UNFPA is advocating for integrating CSE/FLE into the ministry's work to enhance sustainability.

Preparedness for COVID-19 outbreaks varies per sector, but strong progress in 2021 on FP training, SRH preparedness planning and the in-school CSE/FLE roll-out can continue building on pre-positioning of family planning materials in other islands, initial training of trainers, Zoom modalities and inter-island travel outside Shefa province, which may initially be possible.

6. Progress against the Transformative Agenda results framework

6.1 Monitoring and evaluation framework

The TA is currently has completed 19 indicators with a yes/no target that require no future work[47] (16%) and is on track for another 39 indicators with annual targets in 2021 to be achieved each year (33%), which are dark and light green in the MEF respectively.

Forty-two indicators (35%) are partially on track (yellow colour). These are indicators which have achieved between 35 per cent and 75 per cent of their target and are likely to be achieved by the end of the programme in 2022. UNFPA and partners expect to achieve 73% of the programme indicators by the end of 2022. Currently, 20 (17%) indicators across the countries are not on track, which are indicators that have achieved less than 35 per cent of their target or for which no information is available.

UNFPA and partners will continue to accelerate where possible, expecting to reduce this number to 1% by 2022. UNFPA will discuss with DFAT these slow progressing indicators for further consideration.

		Status	Baseline	2018	2019	2020	2021	2022	Overall progress to date	
1. Number of unintended pregnancies averted	Fiji	Planned	12499	10877	14599	17900	10428	11053		Partially on track
		Actual	5718	10877	9766	9975	7619 73%			
	Kiribati	Planned	1599	4457	7310	10165	1564	1794		On track
		Actual	3720	1257	1072	1328	1294 82%			
	Samoa	Planned	771	855	940	1024	1043	1251		On track
		Actual	1265	855	1046	922	1762 169%			
	Solomon Islands	Planned	5619	7556	9493	11430	13367	15304		On track
		Actual	5201	7556	7532	16565	10170 76%			
	Tonga	Planned	530	613	696	779	542	569		Partially on track
		Actual	958	884	552	522	381 70%			
	Vanuatu	Planned	2004	2119	2233	2348	2463	2577		Partially on track
		Actual	3615	2782	4194	3583	1081 43%			

[47] E.g. Country's in-school FLE is adapted to meet international standards.

2. Total couple-years protection for contraceptives distributed by countries to lower levels including SDPs (disaggregated by method including EC and LARCs)	Fiji	Planned	51932	54173.0	70000	85827	50000	53000		Partially on track
		Actual	27415	52156	46829	47830	36532			
	Kiribati	Planned	17865	21357	35049	48741	7500	8600		On track
		Actual	17865	6029	5138	6368	6205			
	Samoa	Planned	6000	7200	8400	9600	5000	6000		On track
		Actual	6000	4102	5014	4421	8447			
	Solomon Islands	Planned	26942	36229	45516	54803	64090	73377		On track
		Actual	34296	36229	36113	79429	48762			
	Tonga	Planned	2540	2939	3338	3737	2600	2730		Partially on track
		Actual	4594	4238	2649	2505	1827			
	Vanuatu	Planned	17335	20802	24269	27726	20108	21000		Not on track
		Actual	17335	13339	20108	17179	5182			
3. Number of new acceptors of modern methods of contraception by age	Fiji	Planned	N/A	4528	4549	4575	10000	15000		On track
		Actual	N/A	N/A	11509	16436	18901			
	Kiribati	Planned	N/A	149	300	607	2500	2800		Partially on track
		Actual	N/A	699	991	2459	1564			
	Samoa	Planned	N/A	650	715	787	865	952		On track
		Actual	N/A	953	579	881	970			
	Solomon Islands	Planned	N/A	835	1716	3522	14613	14905		On track
		Actual	N/A	2751	3622	14327	63354			
	Tonga	Planned	N/A	131	264	535	812	821		On track
		Actual	N/A	N/A	764	1864	1792			
	Vanuatu	Planned	N/A	354	721	1474	2258	2309		On track
		Actual	N/A	N/A	648	4212	4212			

4. Percentage of primary service delivery points (SDPs) that have at least 3 modern FP methods on the day of visit or assessment	Fiji	Planned	N/A	90%	90%	100%	95%	100%		Last reliable updated in 2019
		Actual	N/A	65%	89%	89%	N/A			
	Kiribati	Planned	N/A	85%	90%	100%	80%	100%		Last reliable updated in 2019
		Actual	N/A	N/A	65%	65%	74%			
	Samoa	Planned	N/A	90%	100%	100%	80%	100%		On track
		Actual	83%	83%	75%	100%	80%			
	Solomon Islands	Planned	N/A	85%	90%	100%	80%	100%		On track
		Actual	N/A	N/A	N/A	64%	68%			
	Tonga	Planned	N/A	85%	100%	100%	100%	100%		On track
		Actual	N/A	74%	93%	93%	80%			
	Vanuatu	Planned	N/A	100%	100%	100%	75%	85%		Last updated in 2020
		Actual	N/A	N/A	N/A	65%	N/A			
5. Percentage of secondary and tertiary SDPs that have at least 5 modern FP methods available on the day of visit or assessment (disaggregated for urban-rural) including EC and LARCS	Fiji	Planned	N/A	80%	80%	100%	60%	100%		Last reliable updated in 2019
		Actual	N/A	26%	39%	42%	N/A			
	Kiribati	Planned	N/A	80%	80%	100%	75%	100%		Last reliable updated in 2019
		Actual	N/A	50%	50%	75%	50%			
	Samoa	Planned	N/A	80%	80%	100%	85%	100%		Partially on track
		Actual	38%	38%	100%	75%	25%			
	Solomon Islands	Planned	N/A	80%	100%	100%	90%	100%		On track
		Actual	N/A	N/A	N/A	10%	75%			
	Tonga	Planned	N/A	80%	80%	100%	85%	100%		Not on track
		Actual	N/A	75%	75%	75%	0%			
	Vanuatu	Planned	N/A	80%	80%	100%	60%	100%		Last updated in 2020
		Actual	N/A	N/A	N/A	26%	9%			

6. Percentage of SDP stocked-out by family planning method or product (last 3 months)	Fiji	Planned	0%	0%	0%	0%	30%	10%		Last reliable updated in 2019
		Actual	N/A	59%	N/A	N/A	N/A	%		
	Kiribati	Planned	0%	0%	0%	0%	35%	10%		Last reliable updated in 2019
		Actual	N/A	44%	57%	57%	N/A			
	Samoa	Planned	0%	0%	0%	0%	30%	10%		Partially on track
		Actual	36%	36%	89%	50%	83%			
	Solomon Islands	Planned	0%	0%	0%	0%	25%	10%		Partially on track
		Actual	N/A	N/A	N/A	49%	66%			
	Tonga	Planned	0%	0%	0%	0%	50%	20%		Partially on track
		Actual	N/A	77%	90%	75%	100%			
	Vanuatu	Planned	0%	0%	0%	0%	12%	5%		Last updated in 2020
		Actual	N/A	N/A	N/A	24%	22%			
7. Percentage of secondary and tertiary SDPs providing quality-assured, adolescent friendly, integrated SRH services	Fiji	Planned	0%	15%	30%	45%	50%	≥75%		Partially on track
		Actual	N/A	N/A	87%	22.9%	N/A			
	Kiribati	Planned	0%	15%	30%	45%	40%	60%		Partially on track
		Actual	N/A	N/A	66%	32.7%	N/A			
	Samoa	Planned	0%	15%	30%	45%	60%	≥75%		Partially on track
		Actual	0%	86%	86%	71%	N/A			
	Solomon Islands	Planned	0%	15%	30%	45%	30%	≥50%		Partially on track
		Actual	N/A	N/A	N/A	13%	21%			
	Tonga	Planned	0%	15%	30%	45%	70%	≥75%		Partially on track
		Actual	N/A	N/A	87%	65%	N/A			
	Vanuatu	Planned	0%	15%	30%	45%	50%	≥75%		Partially on track
		Actual	N/A	N/A	N/A	36%	N/A			

8. Percentage of SDPs that have at least one member of staff available and fully trained in youth-friendly, disability-inclusive family planning service provision	Fiji	Planned		0%	20%	50%	30%	75%		Partially on track
		Actual	N/A	N/A	0%	8%	13%			
	Kiribati	Planned	N/A	0%	20%	50%	40%	80%		Partially on track
		Actual	N/A	N/A	0%	0%	5%			
	Samoa	Planned	0%	0%	20%	50%	80%	100%		Partially on track
		Actual	0%	0%	0%	75%	50%			
	Solomon Islands	Planned	N/A	0%	20%	50%	25%	≥50%		Partially on track
		Actual	N/A	N/A	N/A	N/A	4%			
	Tonga	Planned	N/A	0%	20%	50%	75%	100%		On track
		Actual	N/A	N/A	0%	0%	71%			
	Vanuatu	Planned	0%	0%	20%	50%	30%	85%		Partially on track
		Actual	0%	0%	0%	7%	4%			
9. Number of countries with established quality assurance mechanisms for FP services	Fiji	Planned	N/A	N/A	N/A	N/A	Yes	Yes		On track
		Actual	N/A	N/A	N/A	N/A	No			
	Kiribati	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Samoa	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	No	No			
	Tonga	Planned	N/A	N/A	N/A	N/A	No	Yes		Not on track
		Actual	N/A	N/A	N/A	N/A	No			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	No	Yes		Not on track
		Actual	N/A	N/A	N/A	N/A	No			

