



VANUATU

MDG ACCELERATION FRAMEWORK^(MAF)

2014-2016

IMPROVING ACCESS
TO REPRODUCTIVE
HEALTH SERVICES

FINAL REPORT

DEVELOPMENT PARTNERS

THE FOLLOWING ARE THE DEVELOPMENT PARTNERS THAT CONTRIBUTED TO THE IMPLEMENTATION OF THE MAF PROJECT:



Empowered lives.
Resilient nations.



VANUATU MDG ACCELERATION FRAMEWORK (MAF) 2014 – 2016

IMPROVING ACCESS TO REPRODUCTIVE HEALTH SERVICES

Vanuatu Support to MAF Implementation Project: 00087176

Acknowledgements

This report has been prepared by the Vanuatu MDG Acceleration Framework (MAF) Project Coordinator, Mr Pioni Willie in consultation with the key national stakeholders of the MAF Project in Vanuatu.

Acknowledgement is due to the three key stakeholders, each responsible for their specific programme component, without whom this project would not have been successful:

- The Ministry of Health, responsible for Reproductive Health and Family Planning (RH/FP).
- The Ministry of Education, responsible for Family Life Education (FLE).
- The Ministry of Youth and Sports, responsible for Youth Friendly Health Services (YFHS).

Furthermore, the Non-Government Organizations (NGOs) as implementing partners for the duration of the project need to be commented here and in particular, special thanks must go to the Vanuatu Family Health Association (VFHA) and Wan Smol Bag (WSB) for their working collaboration and support during the entire period of the project.

The MAF Expert Working Committee is duly commended and acknowledged for its advisory role in overseeing and monitoring the overall activities of MAF during its implementation.

The co-lead partners, namely UNDP and the Vanuatu Government deserves high commendation and appreciation for their collaboration from the outset in choosing to address the MDG target 5B on improving reproductive health with emphasis on reducing the adolescent birth rate, especially in rural areas, and reducing the unmet need for family planning in Vanuatu. Furthermore, appreciation must also be extended to UNDP for spearheading this project through making funds available to kick-start the implementation of the activities, and maintaining support to the end. The Vanuatu Government needs to be acknowledged also for providing the Project office space within the Ministry of Prime Minister and its full support throughout the project implementation period.

A final note of thanks is extended to other UN agency partners namely UNFPA and UNICEF through their Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Project, which recognized the priorities of the MAF Project and assisted with additional funding and technical support to the Vanuatu Government.


George TALEO
Director General
Ministry of Health



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ABBREVIATIONS

Vanuatu MAF Coordinator // Pioni Willie
UNDP Programme Analyst // Donald Wouloseje
RH Consultant // Chris Hagarty
Conception & Realization // IGmedia
Photo Cover // Unicef © P. Métois
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INTRODUCTION

In 2010, The United Nations made an extensive review of the progress towards the MDGs based on the following eight goals that countries agreed to achieve by 2015:

- ☐ Eradicate extreme poverty and hunger;
- ☐ Achieve universal primary education;
- ☐ Promote gender equality and empower women;
- ☐ Reduce child mortality;
- ☐ Improve maternal health;
- ☐ Combat HIV/AIDS;
- ☐ Ensure environmental sustainability;
- ☐ Develop a global partnership for development.

Conscious of the difficulties facing many countries to accelerate progress toward achieving the MDGs, the Secretary-General of the United Nations launched a series of initiatives. One of which is the UNDP's MDG Acceleration Framework (MAF) that provides United Nations Member States with a methodological framework to assist in identifying obstacles and solutions to achievement of the MDGs. The MAF approach is based on four points:

- Identification of the strategic interventions required to accelerate MDGs that are presently not on the target for 2015
- Analysis of key bottlenecks that have delayed implementation of the interventions
- Selection of cost-efficient solutions

THE SECRETARY-
GENERAL OF THE
UNITED NATIONS
LAUNCHED
A SERIES
OF INITIATIVES

- Development of an action and monitoring plan including a precise definition of the roles of institutions and partners in implementation

In this way, the MAF seeks to identify practical, targeted, short-term solutions to accelerate achievement of MDGs. The MAF is a strategic vehicle for prioritization, focus, streamlining and cohesive programming which considers the best possible combination for highest impact.

Vanuatu was one of the three Pacific Island Countries (with Tonga and Tuvalu) selected to prepare the MAF in the run-up to the December 2012 Summit. The MDG target to accelerate was chosen based on the following selection criteria:

- Should have the potential to achieve significant results within the following two years;
- Should have strong political and community support; and
- Should have the potential to accelerate and impact other targets that are also lagging (i.e. cross-sectoral impact).

Based on the above criteria, the Government of Vanuatu with assistance from UNDP chose to address the MDG target 5B on improving reproductive health with emphasis on reducing the adolescent birth rate (indicator 5.4), especially in rural areas, and reducing the unmet need for family planning (indicator 5.6).

In addition to the acceleration of MDG 5B, the Vanuatu Government and the development partners have identified 3 key priority areas of intervention among several on-going ones. These are:

- Strengthening and improvement of delivery

of quality family planning (FP) services

- Establishment of school-based family life education (FLE) programme and
- Increase access to, and use of Youth Friendly Health Services (YFHS).

UNDP agreed to assist the Government of Vanuatu to implement this project by providing support in the following areas pertaining to the identified key priority areas and related selected interventions in the Vanuatu MAF as follows:

- Policy Advisory Services
- MDG Planning and Monitoring
- MAF Advocacy and the Post 2015 Agenda
- Programme Management and M&E
- Resource mobilization for the implementation of the MAF

PURPOSE OF REPORT

This report intends to provide an overview of the implementation of the MAF Project since mid 2014 to the end of 2016, featuring the key results of MAF achieved during the reporting period. The report will also highlight the achievements, challenges, risks encountered, issues, lessons learned, and make recommendations for the way forward. Since the MAF activities were still under implementation in 2016, the 2016 Annual Work Plan (AWP) incorporated the Sustainable Development Goals (SDGs) Localization Initiatives under the title: MAF & SDG Localization 2016 AWP. The year 2016 was a transition period for MDG to SDG and the transition work was undertaken during the period.

VANUATU MAF REPORT

The initial planning and development of the Vanuatu MAF Project began in 2012. During that time UNDP employed an international consultant, Ms Alice Servy, for a period of 6 months to oversee the development of a Vanuatu MAF report. To support this consultancy, the Vanuatu Government through the Department of Strategic Policy Planning and Aid coordination (DSPPAC) within the Prime Minister's Ministry lead an Interim National Taskforce (NTF) to assist the consultant in the development of Vanuatu MAF Report. This report was produced between 2012 and 2013 and on 27th June 2014, the Acting Prime Minister of Education, Honorable Bob Loughman, launched the Vanuatu MAF Report on MDG Target 5B, "Universal access to reproductive health". This report contains a wealth of information particularly on how to fast track and improve access to reproductive health services in Vanuatu.

