



**Emergency Obstetric Care (EmOC) Programme**  
**ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**

**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010**

Programme Title & Number
Programme Title: <i>EmOC Programme</i>
<ul style="list-style-type: none"><li>UNFPA Programme Code: <i>PMI4R21A</i></li><li>MDTF Office Atlas Number: <i>00073281</i></li></ul>

Country, Locality(s), Thematic Area(s) <sup>2</sup>
Country: <i>KIRIBATI</i>

Participating Organization(s)
<ul style="list-style-type: none"><li>EmOC Programme – <i>UNFPA, UNICEF, WHO</i></li></ul>

Implementing Partners
<ul style="list-style-type: none"><li>EmOC Programme – <i>Ministry of Health</i></li></ul>

Programme/Project Cost (US\$)
MDTF Fund Contribution:
<ul style="list-style-type: none"><li>59,400</li></ul>
Agency Contribution
<ul style="list-style-type: none"><li><i>UNFPA – Nil</i></li></ul>
Government Contribution <i>(if applicable)</i>
Other Contribution (donor) <i>(if applicable)</i>
<b>TOTAL: 59,400</b>

Programme Duration (months)	
Overall Duration	5 years
Start Date <sup>3</sup>	January 2007
End Date or Revised End Date, <i>(if applicable)</i>	December 2012
Operational Closure Date <sup>4</sup>	December 2012
Expected Financial Closure Date	June 2013

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Mid-Evaluation Report – <i>if applicable please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Submitted By
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<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

<sup>3</sup> The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

<sup>4</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

## I. Purpose

The United Nations Development Assistance Framework (UNDAF) for the Pacific Sub-Region sets out the strategic focus for the UN's dialogue with the Pacific Islands Countries (PICs) from 2008 to 2012. It is the product of partnerships between the UN Country Teams of Fiji and Samoa and the 15 UN agencies, programmes and offices in the Pacific, and is driven by the needs and priorities of governments of 14 Pacific Island Countries including Kiribati. On the basis of the multi-country UNDAF and supporting the National Kiribati Development Plan (KDP), the Government and the UN have jointly designed a programme of clear and mutually agreed set of priorities in consultation with civil society and development partners active in Kiribati.

Through a series of in-country consultations the UNDAF Kiribati Implementation Plan 2008-2012 (UNDAF-KIP) focuses on making a positive difference to people's lives by enhancing their role in decision-making processes and strengthening the quality and accessibility of services. The Plan's four priority areas of equitable economic growth and poverty reduction; good governance and human rights; equitable social and protection services; and sustainable environmental management are aligned to the five key policy areas of the KDP: human resource development; economic growth and poverty reduction; health; environment; and governance.

The following UN Joint Programme is supported by the Kiribati One Fund under the respective UNDAF-KIP outcomes. UNFPA is responsible for coordinating project work of this Joint Programme, with Kiribati and with UN agencies.

### **Emergency Obstetric and Newborn Care (EmOC) Programme**

The EmOC Programme in Kiribati aims to improve the maternal health services in the Outer Gilbert and Tungaru Referral Hospital in Kiribati. It complements efforts from the Kiribati Government and the Fiji School of Medicine, who had worked on improving/building the health centres and dispensaries through an EU-funded programme. It is based on a comprehensive study on Emergency Obstetric Care carried out by UNFPA in Kiribati in 2005, and is focused on meeting some of the demands for drugs and equipment for maternal services. This contributes to the following:

**Kiribati UNDAF Outcome 3.2:** National systems enhance accessibility, affordability and the well-managed delivery of equitable, gender-sensitive quality social and protection services.

**Kiribati UNDAF Output 3g:** Strengthened institutional capacity of health service providers to deliver preventative & management services to at risk groups - children, women and people living with chronic illness

## II. Resources

The UNFPA coordinated programmes for 2009/2010 received USD 339,400 through the Kiribati One Fund. Some of the programmes were also allocated sub-regional budgets from UNFPA core resources and funds from other donors. These are detailed below.

<b>Programmes</b>	<b>UNFPA Programme Code</b>	<b>MDTF Project Code</b>	<b>Kiribati One Fund 2009/2010 Allocation</b>	<b>Other Funds</b>
EmOC Programme	PMI4R21A	00073281	59,400	-

Funds were transferred to relevant implementing partners in Kiribati upon its receipt from headquarters. All the programme interventions were linked to existing UNFPA supported Reproductive Health, Population & Development and Gender programmes in Kiribati to support complementary functions and greater coverage in the use of resources. These established programmes already had formal agreements with the Kiribati implementing partners. The disbursement of finance and financial reporting followed UNFPA financial guidelines and in compliance with the agreements signed with the IPs.