10. Number of countries in which pre-service curricula of midwives/nurses is reviewed and updated to align with international standards *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Kiribati	Planned	N/A	N/A	N/A	N/A	No	Yes		On track
		Actual	N/A	N/A	N/A	N/A	No (50%)			
	Samoa	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No (50%)			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	No	Yes		On track
		Actual	N/A	N/A	N/A	No	No (50%)			
	Tonga	Planned	N/A	N/A	N/A	N/A	No	Yes		On track
		Actual	N/A	N/A	N/A	N/A	No (50%)			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	No	Yes		Not on track
		Actual	N/A	N/A	N/A	N/A	No			
11. Number of out-of-school young people (disaggregated by disability status, sex, age and location) reached with family life education	Fiji	Planned	N/A	N/A	150	400	500	600		Partially on track
		Actual	N/A	N/A	0	404	0			
	Kiribati	Planned	N/A	N/A	2500	1500	900	1200		On track
		Actual	N/A	N/A	0	851	1321			
	Samoa	Planned	N/A	N/A	0	0	600	1,200		On track
		Actual	N/A	N/A	0	2940	490			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	0	7,000		Partially on track
		Actual	N/A	N/A	N/A	2867	0			
	Tonga	Planned	N/A	N/A	0	0	500	2500		Partially on track
		Actual	N/A	N/A	131	975	0			
	Vanuatu	Planned	N/A	N/A	500	900	150	200		On track
		Actual	N/A	N/A	293	207	410			

11a. Number of out of school FLE/CSE facilitators trained to deliver the adapted comprehensive sexuality education manual/curriculum *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	10	10		Not on track
		Actual	N/A	N/A	N/A	N/A	0			
	Kiribati	Planned	N/A	N/A	N/A	N/A	60	120		Not on track
		Actual	N/A	N/A	N/A	N/A	0			
	Samoa	Planned	N/A	N/A	N/A	N/A	80	150		Partially on track
		Actual	N/A	N/A	N/A	N/A	12			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	150	300		Partially on track
		Actual	N/A	N/A	N/A	0	10			
	Tonga	Planned	N/A	N/A	N/A	N/A	120	200		Not on track
		Actual	N/A	N/A	N/A	N/A	0			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	150	18		Partially on track
		Actual	N/A	N/A	N/A	N/A	20			
12. In-school FLE in all countries is adapted to meet international standards	Fiji	Planned	N/A	No	Yes	Yes	No	Yes		On track
		Actual	No	No	No	No	No			
	Kiribati	Planned	No	No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	No	Yes			
	Samoa	Planned	No	No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	No	Yes			
	Solomon Islands	Planned	No	No	Yes	Yes	No	Yes		On track
		Actual	No	No	No	No	No			
	Tonga	Planned		No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	No	Yes			
	Vanuatu	Planned	No	No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	No	Yes			

12a. Number of countries that have used the FLE/CSE content gap analysis to inform scoping and sequencing for targeted syllabus, in at least one grade *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	No	Yes		On track
		Actual	N/A	N/A	N/A	No	No			
	Kiribati	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Samoa	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	No	Yes			
	Tonga	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	Yes	Yes			
12b. Number of countries that have piloted revised FLE/CSE integrated syllabus in selected schools for any one grade *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	No	Yes		Not on track
		Actual	N/A	N/A	N/A	No	No			
	Kiribati	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Samoa	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Not on track
		Actual	N/A	N/A	N/A	N/A	No			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	No	No			
	Tonga	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Partially on track
		Actual	N/A	N/A	N/A	No	No			

13. Country has operationalized school-based family life education curricula in accordance with international standards	Fiji	Planned	N/A	No	Yes	Yes	No	Yes		Partially on track
		Actual	No	No	No	No	No			
	Kiribati	Planned	No	No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	Yes	Yes			
	Samoa	Planned	No	No	Yes	Yes	Yes	Yes		Completed
		Actual	No	No	No	No	Yes			
	Solomon Islands	Planned	No	No	Yes	Yes	No	Yes		Partially on track
		Actual	No	No	No	No	No			
	Tonga	Planned		No	Yes	Yes	No	Yes		Partially on track
		Actual	No	No	No	No	No			
	Vanuatu	Planned	No	No	Yes	Yes	No	Yes		Completed
		Actual	No	No	No	No	Yes			
13a. Number of teachers trained to deliver FLE/CSE integrated syllabus in at least one grade *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	0	100		Not on track
		Actual	N/A	N/A	N/A	0	0			
	Kiribati	Planned	N/A	N/A	N/A	N/A	50	50		On track
		Actual	N/A	N/A	N/A	N/A	82			
	Samoa	Planned	N/A	N/A	N/A	N/A	200	300		Not on track
		Actual	N/A	N/A	N/A	N/A	0			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	0	250		Partially on track
		Actual	N/A	N/A	N/A	0	0			
	Tonga	Planned	N/A	N/A	N/A	N/A	20	30		Not on track
		Actual	N/A	N/A	N/A	N/A	0			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	30	50		On track
		Actual	N/A	N/A	N/A	N/A	25			

13b. Number of countries with FLE/CSE integrated syllabi that have developed corresponding teacher guides *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	No	No			
	Kiribati	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Samoa	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	No	No			
	Tonga	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
14. Number of women of reproductive age and young people who were reached with a BCC message over the past year a) Radio/TV b) Social media c) Face to face through outreach and other community awareness reach	Fiji	Planned	N/A	N/A	N/A	200	1000	1200		On track
		Actual	N/A	N/A	N/A	94	6726			
	Kiribati	Planned	N/A	N/A	N/A	N/A	3000	5000		On track
		Actual	N/A	N/A	N/A	N/A	7621			
	Samoa	Planned	N/A	N/A	N/A	N/A	2000	4000		On track
		Actual	N/A	N/A	N/A	N/A	4410			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	5,000	15,000		On track
		Actual	N/A	N/A	N/A	N/A	9209			
	Tonga	Planned	N/A	N/A	N/A	N/A	2500	5,000		On track
		Actual	N/A	N/A	N/A	N/A	2542			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	5,000	15,000		On track
		Actual	N/A	N/A	N/A	N/A	36940			

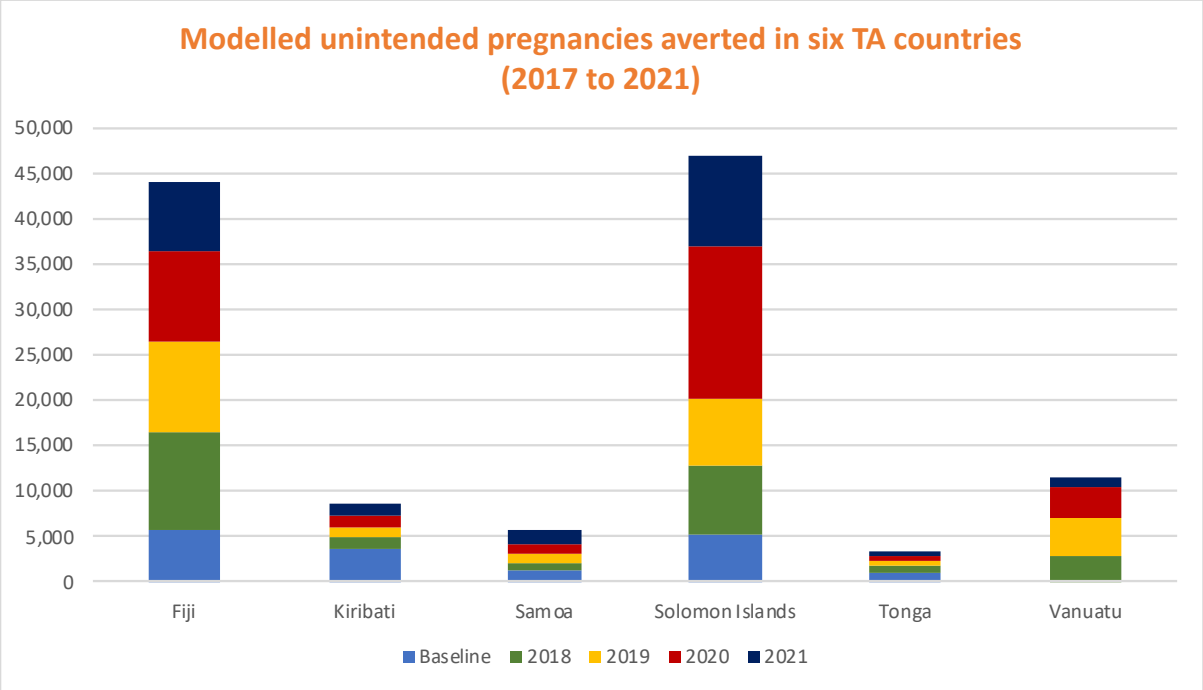
15. Number of countries with an HMIS gap analyses completed *(new indicator)*	Fiji	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Kiribati	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	N/A	Yes			
	Samoa	Planned	N/A	N/A	N/A	N/A	No	Yes		Partially on track
		Actual	N/A	N/A	N/A	N/A	No			
	Solomon Islands	Planned	N/A	N/A	N/A	N/A	Yes	Yes		Completed
		Actual	N/A	N/A	N/A	No	Yes			
	Tonga	Planned	N/A	N/A	N/A	N/A	No	Yes		On track
		Actual	N/A	N/A	N/A	N/A	No			
	Vanuatu	Planned	N/A	N/A	N/A	N/A	Yes	Yes		On track
		Actual	N/A	N/A	N/A	no	No			