Acting Prime
Minister and
Minister of
Education,
Hon. Bob
Loughman
(MP) officially
launched the
Vanuatu MAF
Report



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1.3
VANUATU MAF PROJECT

The actual MAF Project began on 2nd June 2014. The initial implementation of the project started with a recruitment of a MAF Coordinator, Mr Pioni Willie, to oversee implementation of the Programme's activities. Straight after his recruitment, the MAF Coordinator started to liaise with both UNDP and the Vanuatu Government to establish a MAF Office to oversee and coordinate the implementation of the MAF Project activities.

In November 2014, a Vanuatu Reproductive Health Consultant, Mr Chris Hagarty, was recruited to meet 8 key deliverables as part of the MAF's reproductive health component, the details of which are discussed in: Activity Result

■ Strengthened Policy Framework on improving reproductive health section of the report. The activities implemented in the project were based on the Vanuatu MAF Report.

Straight after the recruitment of the MAF Coordinator, the members of the National Task Force (NTF) were reviewed and more members from other important agencies were included. As part of the review, the name National Taskforce was changed to MAF Expert Working

MAF Project Office established within the Prime Minister's Ministry

Committee and the members were officially appointed by the Office of the Prime Minister. The members of the MAF Expert Working Committee were selected from the Government, NGOs and UN agencies as shown in page 9.



The members of the MAF Expert Working Committee were selected from the key stakeholders whose activities have a potential to influence MDG 5B on improving reproductive health in the country.



Mr Chris Hagarty, RH Consultant presenting his work plan in front of the MAF Expert Working Committee

Table 1
MEMBERS OF THE MAF EXPERT WORKING COMMITTEE BY DESIGNATION AND AGENCY

NO	NAME	DESIGNATION	AGENCY
1	Viran Tovu	Chairman	DSPPAC, Office of the Prime Minister (PMO)
2	Apisai Tokon	Vice-Chairlady	RH Unit, MOH
3	Pioni Willie	Secretariat	UNDP/DSPPAC
4	Armstrong Masanga	Member	DSPPAC, PMO
5	Paul Nalau	Member	DSPPAC, PMO
6	Jonas Arugogona	Member	M&E - DSPPAC, PMO
7	Leisel Masingiow	Member	Curriculum Development Unit, Ministry of Education (MOE)
8	Felicity Nilwo	Member	Curriculum Development Unit, MOE
9	Aneth Theophile	Member	Vanuatu Institute of Teachers Education (VITE)
10	Joe Kalo	Member	Vanuatu National Council of Youth (VNCY)
11	Andy Calo	Member	Vanuatu National Statistics Office, MFEM
12	Joe Lautim	Member	Department of Youth and Sports Development
13	Julie Aru	Member	Vanuatu Family Health Association (VFHA)
14	Siula Bulu	Member	Wan Smol Bag Theatre
15	Kristina Mitchell	Member	Save the Children Vanuatu
16	Roslyn Arthur	Member	UNICEF, Vanuatu
17	Gideon Mael	Member	UNFPA, Vanuatu
18	Donald Wouloseje	Member	UNDP, Vanuatu

MAF Expert Working Committee in its 1st meeting session



1.4

IMPACT OF THE PROJECT

The impact of the Project is seen through the three key priority areas of intervention namely:

- Strengthening and improvement of delivery of quality family planning (FP) services
- Establishment of school-based family life education (FLE) programme and
- Increase access to, and use of Youth Friendly Health Services (YFHS).

These key priority areas were selected by the interim NTF due to their potential, accelerated impact on reproductive health (additional impact, speed of impact) and their feasibility (governance, capacity and funding availability).

Significant impact in the three priority areas of intervention has been seen through the three Thematic Groups namely:

- The Ministry of Health, responsible for RH/FP
- The Ministry of Education, responsible for FLE
- The Ministry of Youth and Sports Development, responsible for YFHS.

These significant short and medium term impacts are evidenced by examples such as sharing of information between the Vanuatu Centre of Nursing Education (VCNE) and the Reproductive Health Unit within the Ministry of Health; before the initiation of the MAF Project, the two institutions didn't share RH information as they do today. In fact, this came about through the development of a Midwifery Training document. Further examples include the Ministries of Education, Youth and Health who collaboratively work together in addressing

A FURTHER
SIGNIFICANT
IMPACT THAT IS
BEING SEEN IS
THROUGH THE
CONSULTATIONS AT
THE PROVINCIAL &
COMMUNITY LEVELS

YFHS across the country, or NGOs such as the Vanuatu Family Health Association, Wan Smol Bag and Save the Children, who are now collaborating with each other and consult with Government through the Ministry of Health on the RH/FP development agenda.

A further significant impact that is being seen is through the consultations and awareness-raising at the provincial and community levels, in which community leaders, teachers and parents have recognized the importance of the FLE and are supporting the programme. Some churches, such as the Seventh Day Adventist (SDA) Church have invited the FLE team to run workshops for their school teachers through their fund-raising initiatives.

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KEY RESULTS OF MAF ACHIEVED DURING THE PROJECT PERIOD

KEY RESULTS 1 STRENGTHENED POLICY FRAMEWORK ON IMPROVING REPRODUCTIVE HEALTH

SRHR Needs Assessment for Northern Provinces, Luganville, SANMA



A. Sexual Reproductive Health and Rights (SRHR) Needs Assessment

The SRHR Needs Assessment planning began in November 2014. For the provincial consultations, the RH Consultant and MAF Coordinator scheduled two consultation workshops; one for the Northern provinces and another for the Southern provinces in the country. The Northern provinces consultation workshops was conducted in Luganville, SANMA Province on Thursday 4th December 2014, and brought together Provincial Health Managers, Reproductive Health Supervisors, STI/HIV Focal Points and other relevant program representatives (as identified by Provincial Health Managers) for TORBA, SANMA, PENAMA and MALAMPA provinces.

SRHR Needs Assessment for Southern Provinces, Port Vila, EFATE



The main purpose of the workshop was for the participants to map out services offered across the provinces and then review some of the national information to verify how this relates to the provincial sites. The Southern provinces workshop for SHEFA and TAFEA was conducted on 10th December 2014 in Port Vila. Further key informant consultations with NGOs were conducted in early December, and all data analysis and finalization of the SRHR Needs Assessment report was completed in quarter 1 of 2015.

As part of the SRHR Needs Assessment, the RH Consultant and MAF Coordinator had an opportunity on 5th December 2015 to visit Northern Provincial Hospital in Luganville and Port Olry Health Centre in the rural areas of Santo checking the facilities, levels of service and RH commodities stock-take. These visits provided an opportunity to verify data collected during the consultation workshops.

The SRHR Needs Assessment report was completed during the first quarter of 2015. The report was approved by the Government through the Ministry of Health and then was published for use by the key stakeholders within the health sector.

