



**Emergency Obstetric & Newborn Care (EmONC) Programme
ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT**

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

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

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

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

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

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

Programme Duration (months)	
Overall Duration	5 years
Start Date ³	January 2007
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 - if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____
Mid-Evaluation Report – if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____

Submitted By
<ul style="list-style-type: none">Name: <i>Adriu Naduva</i>Title: <i>Programme Analyst</i>Participating Organization (Lead): <i>UNFPA</i>Email address: <i>naduva@unfpa.org</i>

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.

Emergency Obstetric and Newborn Care (EmONC) Programme

The EmONC 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 59,400 through the Kiribati One Fund. In 2011 the project had no allocation from UNFPA core resources or from other donors. These are detailed below.

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

Funds were transferred to relevant implementing partners in Kiribati upon its receipt from headquarters. All interventions were linked to existing UNFPA supported Reproductive Health programmes in Kiribati as per Annual Workplan agreed with government, and based on existing 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 is managed by a UNFPA national programme staff with relevant support from operations and technical.

Best Practices

- Equipment was regularly reviewed for malfunction during the first year of provision, and a log kept by the health facility. In 2011, several beds were replaced through this process.

Challenges

- The lack of capacity and expertise to maintain more sophisticated equipment means that they are discarded once a malfunction occurs. The aim is to provide equipment that is simple to maintain, yet appropriate to local wear and tear.
- Procuring appropriate equipment based on picture references only provides a challenge in obtaining the right items that is suitable to local needs and condition.

III. Implementation and Monitoring Arrangements

Equipment was procured from the UNFPA Procurement Service Branch (PSB) in Copenhagen, as they had a list of vendors that were internationally certified under WHO quality standards. The equipment is shipped by PSB to Fiji where UNFPA Sub-regional Office in Suva checks them before and sending the equipment to Tarawa.

With the Kiribati Medical Equipment Committee that was formed by Ministry of Health & Medical Services to oversee the management of the programme, UNFPA has been monitoring equipment and coordinating logistical issues of storage and transportation.

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.
- *Development of Obstetric Guidelines.* In 2011, 150 copies of national obstetrics and gynecology guidelines were printed after it was developed through a consultative process with local specialists and health staff.
- *EmOC training.* 20 health staff from the national hospital underwent a week-long refresher training on EmOC with the use of the national obstetrics and gynecology guidelines.

Highlights

In the outer islands, basic emergency obstetric care is available with the provision of equipment and the presence of trained staff. Deliveries and other sexual and reproductive health procedures can now be performed in cleaner and patient friendly environments, and reduce maternal morbidity and mortality.

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 equipment could be used properly, well maintained and thus last longer. However, like all equipment, 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.

- Despite the availability of beds, some mothers still prefer to deliver on the floor or with TBAs, due to a number of reasons. Some bed designs, which have been replaced by UNFPA, were contributing to the problem, as mothers were uncomfortable delivering in them. More public awareness to be carried out on usage of birthing facilities and delivery beds, and having a skilled birth attendant to be present during deliveries.

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.
- An endline EmoC survey to be carried out to assess status and review past assistance. Results of the EmOC endline survey will determine needs/supply of commodities and EmOC equipment based on local challenges and needs.

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 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	Number of staff trained to deliver quality EmOC health services in health care centres and community outreach programs	Nil	20	20		Annual Workplan Monitoring Tool	
	Proportion of births attended by skilled birth attendants	>80%	80%	80%		Draft 2010 DHS	
	Proportion of SDPs offering basic emergency obstetric care	1.8%	10%	76%		Government	Endline EmOC will provide a more updated figure