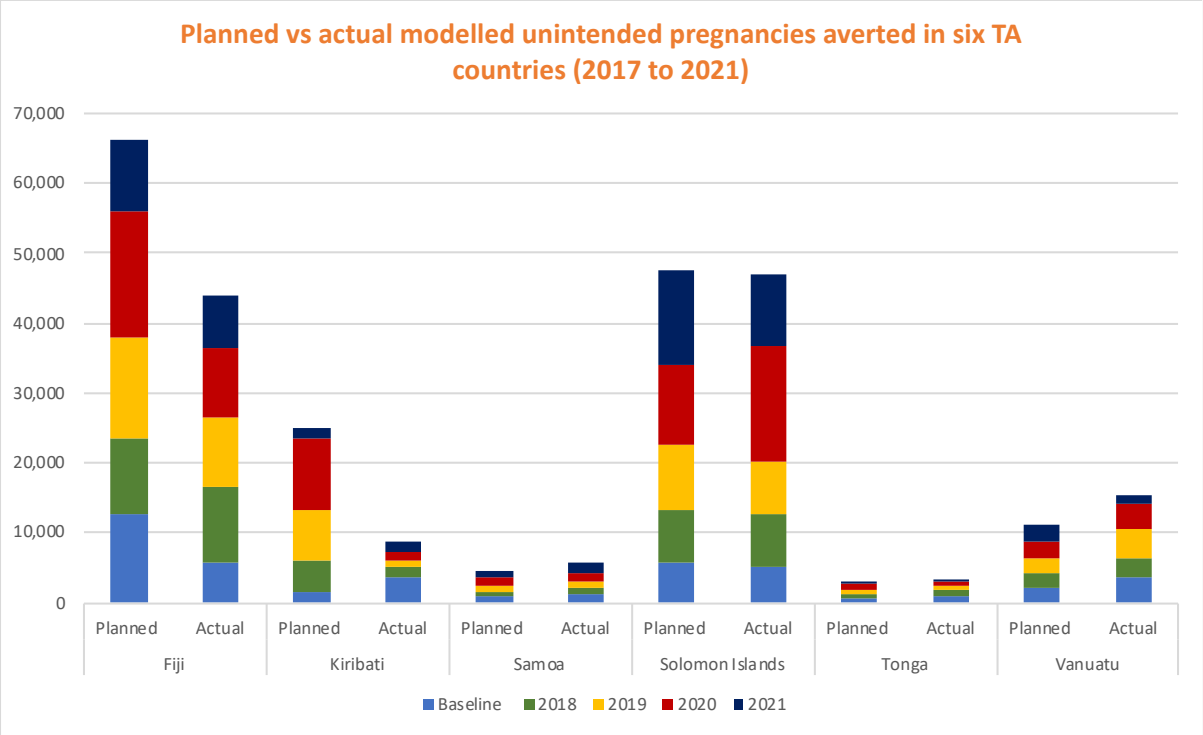
6.2 Narrative reporting on monitoring and evaluation framework

Indicator 1: Number of unintended pregnancies averted.
Planned: 29,407. Actual: 22,306.

Across the six countries, contraceptive distribution averted an estimated 22,306 unintended pregnancies, 76 per cent of the target (7,619 in Fiji, 1,294 in Kiribati, 1,762 in Samoa, 10,170 in Solomon Islands, 381 in Tonga and 1,081 in Vanuatu). The number of unintended pregnancies averted was estimated using outcome modelling of couple years protection (CYP), based on the number of contraceptives distributed from central warehouses to lower levels in 2021.

Assumptions used for the MSI Impact 2 tool were based on contraceptive distribution and CYP data for Q1-Q4 2021 for five countries (Fiji, Kiribati, Tonga, Samoa and Vanuatu) and Q1-Q3 2021 data with extrapolation for Q4 for one country (Solomon Islands), as the Solomon Islands Q4 2021 RHCS report had not been received by the date of this report's submission. Contraceptive distribution was affected in 2021 by COVID-19 restrictions, prioritization of COVID-19-related activities by governments and the shifting of staff from RMNCAH to COVID-19 vaccination. This resulted in fewer commodities distributed from central warehouses to lower levels than initially anticipated. Distribution is expected to increase in 2022.





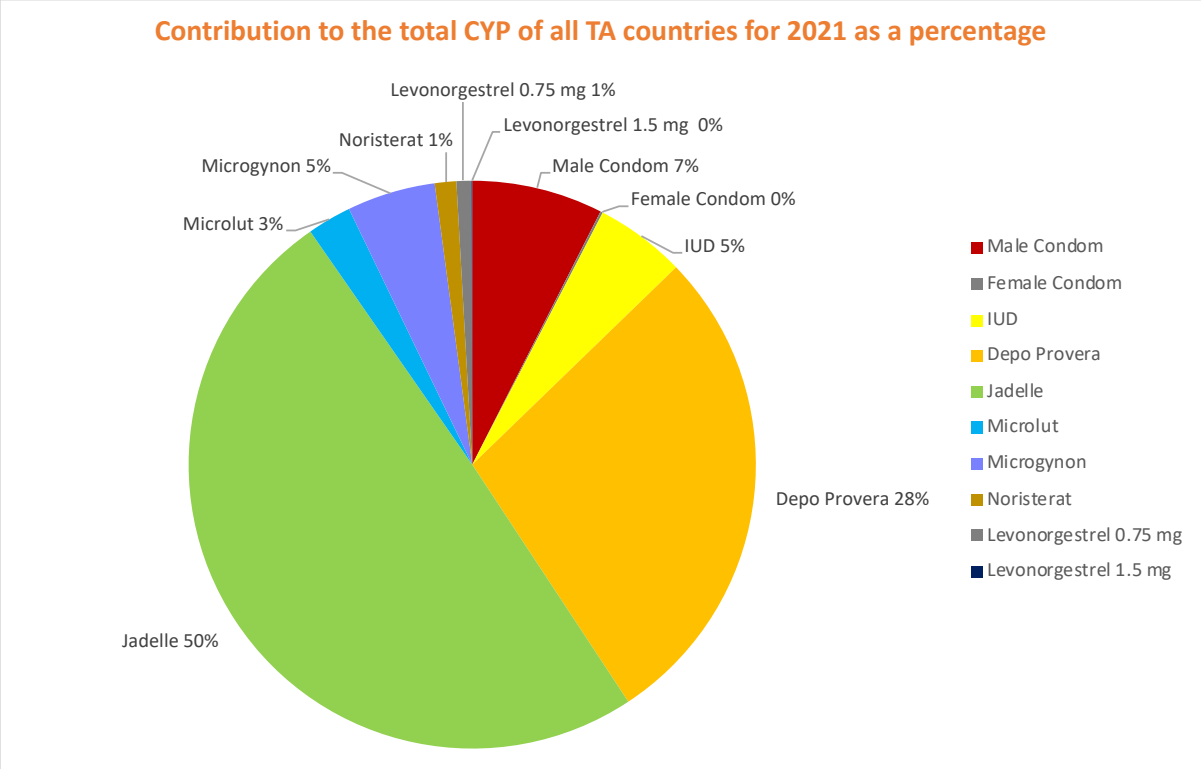
Indicator 2: Total CYP for contraceptives distributed by countries to lower levels, including SDPs (disaggregated by method including emergency contraception and LARCs).
Planned: 149,298. Actual: 106,955 .

The total CYP for contraceptives distributed by TA countries to lower levels in 2021 is estimated at 106,955 (compared to 157,731 in 2020, 115,851 in 2019 and 116,093 in 2018). The 2021 figure is based on actual data from Q1-Q4 2021 for five countries, and a projection for Solomon Islands) based on actual data from Q1-Q3 2021 (as the Solomon Islands Q4 2021 RHCS report had not been received by the date of this report's submission). Contraceptive distribution was impacted in 2021 due to COVID-19 restrictions, logistics and transportation challenges, prioritization of COVID-19-related activities by governments, and the shifting of staff from RMNCAH to COVID-19 vaccination roll-outs. This resulted in fewer commodities being distributed from central levels to lower levels in 2021 than was originally targeted. Distribution is expected to increase in 2022.

Among methods, Jadelle at 51 per cent and Depo Provera at 27 percent accounted for over three quarters of CYP generated by TA-supported countries in 2021. These methods were followed by male condoms (at 8 per cent) and copper intrauterine devices (IUDs) and combined oral contraceptive pills (each at 5 per cent). [48]

[48] Vanuatu's figure for this indicator is lower than previous years due to effective work during 2019 and 2020, in addition to limited staff due to the COVID-19 response.

Country	CYP of commodities distributed to lower levels in 2017 (Baseline)	CYP of commodities distributed to lower levels in 2018	CYP of commodities distributed to lower levels in 2019	CYP of commodities distributed to lower levels in 2020	CYP of commodities distributed to lower levels in 2021 (projection for Solomon Islands based on Q1-Q3 2021 data)
Fiji	27,415	54,718	46,829	47,830	36,532
Kiribati	17,865	6,029	5,138	6,368	6,205
Samoa	6,000	4,101	5,014	4,421	8,447
Solomon Islands	34,296	36,229	36,113	79,429	48,762
Tonga	4,594	2,939	2,649	2,505	1,827
Vanuatu	17,335	10,159	20,108	17,179	5,182
TOTAL	107,505	114,175	115,851	157,731	106,955



Indicator 3: Number of new acceptors of modern methods of contraception.
Planned: 31,408. Actual: 90,793.

As of December 2021, there were an estimated 90,793 new users of modern methods of contraception out of 285,337 total current users, compared to 40,179 new users in 2020. This was nearly three times the target of 31,408 for 2021. The highest proportion of new users out of current users was observed in Solomon Islands at 74 per cent or 63,354 new users out of 85,844 current users. Discontinuation rates are still a concern in most Pacific countries. This remains the case in Solomon Islands, but from 2020 to 2021, it saw a 62 per cent decline in method discontinuation, from 13,284 to 5,008 users.