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Chris Hagarty, RH Consultant and Registered Nurse Radiant Stanley checking the stock of RH commodities at Port Olry Health Centre in rural SANMA Province.

B Evidence-Based Guidelines in Family Planning for Health Workers

The Evidence-based Guidelines in Family Planning for Health was completed in 2015.

C Training Plans and Schedules for RH/FP

The training plans and schedules for the reproductive health and family planning was implemented and completed in 2015.

D Comprehensive Family Planning Training Manual – Participant’s Manual

The work on Family Planning Tool was carried out and completed in 2015 and publications of the documents were done in 2017. This included the Comprehensive Training Manual on Family Planning, which is based on the Vanuatu Reproductive Health Policy or RMNCAH Policy, which is for the period 2017-2020. In addition, a Family Planning Training Curriculum for Health Care Professionals Trainer Guide was also developed.

E Midwifery Training

The RH Consultant was tasked with the development of a Midwifery Training Document. The development of this document started around May and was finalized in July 2015, and outlines the types of training available,

the objectives and content of such training, the providers and the resources committed to, and required for delivery. The latter provides an opportunity for development partners and donors to commit to supporting implementation of training plans in 2015.

The document provides a detailed situation analysis for technical training of midwives and Village Health Workers in reproductive health, and makes recommendations to kick-start and scale up quality training initiatives in 2015. The report has created improvement in the coordination of information between VCNE and the Reproductive Health (RH) Unit of the Ministry of Health.

F RH Supervisory Visits

TAFEA Supervision Visit to Tanna was conducted between 8th July to 1st August 2014 with the Fiji National University (FNU) and the Vanuatu Government Central Medical Store (CMS). The purpose of the visit was to identify bottlenecks in the disbursement of the family planning drugs in the supply chain from Central Medical Store to provincial pharmacy and down to the community level.

The objectives of the mission:

- To undertake a supervisory visit at 9 health service delivery points on Tanna Island
- To conduct a post-evaluation of the impact of Level 1 RH Commodities Security training workshop.
- To assess Health System/Medicines Supply Chain issues that continue to be a bottleneck in improving availability of supplies.
- Make recommendations to UNFPA & Central Medical Stores, Port Vila

The 5 member Supervisory Visit team consisted of Joshila Lal & Shaneel Kumar from Fiji

National University, Wilson Lilip from Central Medical Stores, Pioni Willie from MAF-MDG5B and Rolline Lati from Pharmacy Stores, Lenakel Hospital. The team visited 9 SDPs and received feedback from 12 health care workers on oversight and management of RHCs and Medicines on Tanna Island. A report was produced and shared with relevant parties.

TORBA Supervisory Visit was conducted around mid-2015 by the RH Consultant. Initially, it was intended that these visits should be focused on provinces that had undergone Level 1 Training on RH Commodity Medical Supply Chain conducted by Fiji National University on behalf of UNFPA in 2013 and 2014, in order to assess the training’s effectiveness and to identify and trouble-shoot service implementation issues, however the Fiji counterparts were not available to attend, and the focus shifted to TORBA which, although not having undergone the Level 1 Training, was identified as having particular RH needs, and minimal RH supervisory support during that period. The supervisory visit would seek to identify service delivery needs, and to establish baseline information upon which improved service delivery could be measured over time.

The 3 main objectives for the visit:

- To conduct a supervisory visit to the Banks Group to determine baseline capacity of RH staff and facilities in regards to Reproductive Health Commodities Security and other RH issues.
- To develop profile template to guide the assessment, including assessment of RHC, service utilization (generally) and capacity and

delivery of YFHS (as informed by the MAF Expert Working Group).

- To hold consultations with sexual and reproductive health service users, providers and managers to inform initial preparation of the revised National Reproductive Health Policy and in accordance with recommendations from the Vanuatu SRHR Needs Assessment Report.

G Training Modules in Family Planning Guidelines

The Training modules on FP Guidelines were successfully completed in the month of August in 2016. This was through the hiring of a consultant, Dr Ali Nin (hired through UNFPA) to develop the training modules in consultation with the RH/FP team which consist of the following agencies: reproductive Health Unit of the Ministry of Health, VCNE, WSB, VFHA, UNFPA and UNDP (through MAF Project).

H Reproductive Health Policy

This policy was completed in 2015 but extended to 2016 to include the Child Survival Strategy as recommended by the Ministry of Health. The document was completed in the month of September 2016 and the name was changed from RH Policy to RMNCAH Policy. The RMNCAH Policy was successfully completed by the RH/FP team with the assistance from two consultants, Mr Chris Hagarty who was funded by UNDP through MAF Project and Ms Alice Levisay who was funded through the UN Joint Programme for RMNCAH Project.

IN ORDER TO ASSESS THE TRAINING’S EFFECTIVENESS AND TO IDENTIFY AND TROUBLE-SHOOT SERVICE IMPLEMENTATION ISSUES

The Policy was graphically designed published towards the end of 2016. One hundred copies were printed specifically for the official launching of the policy by the Government through the Ministry of Health during the Annual Review of RMNCAH Project on the 6th December 2016. Further printing was conducted in quarter 2 of 2017 towards the end of April with the total cost of VT 547,250 for 1,000 copies and was funded by UNDP through MAF Project. The copies have been shared with the government ministries, departments, NGOs/CSOs and the development partners of their respective uses.

KEY RESULT 2 NATIONAL CAPACITY FOR MONITORING AND REPORTING ON MDG 5B STRENGTHENED BY MAINSTREAMING MDG 5B INTO VANUATU HEALTH SECTOR STRATEGY AND BUDGET

A Implementation of activity plans by the stakeholders

Towards the end of each year, the AWP was developed between the MAF Project and UNDP Pacific Office, and the draft shared with the MAF Expert Working Committee during its last meeting at the end of the year for their inputs. Further revision was made ahead of approval and endorsement by the Government and UNDP. At the beginning of the following year, stakeholders developed their itemized budgets and submitted them to the Project Office for processing of the necessary funds for implementation of their respective activities. The funding agencies of the MAF key result indicators were as follows:

- UNDP
- UNFPA
- UNICEF (through RMNCAH Project)
- Vanuatu Government

These agencies supported the implementation of activities of the MAF stakeholders as follows:

- Ministry of Health through RH/FP Programme;
- Ministry of Education through FLE Programme; and
- Ministry of Youth and Sports Development through YFHS Programme

B Monitoring and reporting: The monitoring of the activities implemented by the stakeholders were undertaken during implementation. Issues/problems or shortfalls in the budget were identified and address accordingly. Further monitoring was carried out by the MAF Expert Working Committee during its monthly meetings. There were a number of reporting methods:

- The team leaders of the three stakeholders gave their report on the implementation of their respective activities during the montly MAF Expert Working Committee meetings.
- The MAF Coordinator provided reports to the Government on the progress of MAF activities implemented on the ground during the weekly and monthly meetings of the DSPPAC within the Ministry of Prime Minister.