Each programme was managed by a UNFPA national programme staff with relevant support from operations and technical.

### Best Practices

- Other budget sources were used to procure equipment in the EmOC programme, and keep within IPSAS guidelines on procurement, while One Fund was being awaited. Once Kiribati One Fund was transferred, it was reprogrammed to reimburse funds that were sourced from other fund sources.
- As the programmes were part of ongoing UNFPA initiative in Kiribati, they were allocated the respective UNFPA programme code. This allowed quicker transfer and processing of funds within ATLAS as programme codes were already available in the system.

### Challenges

- The biggest challenge encountered was the delay in transfer of funds from headquarters to the sub-regional office. This resulted in some delay with implementation and in some situation, other sourced funds were used initially to meet the timeline and were then reprogrammed when the ONE Fund is received..
- There was some concern in linking the MDTF project code with the respective UNFPA programme code, which would allow a more accurate view of how funds are allocated and spent by UNFPA. The respective programmes were later linked after a request from headquarters.

## III. Implementation and Monitoring Arrangements

UNFPA liaised with the Kiribati Medical Equipment Committee, which was formed by Ministry of Health & Medical Services to oversee the management of the programme. The committee has been

meeting frequently and has been monitoring the equipment that has been brought to Kiribati. Other logistical issues of equipment storage and transportation in the main island and in the recipient health facility have also been deliberated by the committee. The committee will continue to carry out this role and issues will be dealt by them as they arise.

Procurement was sourced from the UNFPA Procurement Service Branch (PSB) in Copenhagen, as they had a list of vendors that were internationally certified under WHO quality standards. PSB ships the equipment to Fiji and UNFPA Sub-regional Office in Suva checks and transfers the equipment to Tarawa.

## **IV. Results**

Kiribati UNDAF Output 3g: Strengthened institutional capacity of health service providers to deliver preventative & management services to at risk groups - children, women and people living with chronic illness.

### **Activities:**

- *Completion of EmOC equipment procured by UNFPA and shipped to Tarawa.* Between late 2009 and early 2010, the equipping of the 74 Clinics built on the 18 outer Gilbert Islands were completed and fully operationalised. These clinics cater for a population of 43,372 people which is about 46.9% of total Kiribati Population. These 74 additional service delivery points (SDP) that can offer basic EmNOC represent 76.3% of total SDPs.

### **Highlights**

In the outer islands, reproductive health including obstetric services can now be offered in all of the service delivery points and thus access to reproductive health services should markedly improved. With sterilizers, new delivery instruments and delivery beds available at all rural service delivery points, deliveries and other sexual and reproductive health procedures can now be performed in cleaner and patient friendly environments. This has implications for reducing rates of infections in reproductive health conditions which are not uncommon in rural areas as well as ensuring coverage for the broadest range of quality clinical services.

### **Challenges**

The major challenge would be the recurrent costs of maintenance and eventual replacement. The project has partly dealt with the sustainability issue by developing a manual complemented with training so the medical equipments could be used properly, well maintained and thus last longer. However, like all equipments, EmOC equipment and supplies have their own shelf lives, and despite proper use and routine maintenance, they would eventually need replacement in the upcoming years.

## **V. Future Work Plan**

Equipping of proposed new Betio Maternity Unit

- The government of Kiribati has requested a new maternity unit for Betio. The construction of a new Maternity Unit is still being discussed with AusAID. Preliminary discussions with AusAID and with

the Government of Kiribati have indicated that they would want equipment to be provided by UNFPA.

- The above request by the government has been discussed with other UN agencies, including UNICEF and WHO, in the last joint UN country mission in 2010 during the joint strategic meeting with the government.

## VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>Kiribati UNDAF Outcome 3.2:</b> National systems enhance accessibility, affordability and the well-managed delivery of equitable, gender-sensitive quality social and protection services.							
<b>Kiribati UNDAF Output 3g:</b> Strengthened institutional capacity of health service providers to deliver preventative & management services to at risk groups - children, women and people living with chronic illness	Proportion of women attending at least 1 ANC and at least 4 ANCs	unknown	70%	70%		Draft 2010 DHS	
	Proportion of births attended by skilled birth attendants	>80%	80%	81%		Draft 2010 DHS	
	Proportion of SDPs offering basic emergency obstetric care	1.8%	10%	76%		Government	76% is based on equipment availability. Availability of staff is unknown