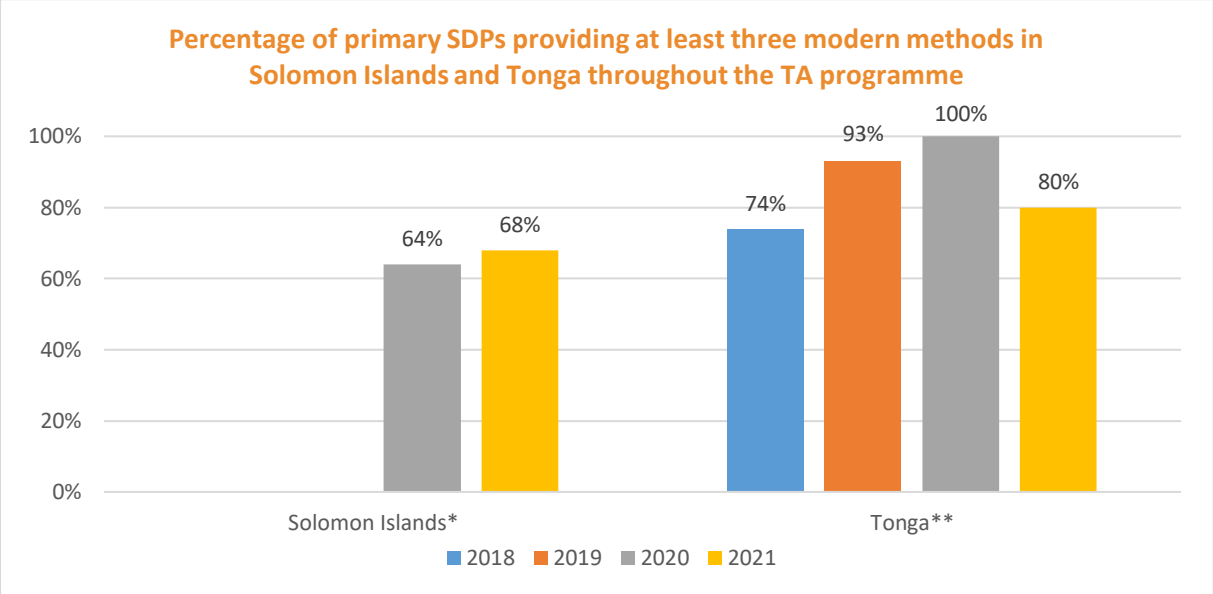
As at the time of this report, country health management information system (HMIS) reports were not available. Countries including Fiji, Samoa and Vanuatu were not reporting the number of new contraceptive users in the HMIS monthly summary form, although these data are available in health facility registers. The figures reported are extracted from spot checks conducted in 2021 in Kiribati,

Solomon Islands and Tonga. They also draw on health ministry estimates using the modern contraceptive prevalence rate from the current Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS) and/or modelling using HFRSAA data.

COUNTRY	New users of FP (2021)	Current users of FP (2021)	Assumptions and sources of data
Fiji	18,901	144,908	10 per cent increase, modelling using HFRSAA and DHS/MICS
Kiribati	1,564	8,913	Estimated new users from HMIS
Samoa	970	10,665	10 per cent increase, modelling using HFRSAA and DHS/MICS
Solomon Islands	63,354	85,844	2021 spot checks
Tonga	1,792	12,980	2021 spot checks
Vanuatu	4,212	22,027	10 per cent increase, modelling using HFRSAA
Total	**90,793**	**285,337**	

Indicator 4: Percentage of primary SDPs that have at least three modern methods of FP on the day of a visit or assessment. (See individual country figures for target and actual shares.)

Baseline data for this indicator were collected through the HFRSAA from the six countries. On average, 81 per cent of primary health facilities provided at least three modern methods of contraception: Samoa at 100 per cent in 2018; Fiji at 89 per cent, Kiribati at 74 per cent and Tonga at 93 per cent, all in 2019; and Solomon Islands at 66 per cent and Vanuatu at 65 per cent, both in 2020.



* Solomon Islands 116 spot checks out of 196 facilities in 2021

** Tonga 15 spot checks out of 31 facilities in 2020 and 14 of 31 in 2021

In 2021, Solomon Islands and Tonga conducted Tupaia MediTrak spot checks to provide additional data points to compare against the HFRSAA baselines. While the number of spot-checked facilities did not equal the number of facilities assessed for the HFRSAA, the figures produced by the spot checks can still be reviewed with consideration. Spot checks in Solomon Islands suggest a slight increase in

the percentage of primary facilities providing at least three modern methods, from 66 per cent as reported in the HFRSAA to 68 per cent. The denominator for this indicator is 185 facilities visited for the HFRSAA, however, compared to 92 facilities visited during spot checks.

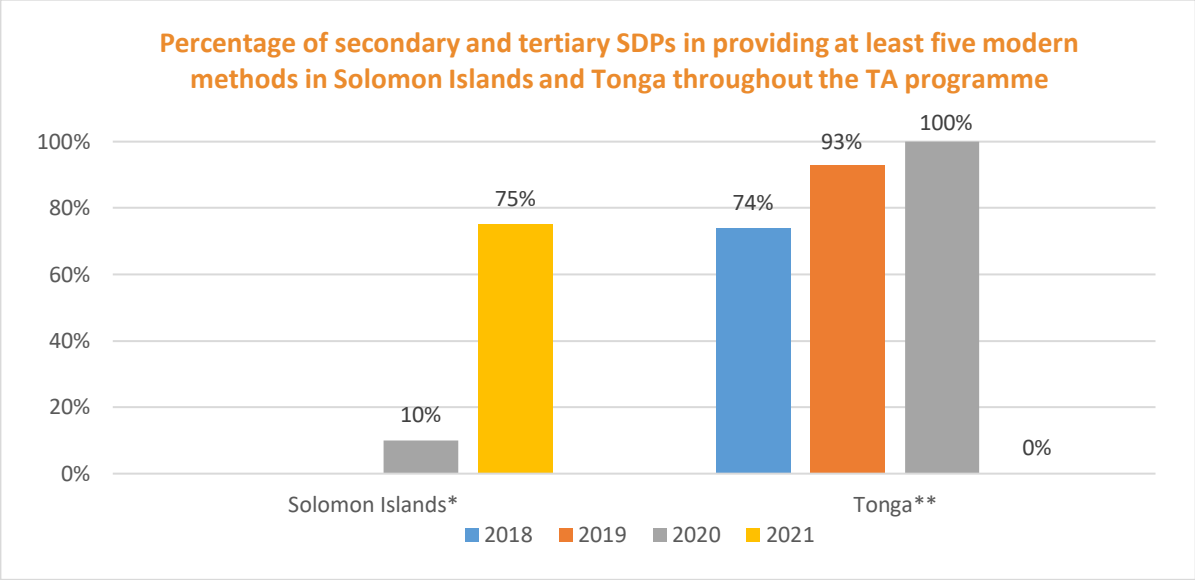
The spot checks in Tonga initially showed an increase in the percentage of primary-care facilities providing at least three modern methods, from 93 per cent as reported in the HFRSAA to 100 per cent in 2020, before landing on 80 per cent in 2021. The denominator for this indicator is 31 facilities visited for the HFRSAA compared to 15 facilities visited in 2020 and 14 facilities visited in 2021. Once spot checks become embedded in the routines of health ministries, data between years is expected to show more stable improvement that can be more suitably compared to the baseline.

While Kiribati reported 74 per cent, the number of spot-checked facilities was not sufficient to make a reliable estimation comparable to the baseline. In 2022, spot checks are expected to take place on an increasingly routine basis using a representative sample of facilities from across the country.

Spot checks in Samoa and Vanuatu were not conducted using the Tupaia MediTrak spot-check tool; data were collected manually. The sample size for Vanuatu was very limited and cannot be considered reliable. Samoa reported 80% and the spot checks covered all facilities. Spot checks were not conducted in Fiji due to COVID-19.

Indicator 5: Percentage of secondary and tertiary SDPs that have at least five modern methods of FP available on the day of a visit or assessment, disaggregated for urban-rural, including emergency contraception and LARCS. (See individual country figures for target and actual shares.)

Based on the HFRSAA findings from the six focus countries, an average of 43 per cent of secondary and tertiary SDPs provided at least five modern methods of contraception: Samoa at 75 per cent in 2018; Fiji at 39 per cent, Kiribati at 50 per cent and Tonga at 75 per cent, all in 2019; and Solomon Islands at 10 per cent and Vanuatu at 9 per cent, both in 2020.



* Solomon Islands 116 spot checks out of 196 facilities in 2021

** Tonga 15 spot checks out of 31 facilities in 2020 and 14 of 31 in 2021

While the number of spot-checked facilities in Solomon Islands and Tonga did not equal the number assessed for the HFRSAA, the figures produced by the spot checks can still shed some light. The spot checks in the Solomon Islands illustrated a sharp increase in the percentage of secondary and tertiary

facilities providing at least five modern methods, from 10 per cent reported in the HFRSAA to 75 per cent in 2021. While the denominator for this indicator was 11 facilities visited for the HFRSAA compared to 8 facilities visited during spot checks, the results still show a significant improvement. In March 2021, the Ministry of Health and Medical Services in Solomon Islands conducted a reverse logistics and de-junking exercise after the HFRSAA indicated many expired products in facilities. The former warehouse manager died in 2020 and it took time for the new manager to address some bottlenecks and other issues. New products were shipped to facilities in March-June 2021. The improvements are due to the indicator only counting facilities where services are provided and products are available on the day of a visit. The improvements therefore can be directly attributed to the better availability of usable products in the health facilities.