C The MAF Coordinator presented progress reports on MAF to the RMNCAH Committee within the Ministry of Health.

D The MAF Coordinator presented the progress report to the UNDP Program Oversight Meeting (POM), which was held on monthly basis.

E The MAF Coordinator provided quarterly reports to UNDP Pacific Office in Suva, Fiji and copied to the Vanuatu Government through the Director General of the Ministry of Prime

Minister and the Director of DSPPAC for their information and reference.

F Finally, the MAF Coordinator provided the annual report of MAF through the completion of his Service Contract (SC) Evaluation Form.

KEY RESULT 3 GENERAL PUBLIC AWARENESS AND NATIONAL OWNERSHIP OF THE MAF THROUGH FLE/CSE (COMPREHENSIVE SEXUALITY EDUCATION) SCHOOL CURRICULUM AND YFHS FACILITIES

A Conduct FLE/CSE consultations and field awareness at the community level

FLE/CSE consultations and field awareness at the community level – targeting parents and gate-keepers (chiefs and church leaders) – for the provinces of MALAMPA and TAFEA were completed in 2015. TORBA and PENAMA consultations and field awareness were completed during quarter four of 2016. SANMA and SHEFA provinces are yet to be completed and are earmarked for 2017, under the responsibility of RMNCAH Project.

B The Family Life Education (FLE) Teaching Resources

The following are the FLE teaching resources developed during the reporting period, and scheduled to be rolled out in school in 2018:

- The Adolescent Reproductive Health (ARH) Manual to be used in schools.
- ARH Flip Chart: completed and printed in October 2016. These are support materials to be used with the syllabus.
- Changes to the syllabus: ‘unpack and repack’ of course outcomes and Assessment Component; following review and recommendations of the books by the Education Quality and Assessment



Community
consultation
on FLE in
South West
Malekula,
MALAMPA
Province

Programme (EQAP) before submission to Vanuatu Qualifications Authority (VQA) for approval in Quarter 4 of 2017.

C Teachers Training

The newly developed FLE is a sensitive subject to be introduced in schools in Vanuatu, and teachers who will deliver this will undergo specific training. Training will be conducted by an international consultant specializing in FLE 2017, under the responsibility of the RMNCAH Project.

D Community Awareness Campaign/Training

A community awareness campaign on FLE was conducted in Port Vila from January 9th to January 20th, 2017 for Seventh Day Adventist school principals and teachers following a request from ADRA Vanuatu to the Curriculum Development Unit (CDU) within the Ministry of Education. The objectives of the training were to ensure that teachers:

- Are aware that FLE is an integral component of the Vanuatu National Curriculum.
- Demonstrate an understanding of Young People's health and social issues in SHEFA Province.

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- Gauge support from relevant stakeholders and Church leaders, including parents, in building the bridge between community/parents and FLE teachers in the classrooms.
- Integrate FLE concepts into teaching plans.

E Review Mission

A review mission of the RMNCAH joint UN Partners and the Pacific Regional Sexual Reproductive Health Program (PRSRHP) was conducted during quarter 2 of 2017. PRSHP is funded by the Government of New Zealand under MFAT for 5 Pacific Island countries, namely: Kiribati, Samoa, Salomon Islands, Tonga and Vanuatu. This review was conducted through a series of meetings and interviews of key governments officials and development partners. The review consultants were interested in finding out how funds from PRSHP have been utilized in the RMNCAH Project and MAF Project within Vanuatu.

The MAF Coordinator was invited to the review team meeting with DSPPAC, Prime Minister's Office to present on how PRSHP funds (disbursed through UNFPA assistance to DSPPAC) have assisted the MAF Project and what has been achieved with this investment, and whether the results are likely to be sustained, and what lessons could be learned and recommendations made for the way forward. PRSRHP funds have assisted the MAF Project to conduct consultations and field awareness-raising at the community level (see item 2 above). The PRSRHP funds have assisted the MAF Project to conduct consultations and field awareness on FLE/CSE for TORBA, PENAMA, MALAMPA and TAFEA provinces. SANMA and SHEFA consultations have been funded through the RMNCAH Project in 2017.

The three MAF Programmes (RH, FLE and

YFHS) are now to be taken on by the RMNCAH Project working collaboratively with the Ministry of Health through its Reproductive Health Unit to ensure sustainability. Collaborations between the MAF and RMNCAH Projects has been effective in mobilizing and utilizing joint resources, and the transition of support from MAF to RMNCAH is expected to be seamless.

F YFHS

During the 2nd half of 2014 and 2015, the YFHS team (comprising the Department of Youth and Sports, the VNYC, VFHA, WSB, Save the Children and the Ministry of Health's Reproductive Health Unit) reviewed YFHS available at the provincial level to establish gaps and needs. The YFHS team came up with two important activities to be implemented during the reporting period:

■ YFHS Training Manual

Development of the YFHS Training Manual began in quarter 2 of 2016 and the draft manual was completed and finalized in November 2016. An international consultant, Dr Robyn Drysdale was recruited to assist in this process.

■ YFHS Training of Trainers

Before the final version of the manual was submitted, the YFHS Training of Trainers (ToT) was conducted from September 27th to 30th, 2016 for all the trainers across the country. 16 training participants (8 females; 8 males) attended the ToT workshop. This training was conducted by the consultant, Dr Robyn Drysdale, who assisted in the development of the YFHS Training Manual. The manual is being rolled out in the provinces by the respective trainers this year, 2017.



KEY RESULT 4 PROJECT IS EFFECTIVELY MANAGED AND MONITORED

A MAF Expert Working Committee meetings

The MAF Expert Working Committee conducted its meetings once every month to report on progress made in the implementation of activities by the four stakeholders, namely:

- Ministry of Health through RH/FP Programme
- Ministry of Education through FLE Programme
- Ministry of Youth and Sports through YFHS Programme
- Ministry of Prime Minister for the SDG localization initiatives

B UNDP Vanuatu Program Oversight Monthly Meetings

The MAF Project Coordinator attended monthly UNDP Vanuatu Program Oversight meetings to report on activities implemented in their respective programs. The outcomes of these meetings were sent to UNDP Pacific Office in Suva, Fiji by the Vanuatu UNDP Office for consideration and further reporting.

Consultant, Dr Robyn Drysdale with participants during the Training of Trainers workshop on YFHS in Port Vila

C DSPPAC Weekly Meetings

The MAF Coordinator attended DSPPAC weekly meetings with all sector policy analysts to update MAF Projects activities and progress.

D RMNCAH Monthly Meetings

The MAF Coordinator attended on a monthly basis RMNCAH Project meetings, which were organized by its secretariat within the Reproductive Health Unit of the Ministry of Health. These meetings provided updates on the project to the committee members and the senior officials at the Ministry, as well as to UNICEF, UNFPA and WHO.

