



**Adolescent Health & Development (AHD) Joint Programme
ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT**

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

Programme Title & Number
Programme Title: <i>AHD Joint Programme</i>
<ul style="list-style-type: none">UNFPA Programme Code: <i>PMI4R51A</i>MDTF Office Atlas Number: <i>00076338</i>

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

Participating Organization(s)
<ul style="list-style-type: none">AHD Joint Programme – <i>UNFPA, UNICEF, SPC</i>

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

Programme/Project Cost (US\$)
MDTF Fund Contribution:
<ul style="list-style-type: none"><i>2010 – 50,000</i>
Agency Contribution
<ul style="list-style-type: none"><i>UNFPA - 20,000</i>
Government Contribution <i>(if applicable)</i>
Other Contribution (donor) <i>(if applicable)</i>
TOTAL: 70,000

Programme Duration (months)	
Overall Duration	5 years
Start Date ³	January 2008
End Date or Revised End Date, <i>(if applicable)</i>	December 2012
Operational Closure Date ⁴	December 2012
Expected Financial Closure Date	June 2013

Programme Assessments/Mid-Term Evaluation
Assessment Completed - <i>if applicable 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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¹ The term “programme” is used for programmes, joint programmes and projects.

² Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

³ 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>).

⁴ 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.

Adolescent Health & Development (AHD) Joint Programme

The AHD Programme is a joint initiative among UNFPA, UNICEF, SPC and the Kiribati Government to address the health and development issues of young people in Kiribati, especially their sexual and reproductive health. The aim of the programme is to support the safe and healthy development of young people through information, education, counselling and provision of youth-friendly services designed to achieve a healthy and a socio-economically satisfying life. 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 3I: Increased availability of quality sexual and reproductive health services for young people

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.

Programmes	UNFPA Programme Code	MDTF Project Code	Kiribati One Fund 2009/2010 Allocation	Other Funds
AHD Programme	PMI4R51A	00076338	50,000	20,000

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

- 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.
- 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

The AHD Joint Programme management modality coordinates the general strategies of the programme. UNFPA regularly liaises with the Kiribati AHD coordinator within Ministry of Health to follow up and monitor activities. The Kiribati AHD coordinator through the local Programme Coordination Committee (PCC) liaises with a group of national stakeholders from relevant government departments and civil society, to monitor and provide input in the national programmes directions and strategies.

IV. Results

Kiribati UNDAF Output 3I: Increased availability of quality sexual and reproductive health services for young people

Activities:

Supportive Policy Environment and Enabling Community Environment

- Carried out an awareness workshops amongst for 6 national parliamentarians
- Carried out public awareness event for World Population Day

Strengthened Life Skills-based SRH Information and Education for Young people

- Conducted Family Life Education Advocacy Workshop to over 30 staff of church-based schools and KGV school staff
- Conducted peer education training in KGV high school for 10 peer educators
- Conducted 2 outreach to the outer islands of Kiribati
- Carried out awareness and information dissemination on condoms in public bars and nightclubs, distributing around 200 male condoms a month

Strengthened youth-friendly services

- Conducted refresher training with service providers
- Provided 2 outreach services to the outer islands of Kiribati
- Provided outreach services to public bars and nightclubs distributing around 200 male condoms a month

Improved Program Management

- Carried out several meetings for programme monitoring and networking
- Conducted monitoring visits to Abemama Island, Teinainano Town and Betio Town

Highlights

Awareness workshops amongst for national parliamentarians under the PLPG programme, which focused on informing parliamentarians so that they could be better advocates. Topics covered included SRH, teenage pregnancy gender and youth. Public awareness event was done to celebrate World Population Day and National youth Week. This was through public edutainment with KIFHA.

A Family Life Education Advocacy Workshop was well received by staff of church-based schools and KGV school staff to inform them of how SRH could be integrated into the national curriculum. They've requested to be kept informed of developments. Continuing peer education training was carried out in KGV high school and in outreach to the outer islands of Kiribati. Peer educators continued to carry out awareness and information dissemination on condoms in public bars and nightclubs.

Challenges

The AHD programme has been viewed as a donor funded stand-alone project that is often isolated from the mainstream work of reproductive health. This perception is still a challenge, as it prevails in most health management departments in the Pacific. It would need to be overcome by greater collaboration and inclusion of Reproductive Health and Public Health personnel into AHD decision-making as well as mainstreaming AHD into National Reproductive Health programmes.

V. Future Work Plan (if applicable)

Supportive Policy Environment

- Conduct ASRH/SRH Advocacy workshop for BTC and TUC senior management to promote YFS and peer education work and community outreach
- Conduct 1-day AHD advocacy & Reproductive Health Forum for Cabinet Minister

Strengthened delivery of information and education

- Conduct SRH Advocacy meeting with KGVI staff and debriefing after school-based peer education training
- Conduct RH and Peer Education Training Workshop for KGV School Form 5 students
- Deliver gender-sensitive life skills based RH education through drama (non-formal to primary schools, JSS & Secondary schools)

Strengthened sexual and reproductive health services for young people

- Conduct quarterly community mobile outreach services to EVYs and MARYs in BTC & TUC on ASRH information, including HIV & STI and services (VCCT, screening for STI & family planning) in BTC & TUC, including outer Islands

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)
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 Output3i: Increased availability of quality sexual and reproductive health services for young people	Indicator 2.1.1						
	Proportion of SDPs offering youth-friendly SRH services	18 %	30 %	20%	The planned target is the % to be achieved by 2012 and the achieved target states the current % achieved to date	Government	
	Proportion of young people aged 15–24 years having good comprehensive knowledge of HIV	39%	60%	47%	The planned target is the % to be achieved by 2012 and the achieved target states the current % achieved to date	Draft 2010 DHS	