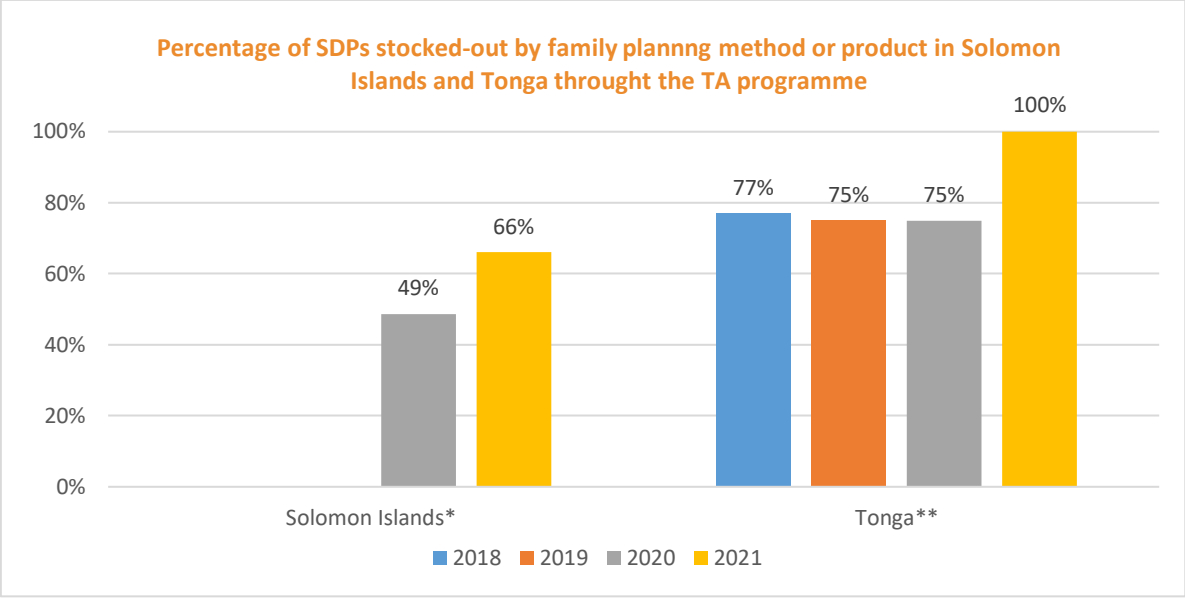
The spot checks in Tonga initially showed an increase in the percentage of secondary and tertiary facilities providing at least five modern methods, from 75 per cent as reported in the HFRSAA to 100 percent in 2020. In 2021, the figure reported was 0 per cent, but this was likely influenced by the prolonged COVID-19 crisis, which impacted transportation and the distribution of supplies. UNFPA will continue to support the warehouse to ensure they have commodities and support MOH to roll out mSupply to provide them with data and evidence to implement informed push system and reduce stock out at health facility levels. The denominator for this indicator was four facilities visited for the HFRSAA compared to three facilities with spot checks in both 2020 and 2021.

As with the previous indicator, the 50 per cent reported for Kiribati is based on a limited number of spot-checked facilities and is not sufficient to make a reliable estimation comparable to the baseline.

Spot checks in Samoa and Vanuatu were not conducted using the Tupaia MediTrak spot-check tool; data were collected manually. Figures provided for Vanuatu are 9 percent. The sample size for Vanuatu was very limited and cannot be considered reliable. Samoa reported 25% and the spot checks covered all facilities. Spot checks were not conducted in Fiji due to COVID-19.

Indicator 6: Percentage of SDPs with FP stock-outs, by method or product (last three months). (See individual country figures for target and actual shares)

About 47 per cent of service delivery points across the six countries were stocked out of any FP method three to six months prior to the HFRSAA: Samoa at 36 percent in 2018; Fiji at 59 percent, Kiribati at 44 per cent and Tonga at 80 percent, all in 2019; and Solomon Islands at 41 percent and Vanuatu at 22 percent, both in 2020. Continued availability of contraceptives at SDPs depends on many constantly changing factors, the robustness of the logistics management information system and the use of data for decision-making.



* Solomon Islands: 116 spot checks out of 196 facilities in 2021
** Tonga: 15 spot checks out of 31 facilities in 2020 and 14 of 31 in 2021

As mentioned above, while the number of spot-checked facilities in Solomon Islands and Tonga did not equal the number of facilities assessed for the HFRSAA, the figures produced by the spot checks in these countries can be reviewed with consideration. Spot checks in Solomon Islands indicated that stock-outs increased from 49 per cent on the day of the visit during the HFRSAA (2020 baseline) to 66 per cent in 2021. Spot checks in Tonga suggested that stock-outs on the day of the visit increased from 90 per cent (2019 baseline) to 100 per cent in 2021. Widespread stock-outs stemmed from COVID-19 travel restrictions and lockdowns that hindered last-mile delivery. UNFPA will continue to support the national warehouses to ensure they have commodities and support MOH to roll out mSupply to provide them with data and evidence and use it to inform quantification and distribution to the last mile.

Spot checks in Samoa and Vanuatu were not conducted using the Tupaia MediTrak spot-check tool. Data was collected manually and on paper. Samoa reported 83 per cent for stock-outs on the day of the visit and not for the previous three-month period. The spotcheck covered all facilities in Samoa. Kiribati reported at least three FP methods were available at five spot-checked facilities but findings may not be representative as these facilities are only 4.5 per cent of the total. Vanuatu reported 22 percent for stock outs though the sample size for Vanuatu was very limited and cannot be considered reliable.

Indicator 7: Percentage of secondary and tertiary SDPs providing quality-assured, adolescent-friendly, integrated SRH services. (See individual country figures for target and actual shares.)

While less than 3 per cent of secondary and tertiary SDPs in the six TA countries continued to provide quality-assured adolescent and youth-friendly SRH services according to international standards, there were improvements in training service providers, especially in Solomon Islands, which reported that 21 per cent of facilities in 2021 provided such services. This cannot be interpreted as meaning that these facilities meet all international standards because criteria used in spot checks only consider

the availability of trained service providers using some of the key components required for meeting international standards adapted for the Pacific region.[49]

There is a positive trajectory that should result in more SDPs in the remaining TA countries reaching their targets as many have integrated different services. It is expected that a comprehensive package will be delivered to 50-75 per cent of SDPs by the end of 2022.

Indicator 8: Percentage of SDPs that have at least one member of staff available and fully trained on providing youth-friendly, disability-inclusive FP services. (See individual country figures for target and actual shares.)

The 2020 baseline HFRSAA figures on this indicator show that Samoa had 71.4 per cent, Tonga 65 per cent, Vanuatu 35.6 per cent, Kiribati 32.7 per cent, Fiji 22.9 per cent and Solomon Islands 12.5 per cent. These baseline figures did not account for changes in the 2018 WHO Family Planning Revised Medical Eligibility criteria and components of SRH integration, including GBV and inclusion related to disability and adolescents and youth.

Revised FP training curriculum and protocols are now available in the six countries. As of December 2021, the percentage of SDPs with at least one staff member fully trained on youth-friendly and disability-inclusive FP is as follows: 13 per cent in Fiji, 5 per cent in Kiribati, 50 per cent in Samoa, 4 per cent in the Solomon Islands, 71 per cent in Tonga and 4 per cent in Vanuatu. By the end of 2022, SDP coverage per country is expected to increase to 75 per cent in Fiji, 80 per cent in Kiribati, 100 per cent in Samoa, 50 per cent in the Solomon Islands, 100 per cent in Tonga and 85 per cent in Vanuatu.

Indicator 9: Number of countries with established quality assurance mechanisms for FP services.
Planned: 1. Actual: 0.

In 2020, UNFPA collaborated with FPNSW on consultations with Pacific countries to determine interventions to ensure quality care in integrated SRH services. This resulted in a focus on developing and revising existing supportive supervision tools and deploying exit interview tools to track client perceptions of satisfaction with FP service provision. In 2021, FPNSW supported the development of quality-of-care interventions including integrated supportive supervision tools and client exit interviews that were revised and pilot tested in Solomon Islands, where the Ministry of Health and Medical Services requested an integrated checklist to use in all supervisory visits related to RMNCAH programmes. The tools for integrated supportive supervision were pre-tested in two health facilities. In 2022, FPNSW will work with the ministry to finalize the tools and train provincial councils to use them.

Discussions were reinitiated with all other countries, except Tonga, on developing supportive supervision tools and training. In the last quarter of 2021, meetings were planned or held in all countries in conjunction with the youth-friendly health services project. In 2022, FPNSW will provide technical assistance to establish model supportive supervision tools.

Indicator 10: Number of countries in which the pre-service curricula of midwives/nurses is reviewed and updated to align with international standards (NEW INDICATOR)
Planned: 1. Actual: 0.

[49] Questions included in the Spot-Check Assessment tool related to the provision of quality-assured, adolescent-friendly, integrated SRH services were aligned to the existing international standards when the questionnaire was developed. However, the international standards have changed and expanded since then, hence the facilities have not been assessed to meet the current criteria.

In 2021, the Burnet Institute and the health ministries of Kiribati, Samoa, Solomon Islands and Tonga made significant advancements towards aligning their pre-service curricula for midwives/nurses to the International Confederation of Midwives Competency Standards. The current curricula for these countries are based on the previous version of the standards. A review was conducted to identify relevant gaps and make recommendations to close them.

Kiribati, Samoa, Solomon Islands and Tonga, have achieved the first half of the indicator since they have also completed their curricula reviews. Kiribati and Tonga began curricula revision in 2021, which will be completed in 2022. It will begin in Solomon Islands and Samoa in 2022. A review of the Fiji midwifery curricula will take place in 2022 since it was delayed due to COVID. By the end of 2022, at least four of the TA focus countries are expected to update the pre-service curricula for midwives and nurses in line with international standards. Progress in Vanuatu has been delayed by the halting of the midwifery programme in 2020.