E MAF Organizational Structure

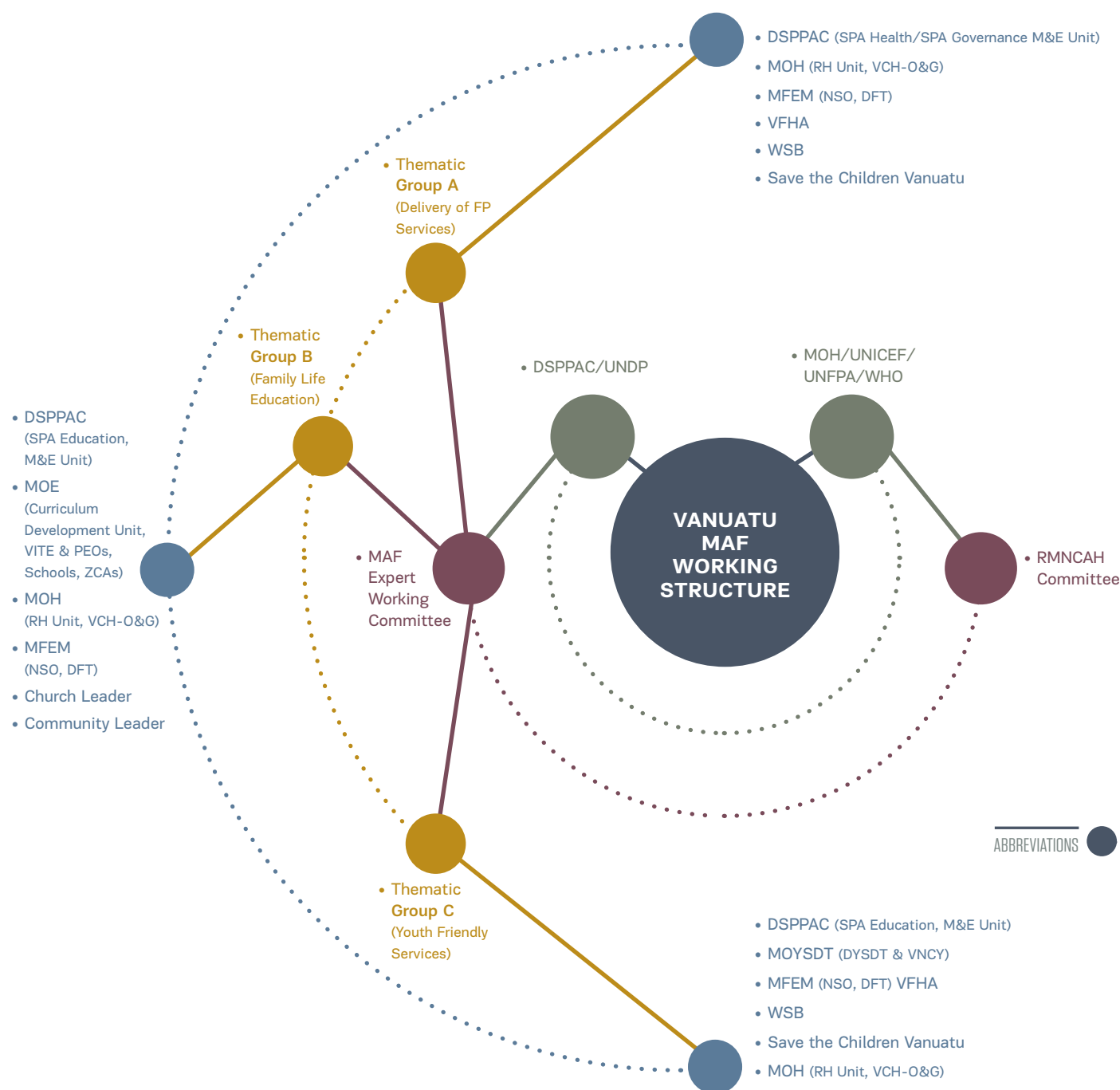
To assist the MAF Expert Working Committee, a MAF Organizational Structure was developed and approved for the effective and efficient implementation of the Vanuatu MAF Project, as depicted in page 18.

Each of the three Thematic Areas has its own committee or taskforce to ensure effective and efficient implementation of activities in their respective areas. Implementation progress was reported back to the MAF Expert Working Committee by the three chairs of the Thematic Groups.

In addition to the MAF Thematic Groups, a RMNCAH Committee within the Ministry of Health was convened to oversee reproductive health issues in the health sector. The committee comprised doctors and other health professionals from the Vila Central Hospital, and health sector partners from UN agencies such as UNICEF, UNFPA and WHO. On a monthly basis, the MAF Coordinator gave update reports to the RMNCAH Committee on the progress of the MAF Project.

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VANUATU MAF WORKING STRUCTURE



Quarterly and annual financial and performance reports: MAF Project finance was managed through the Direct Implementation Modality (DIM), meaning that all quarterly and annual financial performance reports were completed by the Finance Division of UNDP Pacific Office in Suva, Fiji. During the implementation of the project, the Government through DSPPAC thought it would be ideal to have project funds for implementation in country to avoid project activities not implemented on a timely manner according to the annual work plan (AWP) due to funds not made available when required. As such, the Government requested UNDP to organize the project finance to be delivered through NIM modality meaning that the project funds for implementation of activities should be arranged through the National Implementation Modality. Consequently, an advance from

UNDP Pacific Office, Suva, Fiji was made in the 4th quarter of 2014, which was transferred to the Vanuatu Government Development Fund Account towards the end of September 2014 and was expended in the months of November and December. A total of VT 3,120,780 equivalent to USD 32,681 was advanced from UNDP. Out of this total amount, VT 744,357 an equivalent of USD 7,795 was expended on FLE and RH activities. The budget balance, as of December 5th, 2014 was VT 2,376,423 which was equivalent to USD 24,886. This amount was successfully brought forward to 2015 through a recommendation made by the MAF Expert Working Committee (EWC), which was negotiated between UNDP and MAF Coordinator for the continuation of FLE and RH activities implemented in 2015.

Financial Summary & funds for 2014, 2015 and 2016. The financial summary & funds expended for the years 2014, 2015 and 2016 were summarized in **Table 1**, page 20. A total amount of USD 32,681 was allocated and approved by UNDP to be used by FLE and RH Teams in 2014. The FLE team used the portion of that amount in its provincial consultations and awareness-raising at the community level targeting parents and gatekeepers (chiefs & church leaders) in MALAMPA and TAFEFA Provinces in November 2014. Another remaining portion of the amount was expended by the RH Team for the provincial consultations on Sexual Reproductive Health Right (SRHR) Needs Assessment for the Northern provinces of Vanuatu namely: TORBA, SANMA, PENAMA and MALAMPA and followed by the provincial consultation in the southern provinces of Vanuatu namely: SHEFA and TAFEFA.

continued from Page 20 ...