Indicator 11: Number of out-of-school young people (disaggregated by disability status, sex, age and location) reached with CSE/FLE.
Planned: 2,650. Actual: 2,221[50]

Three countries, Fiji, Samoa and Vanuatu, completed the six modules that were designated to cover SRH content for out-of-school CSE/FLE curricula supported by FPNSW. Solomon Islands was in the process of validating the training materials where there was an outbreak of civil unrest and violence. Kiribati, Solomon Islands and Tonga will complete the out-of-school CSE/FLE modules in 2022.

In Vanuatu, the CARE out-of-school CSE/FLE programme took place in five remote communities in a very patriarchal area of Tanna Island. A total of 410 young people completed it. Sex- and age-disaggregated data are available for 223 of them: 91 males and 132 females, including 1 female with a hearing disability. In Kiribati, CSE/ FLE manual of KFHA was utilized to reach out to 1321 out-of-school adolescents and youth in out of school settings. In Samoa, 490 young people (455 females and 35 males) were reached through the SFHA. The programme team conducted awareness on SRH/FP and sexual violence and young people were offered clinical services such as family planning services, ante natal care and general health care.

Indicator 11a: Number of out of school CSE/FLE facilitators trained to deliver the adapted comprehensive sexuality education manual/curriculum (NEW INDICATOR).
Planned: 570. Actual: 42.

Amid delays in completing the CSE/FLE out-of-school curriculum, FPNSW supported Samoa to train 12 people and Vanuatu 20 people, including health workers, NGOs and youth, to complement in-school delivery. In Solomon Islands, 10 out-of-school CSE/FLE facilitators went through validation training, but the training was disrupted half way through due to civil unrest and violence. The training will be completed in 2022. More trainings are planned to follow upon completion of the manuals to meet the target in 2022.

[50] It may be noted that the resource materials being currently used in Kiribati, Samoa and Vanuatu are not fully aligned to the international standards. However, as mentioned earlier in the report, concerted efforts are underway to get the country specific OOS CSE/ FLE curricula aligned to the international standards validated by country governments and rolled out nationally. It may also be noted that these out of school CSE/ FLE outreach numbers for the young people are a subset of the BCC outreach numbers across all the age groups reported across the 6 TA countries.

Indicator 12: In-school CSE/FLE in all countries is adapted to meet international standards.
Planned: 4. Actual: 4.

All eight CSE/FLE concepts from the International Technical Guidance on Sexuality Education have been included in CSE/FLE targeted syllabi in Kiribati, Samoa, Solomon Islands and Vanuatu.

In Fiji, FPNSW supported consensus building with the Ministry of Education, Heritage and the Arts to integrate CSE/FLE across primary and secondary grades. In Tonga, there is agreement to conduct scoping and sequencing for targeted grades (9-13) for CSE/FLE integration in 2022. Additionally, the recruitment of an FLE coordinator was completed. Both indicators will be achieved in 2022 for Fiji and Tonga.

Indicator 12a: Number of countries that have used the CSE/FLE content gap analysis to inform scoping and sequencing for targeted syllabi, in at least one grade (NEW INDICATOR).
Planned: 5. Actual: 5.

Five countries used the CSE/FLE content gap analysis to inform scoping and sequencing for targeted syllabi, resulting in draft syllabi for Kiribati (grades 9-12), Samoa (grades 10-12), Solomon Islands (grades 1-12) and Vanuatu (grades 11-13).

Indicator 12b: Number of countries that have piloted a revised CSE/FLE integrated syllabus in selected schools for any one grade (NEW INDICATOR).
Planned: 3. Actual: 1.

Kiribati piloted revised CSE/FLE integrated syllabi in years 10 and 11 in targeted outer island schools. Vanuatu plans to pilot year 11-12 syllabi during the first school term in 2022. Solomon Islands has done preparatory work for piloting a revised curriculum for grades 4-9 in 2022.

Indicator 13: Country has operationalized school-based CSE/FLE curricula in accordance with international standards.
Planned: 2. Actual: 3.

Samoa, Kiribati and Vanuatu were on track for operationalizing CSE/FLE in line with international standards. They integrated CSE/FLE in targeted syllabi, conducted consultations, developed teacher guides and held trainings for teachers or master trainers in 2021.

Indicator 13a: Number of teachers trained to deliver CSE/FLE integrated syllabus in at least one grade (NEW INDICATOR).
Planned: 300. Actual: 107.

In Kiribati, associate lecturers trained in 2020 conducted CSE/FLE trainings for 82 teachers in 2021. FPNSW supported Vanuatu to conduct a master training for 25 teachers and health workers.[51] These 25 teachers will roll out the training to other teachers in 2022.

Indicator 13b: Number of countries with CSE/FLE integrated syllabi that have developed corresponding teacher guides (NEW INDICATOR).
Planned: 4. Actual: 3.

Kiribati, Samoa and Vanuatu developed teacher guides in 2021. In Samoa, drafts are available from grades 1-8, pending finalization. Vanuatu has developed term 1 teacher guides for years 11 and 12.

[51] In Vanuatu, FPNSW used TA funds to develop training materials and facilitate the training. Spotlight funds were used for organizing the venue and supporting participants to attend the training.

Kiribati has created teacher guides for terms 1 and 2 for grades 10 and 11; term 3 guides will be developed in 2022.

By 2022, teacher guides for all terms in grades 11 and 12 in Vanuatu and grades 10 and 11 in Kiribati will be completed.

Indicator 14: Number of women of reproductive age and young people who were reached with a BCC message over the past year.
Planned: 18,500. Actual: 67,858

Across the six countries, information and messages on FP and SRH reached 67,858 people, mostly women and young people through community activities and IEC products and overachieved the target 3.7 times.

- Fiji reported reaching approximately 6,726 women and young people.
- Kiribati reached 7,621, including 5,800 through social media and 1,821 through community outreach initiatives.
- In Samoa, 4,410 people were reached through various outreach activities; approximately 1,060 young people and 350 adults were reached through community outreach and 3,000 individuals through social media, television and radio spots.
- Solomon Islands reported reaching 9,209 people through various activities by SIPPA, which received technical support from ABCID.
- Vanuatu reached 37,340 people, including 36,717 through social media platforms, as well as outreach and out-of-school CSE.
- In Tonga, approximately 2552 people were reached, including approximately 2,500 people through a condom distribution campaign, 42 youth advocates were oriented on different components of SRHR and 10 individuals were engaged in the development of CSE toolkit.

Indicator 15: Number of countries with an HMIS gap analyses completed (NEW INDICATOR). Planned: 4. Actual: 3.

Fiji, Kiribati and Solomon Islands completed a full first draft of the HMIS gap analysis of SRH data. Although the draft gap analysis in Vanuatu is advanced, it could not be completed due to challenges in receiving necessary information. For Samoa and Tonga, the gap analysis will be facilitated in 2022. Documents will be circulated internally and among national partners for feedback and validation before being finalized. In Samoa and Tonga, 2021 was characterised by ongoing efforts to engage the Ministry of Health.

Capturing impact data

Impact level results can be ascertained from population wide surveys including the MICS/DHS which should occur every 5 years, but can be delayed due to funding constraints. In the absence of population-based surveys, such as MICS/DHS, the HFRSAA and annual spot checks give a strong indication of change, as they provide a baseline of logistic and service data and indicators through the HFRSAA and the annual change or trend over the years through the spot checks.

In the long term, the work around strengthening countries' HMIS data collection, reporting and analysis will provide readily available data, to measure impact without necessarily waiting for a survey to happen.

Progression towards impact for outcome 2 is constrained by the need for costly population-based surveys on behaviour change and practices that increase demand for family planning. However, in

2021 and most of 2022, monitoring and evaluation conceptualisation has for instance led to the development of school based M&E framework for CSE/FLE that relies on the Sexuality Education and Review Tool version (SERAT) 2.0 and UNFPA CSE operational guidelines for a Pacific focused version to assist countries in developing CSE/FLE assessment tools and alignment of CSE indicators to education management information systems (EMIS) as well as other administrative data sources like HMIS. In addition, Kiribati will be undertaking a mid-programme review of their CSE/FLE progamme that will inform progress towards impact for CSE/FLE for the region. Additionally, IPPF MAs will track young people who access SRH/FP services who receive referral cards in OOS CSE and community outreach activities. For example, this month, 180 young people were reached with OOS CSE in Solomon Islands and 40 young people then accessed SRH/FP information and services at SIPPA clinics within 2-3 day after the CSE roll out.

With regard to behaviour change communication, a robust M&E conceptual framework with various methodologies to assess efficiency and effectiveness of BCC interventions and campaigns has been developed and is to be implemented by multiple partners including government ministries. The BCC conceptual framework aspires to conducting the costly programme level behaviour impact studies at some point post the Transformative Agenda.

Under outcome 3, the impact of HMIS strengthening can be demonstrated through changes in the level of collaboration between program and health information teams at a national level, and a greater recognition that data and information produced by the HMIS should be driven by the specified needs of the program. The mapping, metadata, and support for the selection of SRH HMIS indicators has improved the capacity for programs to align their data collection and reporting needs, and over time this will improve the efficiency and performance of the system, and will contribute to greater confidence in the data generated by the HMIS.

7. Governance and management issues

Human resources

Having a full team on board in 2021 helped accelerate implementation at the technical, programme and finance levels. Staffing for the TA programme remained relatively stable despite some changes. In May, the international SRH specialist in Samoa resigned. After discussions internally and with government partners, UNFPA decided to hire national staff for the TA programme. A national consultant supported the office throughout the year during the recruitment of two programme officers, who are expected to take up their positions in early 2022. A programme assistant position was filled in October 2021.

Due to COVID-19 related border closures, the newly appointed international SRH specialist for Kiribati could not enter the country and was forced to work remotely in 2021. The international SRH specialist for Solomon Islands also worked remotely for several months. UNFPA hired a national consultant in Vanuatu to accelerate implementation. As agreed with different governments and DFAT, programme finance assistants worked in ministries at least two days per week to support capacity building to improve reporting and speed up disbursements.

DFAT supported the hiring of 13 staff in key ministries, although recruitments did not progress at the same pace in all countries due to various challenges. UNFPA has witnessed important advances in TA programming in ministries with newly recruited staff. For example, in Vanuatu the RMNCAH coordinator was able to advance the RMNCAH policy, which otherwise would have been difficult due to the diversion of Ministry of Health staff to the COVID-19 vaccination programme.

COVID-19 and other humanitarian events

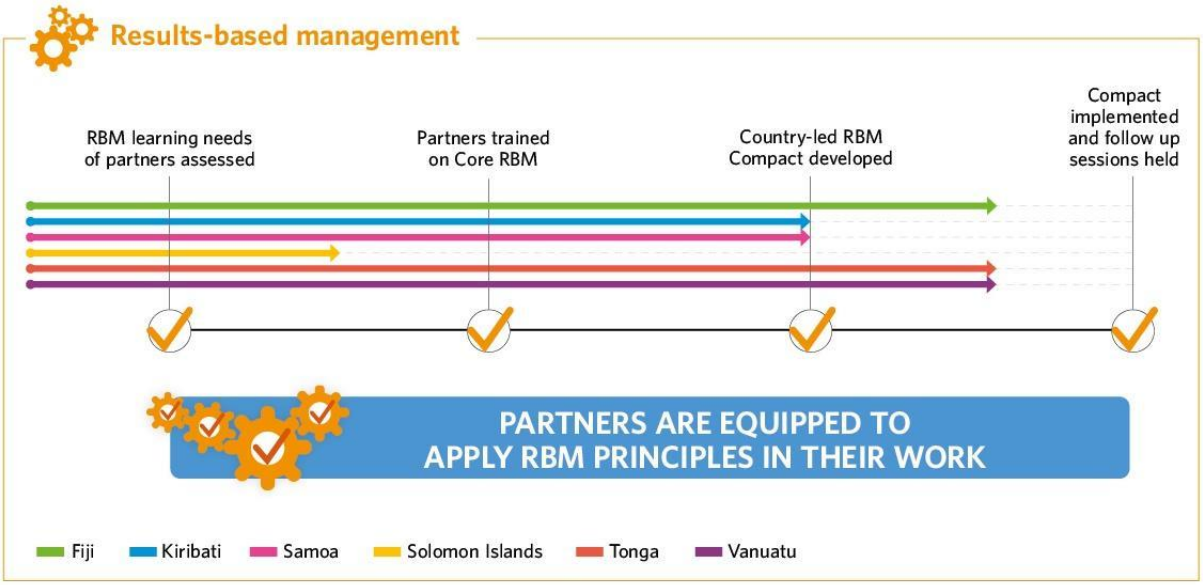
COVID-19 continues to challenge TA implementation, including through the diversion of government human and financial resources, which has deprioritized FP. National vaccine campaigns were implemented in 2021 and will continue into 2022. In Fiji, coordination with DFAT ensured that funds reprogrammed from the ministry's annual workplan were brought back under UNFPA implementation and used to deploy retired midwives to maintain SRH/FP services, a move welcomed by the Government.

National plans, such as the Health Sector Plan in the Solomon Islands, due to be completed, have been extended as opposed to evaluated and updated. Travel restrictions remain in place, preventing regional implementing partners from entering countries and resulting in increased requirements for coordination by UNFPA as well as online training. The latter continues to be a space for innovation but also runs into challenges in being engaging and effective.

Female participant presenting at RBM workshop in Kiribati

Strengthening results-based management

In response to the TA Midterm Review, UNFPA took measures to strengthen results-based management in 2021. It worked with all partners in the six countries to revise the M&E framework with indicators in line with programme reprioritization and realistic and measurable targets for all countries. UNFPA continued to deliver results-based management capacity-building workshops, which took place in Kiribati (25 participants), Samoa (16 participants), Tonga (34 participants) and Vanuatu (18 participants). These involved line ministry personnel, NGO partners and UNFPA staff. UNFPA also contracted a senior M&E consultant who conducted a gap analysis of UNFPA M&E and developed a plan to address the identified gaps. As a result, the internal M&E system were reviewed; an improved tracking system for TA results was created; and the capacity of UNFPA staff and implementing partners to improve reporting through workplan progress reports was strengthened. The data collected through the tracking system is now reviewed on a quarterly basis to improve TA programme decision making.



Disbursements and fund absorption

UNFPA worked closely with governments to improve disbursements, implementation and fund absorption. It focused on increased human resource allocations, regular coordination meetings and continuous capacity building.

Since 2019, UNFPA has continued to steadily increase the number of implementing partners that can roll over outstanding financial balances so they can spend resources at the start of a new year. In 2021, 19 implementing partners were able to continue programming US $757,245 in resources. This was a 9.5-fold increase from 2 partners in 2019 and a total of US $79,802.

Management responses to improve financial absorption

	January 1st, 2019 USD	January 1st, 2020 USD	January 1st, 2021 USD
Number of IPs with OFA in hand	2	10	19
Total amount of DFAT TA funds held in OFA at beginning of year	79,802	184,020	757,245
Average amount of funds in hand per IP on 1st of January	39,901	18,402	39,855

UNFPA has made general improvements in disbursements while seeing advances in implementing partners reporting on time. Average turnaround times for disbursements have consistently declined, from 15 days in 2019 to 6 days in 2020, and remained at 6 days in 2021. This is in line with UNFPA recommendations for an ideal response time of 7-10 days. Delays in disbursements from ministries that initially receive UNFPA funds to other implementing ministries or sub-implementing partners continue to be a challenge, however. An additional bottleneck comes from national budget approval processes that can tie up funds not already accounted for within initial planning for the upcoming year. Absorption challenges due to the COVID-19 vaccine roll-out have also affected programme timelines.

The overall expenditure of DFAT-TA funds has increased between 2020 and 2021, from US $4,378,660 to US $5,573,308, with increases in several countries despite the on-going pandemic of COVID-19. This has constituted an increase of 27 per cent in implementation of our activities in the financial year 2021. It highlights growing capacity of some IPs to implement more resources.

UNFPA has also continued to provide advances of two-quarter disbursements, enabling more flexibility for national and regional implementing partners while also assuring expenditure monitoring and reporting. Seventeen out of twenty national and regional IPs received such disbursements.

FACE processing timeline - 2021

Countries/ location	IP code	Name of IP	Q1 (Jan- March) 2021			Q2 (April - June) 2021			Q3 (July - Sept) 2021			Q4 (Oct - Dec) 2021		
			Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days	Submitted	Processed	No. days
Fiji	PGFJ01	MOH, Fiji				29-Jun-21	29-Jun-21	0				11-Jan-22	20-Jan-22	9
Fiji	PGFJ03	MOYS, Fiji	29-Apr-21	17-May-21	18	04-Aug-21	18-Aug-21	14	12-Nov-21	29-Nov-21	17	25-Jan-22	26-Jan-22	1
Fiji	PN5820	IPPF				27-Jul-21	03-Aug-21	7	22-Oct-21	03-Nov-21	12	28-Jan-22	28-Jan-22	0
Fiji	PN7571	Medical Services Pacific										18-Jan-22	19-Jan-22	1
Kiribati	PGKI01	MHMS, Kiribati				01-Sep-21	01-Sep-21	0	10-Nov-21	10-Nov-21	0	24-Jan-22	25-Jan-22	1
Kiribati	PGKI03	MOWYSSA, Kiribati				09-Aug-21	19-Aug-21	10	19-Oct-21	20-Oct-21	1	17-Jan-22	18-Jan-22	1
Kiribati	PGKI04	MOE, Kiribati				09-Aug-21	23-Aug-21	14	19-Oct-21	22-Oct-21	3	20-Jan-22	24-Jan-22	4
Solomon Islands	PGSB01	MOH, Solomon Islands	06-May-21	12-May-21	6	27-Jul-21	29-Jul-21	2	22-Nov-21	29-Nov-21	7			
Tonga	PGTO01	MOH, Tonga	24-May-21	25-May-21	1	01-Oct-21	01-Oct-21	0	05-Oct-21	13-Oct-21	8	03-Mar-22	06-Mar-22	3
Vanuatu	PGVU01	MOH, Vanuatu				29-Sep-21	01-Oct-21	2	19-Nov-21	21-Nov-21	2	27-Jan-22	28-Jan-22	1
Vanuatu	PGVU03	MOET, Vanuatu				01-Sep-21	01-Sep-21	0	22-Dec-21	22-Dec-21	0	26-Jan-22	27-Jan-22	1
Vanuatu	PGVU07	MOYS, Vanuatu							12-Oct-21	13-Oct-21	1	26-Jan-22	27-Jan-22	1
Vanuatu	PN7170	World Vision Vanuatu				28-Jul-21	19-Aug-21	22	14-Oct-21	20-Oct-21	6	26-Jan-22	27-Jan-22	1
Vanuatu	PN7270	Care International Vanuatu	06-Oct-21	06-Oct-21	0							31-Jan-22	31-Jan-22	0
Samoa	PGWS01	Min. of Finance, Samoa	12-Jul-21	13-Jul-21	1	15-Sep-21	30-Sep-21	15	19-Nov-21	25-Nov-21	6	19-Jan-22	20-Jan-22	1
USA	PN6112	JSI	10-Apr-21	22-Apr-21	12	14-Jul-21	30-Jul-21	16	20-Oct-21	25-Oct-21	5	13-Jan-22	18-Jan-22	5
Australia	PN6538	Women Enabled Int'l	27-Apr-21	10-May-21	13	16-Jul-21	21-Jul-21	5	15-Oct-21	19-Oct-21	4	19-Jan-22	19-Jan-22	0
Australia	PN6616	Nossal				19-Aug-21	27-Aug-21	8	14-Nov-21	22-Nov-21	8	24-Jan-22	25-Jan-22	1
Australia	PN7026	Burnet Institute	11-Apr-21	05-May-21	24	08-Jul-21	13-Jul-21	5	15-Oct-21	19-Oct-21	4	12-Jan-22	17-Jan-22	5
Australia	PN7172	ABC				09-Jul-21	13-Jul-21	4	12-Oct-21	13-Oct-21	1	13-Jan-22	17-Jan-22	4
Australia	PN7171	FPNSW	15-Apr-21	05-May-21	20	14-Jul-21	19-Jul-21	5	22-Oct-21	25-Oct-21	3	18-Jan-22	19-Jan-22	1
	Average days				10.6	95		7.2	129		4.9	88		1.8	41

Note:

- *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 in full compliance of submission deadline;*
- *IPs with the dates in RED are not in compliance of submission deadline;*
- *Days mentioned for processing of FACE forms are 'calendar days'.*

Total average days by year ——> 6.10

Responsible stewardship of resources

Eleven spot checks by an external audit firm and five full audits were completed in 2021. All five audits were unqualified. Of the 11 spot checks, 6 had no financial findings. The remaining 5 are being cleared, largely through the provision of additional documentation.