The acquitting of this advance by the Government through DSPPAC using the UNDP FACE Form was taking too long as initially envisaged. As such, a recommendation was made for the Project funds to operate again using the DIM modality.

Table 2 shows UNDP support to the implementation of the Vanuatu MDG Acceleration Framework in 2015.

A total of USD 68,900 was allocated and approved for the MAF Stakeholders to use in the implementation of MAF activities during that year.

Table 3 shows UNDP support to the MAF Project in 2016.

A total of USD 5,000 was allocated, approved and was fully expended in the implementation of MAF activities.

Table 4 (page 21) shows the UNFPA support to the project in 2016 which was mainly in the Family Life education (FLE) program.

A total of USD 11,900 was allocated and approved by UNFPA in 2016 annual work plan. This amount was used by FLE team in its FLE program.

G Monitoring and evaluation missions:

M&E missions were carried out through the UNDP Pacific Office staff in their regular visits to the Project site. Furthermore, follow-ups and monitoring of stakeholders' progress were carried out by the MAF Coordinator.

Additional project monitoring was conducted by the MAF Expert Working Group during its monthly meetings, where stakeholder team leaders reported on the progress of their respective program activities. This process

Table 1

UNDP SUPPORT TO THE IMPLEMENTATION OF VANUATU MDG ACCELERATION FRAMEWORK (MAF)

2014

APPROVED BUDGET (USD)	ACTIVITY
32,681	FLE consultations & awareness for Tanna, TAFEA & Malekula, MALAMPA Provinces
	SRHR Needs Assessment consultations at provincial level
32,681	

Table 2

2015

APPROVED BUDGET (USD)	ACTIVITY
42,000	International Consultant
11,000	Travel
900	Miscellaneous
15,000	Training/ workshops
68,900	

Table 3

2016

APPROVED BUDGET (USD)	ACTIVITY
	International Consultant
	Audi
	Training/ workshops
	Staff
	International Consultant
5,000	Audi

Table 4

UNFPA SUPPORT TO THE IMPLEMENTATION OF VANUATU MDG ACCELERATION FRAMEWORK (MAF) 2016

APPROVED BUDGET (USD)	ACTIVITY
11,900	Printing of FLE Teaching Resources (in English & French)
	FLE Awareness-raising - Saratamata, PENAMA Province
	FLE Awareness-raising - Sola, TORBA Province
	Printing & distribution of IEC materials
11,900	

enabled the MAF Expert Working Committee to identify and make recommendations for addressing blockages and issues.

On an annual basis, further outcomes evaluation was undertaken by the MAF Coordinator and his Supervisor based at the UNDP Pacific Office in Suva, Fiji using the SC Evaluation Reporting Form to assess progress against all key results and key result indicators.

3

SUMMARY OF THE KEY RESULTS OF MAF PROJECT

3-1

Activities implemented in 2014

MAF PROJECT ADDRESSING MDG 5B			
QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
<ul style="list-style-type: none"> Project hasn't started yet 	<ul style="list-style-type: none"> Recruitment of MAF Coordinator & Office set-up Appointment of MAF Expert Working Committee Senior government officials & parliamentarians workshops Launching of MAF Report Establishment of MAF Working Structure Stock-taking of MAF related activities by the stakeholders 	<ul style="list-style-type: none"> Recruitment of RH Consultant Assessment of constraints & bottlenecks for the supply of RH commodities & services in TAFEA Province Translation of FLE training & advocacy materials from English to French 	<ul style="list-style-type: none"> Printing of FLE training and advocacy materials FLE Consultation & awareness raising for MALAMPA & TAFEA Development of Family Planning Tool Ground work on RH Policy SRHR Needs Assessment consultations

continued from Page 22 ...

3-2 Activities implemented in 2015

MAF PROJECT ADDRESSING MDG 5B		
RH/FP	FLE	YFHS
<ul style="list-style-type: none"> • SRHR Needs • Assessment Report • Reproductive Health • Policy & Strategy • Family Planning Tools • Training Plans & Schedules for RH/FP & MCH • RH Supervisory Visit Report: TORBA Province 	<ul style="list-style-type: none"> • FLE Senior Syllabus for Years 11, 12 & 13 • FLE Junior Syllabus for Years 7, 8, 9 & 10 • FLE Teachers Guide for years 11 • FLE teaching support resources in English 	<ul style="list-style-type: none"> • TORBA • SANMA • PENAMA • MALAMPA • SHEFA • TAFEA

3-3 Activities implemented in 2016

MAF/SDG PROJECT ADDRESSING MDG 5B		
RH/FP	FLE	YFHS
<ul style="list-style-type: none"> • RH/FP Evidence-based Guidelines was completed in August • Review of RH Policy to include Child Survival Strategy was carried out in September & the new name is now: RMNCAH Policy • EMONC Guideline was earmarked to be completed between 24th October & 6th November 	<ul style="list-style-type: none"> • FLE Consultation & awareness raising for TORBA & PENAMA • Teachers Guide for Year 11 completed in quarter 3 • Submission of syllabus & guide to Vanuatu Qualification Authority (VQA) for approval in quarter 4 • Flip Chart on RH has been completed & printed in October 	<ul style="list-style-type: none"> • The work on YFHS Training Manual was carried out in quarter 2 and was finalized at the end of August • YFHS Training of Trainers was conducted from 27th-30th September • The final draft report was completed by 16th November

4 ADOLESCENT/TEENAGE PREGNANCY AND MOTHERHOOD

Pregnancies among women aged 15 to 19 years old are common in Vanuatu as revealed by the Vanuatu Demographic and Health Survey conducted in 2013. Table 2 below provides an insight into the fertility of adolescent women aged 15 to 19 years old; which indicates that almost 12% of teenage women having reported a live birth, while another 4% reported being pregnant with their first child at the time of the survey. The result clearly shows that

childbearing remains sporadic among ni-Vanuatu teenage women, at least until the age of 17. After age of 17, the proportion of teenagers who had a live birth increases dramatically.

Almost one in three teenage women (30.4%) who have had a live birth were 19 years old as shown in Table 2 below. Teenage fertility has remained both high and unchanged over the past 20 years, with figures for rural Vanuatu twice as high as for young women in urban areas of Port Vila and Luganville as indicated by the Vanuatu Demographic and Health Survey report in 2013.

Table 2

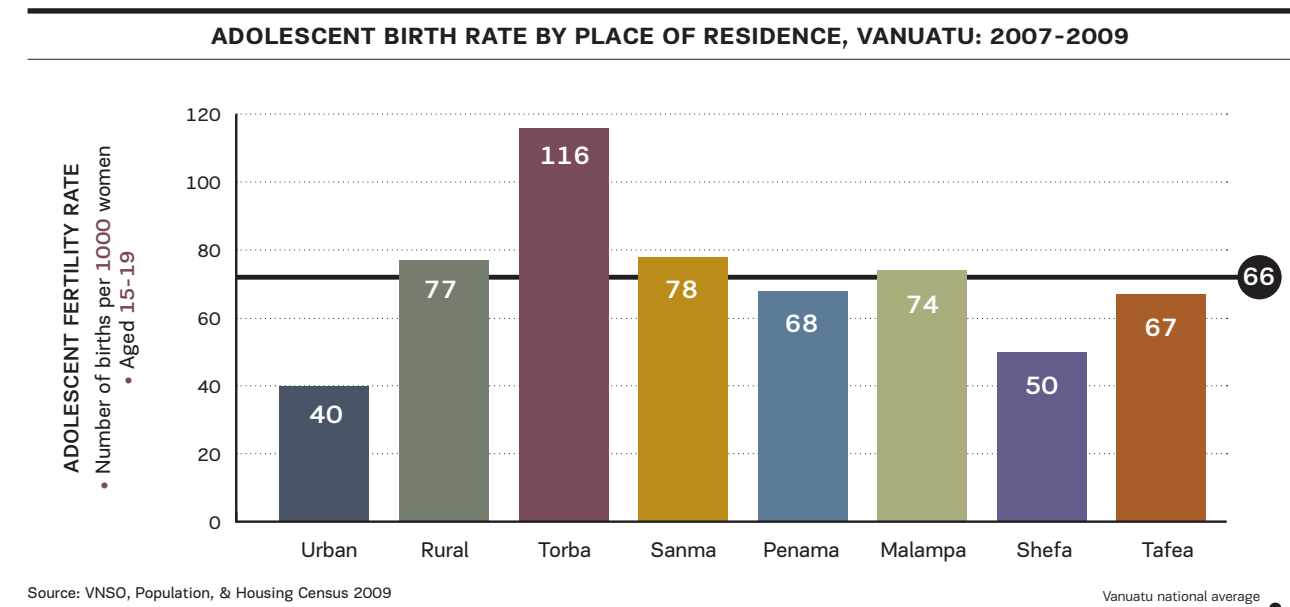
PERCENTAGE OF TEENAGE PREGNANCIES AND MOTHERHOOD				
BACKGROUND CHARACTERISTIC	Had a live Birth	Are pregnant with First child	Who have begun Childbearing	Number of Women
AGE				
15	1.1	0	1.1	117
16	0.6	1.3	1.8	83
17	7.8	2.5	10.3	95
18	18.5	8.6	27.1	122
19	30.4	7.3	37.8	336
RESIDENCE				
Urban	8.5	4.3	12.8	63
Rural	13.3	3.9	17.3	273
EDUCATION				
No education	0	0	0	8
Primary	14.8	4.8	19.6	261
Secondary	7.9	3.6	11.4	226
Above secondary	0	0	0	14
WEALTH QUINTILE				
Lowest	11.8	3.9	15.7	84
Second	17.7	2.5	20.2	104
Middle	8.9	6.4	15.3	109
Fourth	14.2	3.8	18	92
Highest	7	3.5	10.5	119
TOTAL	11.7	4.0	15.7	508

Source Vanuatu Demographic and Health Survey, 2013

Figure 4 below provides information on adolescent (or teenage) fertility rate, which is the number of births per 1000 women aged 15 to 19 years old. The chart indicated that the national rate was 66, reflecting a lower

urban rate (40) compared with rural areas (77). The adolescent fertility rate is highest in the province of Torba, where the teenage fertility is 116 births per 1000 women aged 15-19, very high.

Figure 4



Source: VNSO, Population, & Housing Census 2009

4.1

UNMET NEED FOR FAMILY PLANNING

Table 3 below demonstrates that amongst married women aged between 15 to 19 years old, 27.7% have an unmet need for birth spacing, and 7.5% have an unmet need for birth limiting. Furthermore, 18.6% of married women aged between 45 to 49 years old have an unmet need for birth spacing. This indicates that there is great need for family planning amongst women in Vanuatu.

Table 3

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15-49 WITH UNMET NEED FOR FAMILY PLANNING			
AGE	FOR SPACING	FOR LIMITING	TOTAL
15-19	25.7	7.5	33.2
20-24	21.8	6.9	28.7
25-29	13.1	8.0	21.1
30-34	12.4	12.1	24.5
35-39	7.0	17.4	24.4
40-44	5.5	18.5	23.9
45-49	1.5	18.6	20.1

Source: Demographic & Health Survey – 2013, VNSO

Table 4 below indicates that at the national level, 24.4% of women indicated that their needs for family planning were not met by the service providers during the time they needed service most, and that this unmet need is slightly

higher for women living in rural areas compared with their urban counterparts (perhaps due to the latter's proximity to more reliably stocked family planning services in Port Vila and Luganville).

Table 4

UNMET NEED FOR FAMILY PLANNING BY RESIDENCE FOR WOMEN AGED 15-49			
DESCRIPTION OF INDICATOR	RESIDENCE		
	NATIONAL	URBAN	RURAL
Total unmet need (%)	24.4	23.5	24.6
Total unmet need for limiting (%)	11.3	11.3	11.6
Total unmet need for spacing (%)	12.7	12.2	12.9

Source: Demographic & Health Survey, 2013, VNSO

Table 5 shows the unmet need for family planning by Vanuatu women in the adolescent age group 15-19 years old. It reveals that at the national level, 33.2% of women indicated that their needs for family planning were not met by the service providers during the time they

needed service most. In fact, the women aged 15-19 have much higher unmet need (33.2%) compared to unmet need of women aged 15-49 with 24.4% as indicated in Table 4 above. This also explains the adolescent high birth rate presented in Figure 4 above.

Table 5

UNMET NEED FOR FAMILY PLANNING BY RESIDENCE FOR WOMEN AGED 15-19	
DESCRIPTION OF INDICATOR	RESIDENCE
	NATIONAL
Total unmet need (%)	33,2
Total unmet need for limiting (%)	7,5
Total unmet need for spacing (%)	25,72

Source: Demographic & Health Survey, 2013, VNSO

5

EXPECTED OUTCOME: UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Target 5B to achieve universal access to reproductive health by 2015 was introduced and endorsed by Pacific Island Countries (PICs) early in 2000 and Vanuatu with assistance from UNDP picked that target.

Supporting indicators include: contraceptive prevalence rate, adolescent birth rate, antenatal care coverage, and unmet need for Family Planning. These are presented in Table 6 below.