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 the prevention of sexual exploitation and abuse (PSEA). UNFPA maintains a PSEA trained focal point network, monitored through performance reviews. In 2021, all UNFPA civil society implementing partners were assessed on their ability to comply with UNFPA PSEA standards, which is a new process for UNFPA. Out of 10 implementing partners, 7 were assessed low risk and 2 were medium risk. The one partner that was assessed high risk has developed a capacity building plan to ensure alignment. Additionally, all 10 IPs received training on PSEA in 2021. In 2022, UNFPA will do additional training for staff and IPs as continuous capacity building and strengthen reporting channels.

8. Increasing the visibility and communication of TA results

As programme implementation advances, there is more emphasis on increasing the visibility of progress. A communications plan developed in 2021 outlined approaches to engage partners and other stakeholders and to develop a communications toolkit.

When she turned 16, Livia was like any other young woman drawn by new feelings to explore physical intimacy with her boyfriend. But, also like many youths in the Pacific, Livia had limited access to information or education that could help her make informed decisions about relationships and sex. She became pregnant and delivered her baby at 17.

Click here for feature story on CSE

In line with the Midterm Review, UNFPA organized a mid-year meeting and two meetings with regional implementing partners to boost partner engagement by communicating progress and sharing knowledge. A newsflash containing feature stories on FP and CSE/FLE and hyperlinks to TA knowledge products was developed and shared with 194 partners and stakeholders. The newsflash was opened 320 times.

Ten stories concerning TA-related work were drafted and published on UNFPA's website. The website reached 1,821 people in 2021. Five articles - four on the 2021 humanitarian support in Fiji and one on the Vanuatu launch of the RMNCAH policy and the HFRSAA - were published in newspapers with nationwide coverage. Additionally, the work with the deployed midwives and on the Women-Friendly Spaces in Fiji was featured in four different news items on FBC TV and radio during prime time. Throughout the year, content related to the TA was posted on social media (Facebook, Instagram, Twitter). Facebook is the most popular social media platform used in the Pacific region. The number of viewers differs per posts, but ranges between 400 and 3,200 viewers. A total 55,212 people were reached over 2021 with tweets on Twitter.

Newspapers

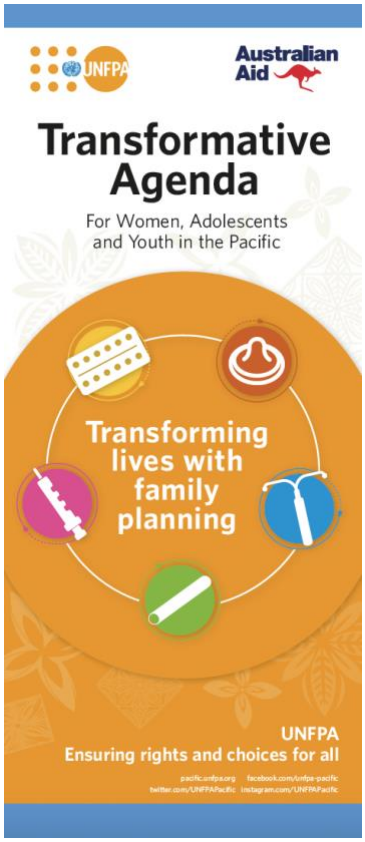
- Amazing Fijians: Time to give back and say yes – Fiji Sun
- Inspiring leaders – The Fiji Times
- Invest in midwives – Fijivillage, The Fiji Times
- Retired midwife returns to duty - Fiji Sun
- Vanuatu's Health Ministry launched three documents – Dailypost

To ensure consistency in branding across all TA activities, UNFPA developed knowledge products, communications materials and guidelines and disseminated these to all partners. This led to the design and procurement of the first branded communications materials (banners and shirts) to promote the TA. In four countries, photographers and videographers were hired to capture human interest stories. A communications consultant is being recruited to further increase programme visibility, capture lessons learned and support the documentation of stories.

Finau had no plans of becoming a mother anytime soon. She was young and still in school. But her life took a turn when she became pregnant unexpectedly and had to temporarily leave school.

"I plan to go back to school and finish my education. I am using Depo Provera now and will have an implant soon."

Click here for feature story on FP



9. Opportunities for 2022

Strengthening UNFPA-DFAT relationships in country

The relationship between UNFPA and the DFAT posts in the six TA countries will be further strengthened. Aside to invitations to key TA events, UNFPA will continue to invite DFAT to biannual regional meetings in which the programme's key planned activities, results and challenges will be discussed. In addition, bilateral meetings at the national level will be proposed by UNFPA Country Teams in order to update the DFAT team on the programme's progress. These meetings also provide an opportunity to seek DFAT's support in resolving challenges with partners, to secure their participation in key events, to explore bilateral funding opportunities that would complement the TA.

Joint advocacy to improve universal sexual and reproductive health coverage

UNFPA and DFAT can work together to advocate for improvements in universal SRH in the Pacific. To reduce the countries' dependence on donor support and increase financing SRH/FP goals through domestic resources, countries will need to prioritize health within the national budgets. Joint advocacy to national ministries on domestic financing for SRH/FP programming, including FP commodities, is sought with DFAT, World Bank and other partners through the Development Partners Group.

UN International Days also provide opportunities for joint advocacy. The International Day of the Midwife on May 5th is an example where UNFPA and DFAT can highlight the importance of midwifery capacity to reduce unmet need for family planning amongst others.

Addressing SRH needs of adolescents and youth remains an area that warrants greater attention. UNFPA seeks DFAT's support in advocating for bodily integrity in the Pacific region, including addressing prevention of early marriages, promoting legislation reforms that allow adolescents and youth to freely access SRH/FP services without their parents' consent, ensuring age-appropriate information, and promoting menstrual health.

Health system strengthening

In Samoa, the Ministry of Health and Medical Services will develop its new multi-year National Health Sector Plan 2022-2026 and the RMNCAH Corporate Plan 2022-2026. This will provide opportunities to further engage with DFAT and other relevant development partners, including the World Bank. Although the design of DFAT's Health Sector Support Programme Phase 4 was deferred last year, consultations on this are expected to begin in 2022. This may present a unique opportunity for UNFPA to influence the new programme.

The Tonga Health System Support Programme Phase 3 is currently awaiting consultation and approval. Its main focus is the non-communicable disease strategy. Given that the RMNCAH policy is comprehensive and includes non-communicable diseases, there is an opportunity to work on accelerating the NCD Strategy as well as the RMNCAH Policy and Strategy that are currently under the pipeline. Furthermore, the current review of the National Health Strategy is another platform where UNFPA and DFAT can consider supporting and strengthening the health system to adapt to COVID-19.

Leveraging the UNFPA Supplies programme

The UNFPA Supplies programme is now in its new phase from 2021-2030 supported by key resources from DFAT. In 2022, 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. All of these activities will contribute to ending unmet need for FP the main objective of the TA.

Humanitarian preparedness and response

Humanitarian response and recovery to ensure continuity of SRH/FP services with a focus on vulnerable population (women, people with disabilities, youth and young mothers, and girls) is another opportunity for DFAT posts to continue providing assistance at the national level, complementing TA funding particularly training for health workers and key stakeholders to reinforce the capacity to implement the MISP for SRH at the onset of a crisis.

The UNFPA Regional Prepositioning Initiative is now in its third phase. The DFAT funded initiative supports humanitarian preparedness across the Asia Pacific region to ensure that the lifesaving needs of women and girls in humanitarian crises are met. In the Pacific, this initiative is an important tool for disaster preparedness and supports the rapid deployment of UNFPA humanitarian supplies and also reinforces MISP capacity. The RPI and TA programmes will continue to complement each other as TA resources may be reprogrammed in 2022 due to COVID and natural disasters to ensure continuity of SRH/FP services such as the recent Fiji responses to TC Yasa and COVID-19 in 2021. This is also occurring in Vanuatu and Tonga at the time of writing this report in Q1 2022.

Additionally, the MISP readiness assessment is going to be implemented in 2022 to build the capacity of countries to implement MISP at the onset of a crisis. The pilot being run in Fiji will be presented at the 2022 International Conference on Family Planning on MISP Readiness Assessments as a collaboration between UNFPA, JSI and Fiji MHMS. This provides an opportunity to connect the capacity building from the TA, including MISP with the ongoing preparedness work to further build the capacity for SRH in emergencies.