Table 6

ACHIEVE BY 2015, UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH					
INDICATORS	1990	2000	LATEST YEAR	2013 DHS	2015 TARGET
5.3 Contraceptive Prevalence	15% 1991	28% 1999	38% 2007	47%	45%
5.4 Adolescent Birth Rate per 1000 women aged 15-19		92% 1999	66% 2009	81%	10% of total births
5.5 Antenatal Care Coverage (at least one year)		-	84% 2007	75.6%	100%
5.6 Unmet Need for Family Planning		30% 1998		24.4%	15%
Unmet need for spacing				11.3%	
Unmet need for limiting				12.7%	

Source: 2009 Population Census & 2013 Demographic & Health Survey, VNSO and Health information System, MOH

Table 6 indicates that Vanuatu's contraceptive prevalence rate (CPR) has steadily increased from 28% in 1990s to 47% in 2013, although there is considerable variation between provinces in the country. Vanuatu CPR has exceeded the UN target of 45% by 2015. Indicator 5.4 on Adolescent Birth Rate per 1000 women aged between 15 and 19 years old has

shown fluctuations between 1999 and 2013. It was 92% in 1999 and then dropped to 66% in 2009 followed by further increase by 2013 (to 81%). The UN target required 10% of total births to be achieved by 2015 is far from being achieved.

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Indicator 5.5 on Antenatal Care coverage (at least one visit during pregnancy) was 84% in 2007, but dropped to 75.6% by 2013. The UN target to be achieved by 2015 was 100%. Vanuatu has some work yet to do for further improvement towards this target.

Indicator 5.6 on Unmet Need for Family Planning was 30% in 1998 and dropped to 24.4% in 2013. With this current rate, further reduction of 9.4% to reach UN target of 15%.

6 CHALLENGES AND MITIGATIONS ACTIONS

6.1

MAF OFFICE SPACE

Since the appointment of MAF Coordinator, DSPPAC made a decision that the MAF Office would be housed with DSPPAC within the Office of the Prime Minister instead of the UN Joint Presence Office. The decision was endorsed by UNDP prior to its being aware that the office at the time was too small to accommodate any equipment and furniture. However, DSPPAC has an office space for MAF Project in its new office complex built recently. Accordingly, MAF Office was able to purchase furniture and equipment for its new office set-up.

6.2

FUNDING

Necessary funds for the implementation of activities were not made available when required, causing delays to the implementation of activities. This was addressed through a

request from DSPPAC/MAF Office to UNDP to make provision for the transfer of funds for the implementation of MAF activities. UNDP responded positively to this request by making available an advance for this purpose. By the end of 2014, however, DSPPAC had been slow to acquit expenditure, and this remained outstanding until 2015 when the MAF Office requested assistance from UNDP Pacific Office and an officer was sent to Port Vila to assist DSPPAC in acquitting the funds.

6.3

REQUIRED HUMAN RESOURCES

Recruitment of Vanuatu MAF Coordinator and RH Consultant were delayed initially, thus affecting the overall timeline for the implementation of activities according to UN deadlines. However, MAF Coordinator and RH Consultant worked very hard and solidly with the key stakeholders from Government and NGOs to speed up the processes and procedures for the implementation of MAF activities.

6.4

NEED FOR PETTY CASH

There was a need for petty cash for the purchasing of items such as stationery, fuel, and phone credits. This was mainly to assist DSPPAC in the running of its administrative costs. Accordingly, an itemized budget was prepared for this purpose and was submitted, first to UNFPA (as a partner to UNDP) and secondly to UNPDP directly after the first attempt had been denied. UNDP agreed to support the proposed operational requirement.

6.5

UNDP E-MAIL SYSTEM

Establishment of the MAF Coordinator within the UNDP e-mail system took 3-4 months due to the Vanuatu Government ICT (OGCIO) being unwilling to allow such access. However, through negotiation and collaboration, the email access was granted.

7

ISSUES AND LESSONS LEARNED

On the whole the implementation of MAF activities by the three stakeholders was relatively successful in most cases. However there were some difficulties faced by some stakeholders in completing activities according to AWP. For instance, timing of international consultants to work on specific-short-term activities with the stakeholders did not always match the schedules and the durations articulated in the AWP. Such issues were often beyond the control of the MAF Expert Working Committee and the MAF Coordinator. Additionally, some stakeholders experienced difficulties keeping to the schedules in the AWP as MAF activities were additional to their job descriptions, and other priorities often competed with those of MAF. In such cases, re-scheduling and reprogramming of some activities was possible thanks to cooperation from various line Ministries. Consequently, it is very satisfying that all the activities which were down to be implemented have been successfully accomplished during the reporting period.

8

WAY FORWARD

As a way forward, it is promising to see the RMNCAH Project, which started in 2015, showing willingness to continue with the three MAF Programmes: RH/FP, FLE and YFHS. The RMNCAH Project is implemented by three UN agencies namely: (UNFPA, UNICEF and WHO), and funded through DFAT (Australia) and MFAT (New Zealand). The project is implemented under the Vanuatu Ministry of Health and the work carried out by MAF and RMNCAH are enhancing/complementing each other in addressing the reproductive health and family planning issues in Vanuatu.

9

REFERENCES

9.1

VANUATU NATIONAL STATISTICS OFFICE

2009 Population and Housing Census: Volume 1 basic tables report and Volume 2 analytic report, Port Vila: Government of the Republic of Vanuatu, 2009.

9.2

VANUATU NATIONAL STATISTICS OFFICE

Demographic and Health Survey 2013: DHS Key Facts and Figures at your Fingertips and Final Report, Port Vila: Government of the Republic of Vanuatu.

9.3

HEALTH INFORMATION SYSTEM UNIT, MINISTRY OF HEALTH (MOH), PORT VILA, VANUATU

continued from Page 30 ...

ANNEX

ANNEX 1

LIST OF DOCUMENTS PRODUCED DURING THE PROJECT PERIOD

ANNEX 1.1 Stakeholder 1

REPRODUCTIVE HEALTH AND FAMILY PLANNING (RH/FP), MINISTRY OF HEALTH

1. SRHR Needs Assessment Report
2. Reproductive Heath Policy & Strategy or RMNCAH Policy
3. Family Planning Training Curriculum for Health Care Professionals – Training Guide
4. Comprehensive Family Planning Training Manual
5. Training Plans & Schedules for RH/FP & Maternal Child Health
6. Evidence Based Guidelines in Family Planning for Health Workers
7. Midwifery Training
8. Tanna Supervisory Visit Report: TAFEA Province
9. RH Supervisory Visit Report:TORBA Province

ANNEX 1.2 Stakeholder 2

FAMILY LIFE EDUCATION (FLE) PROGRAMME, MINISTRY OF EDUCATION

1. Vanuatu National Syllabus: Family Life Education – Senior Secondary Year 11-13.
2. French – Guide de l’enseignement pour l’année 11.
3. Education à la vie de famille : Secondaire Années 11 - 13
4. Report on Community Awareness Campaign on FLE. Conducted in Sola, Vanualava, TORBA Province and Saratamata, Ambae, PENAMA Province.
5. Family Life Education (FLE)/Community Sexuality Education (CSE) Peer Educator and Community Leaders Provincial Training in SRH Activity Report 2016.
6. A Report on Community Awareness Campaign on Family Life Education Conducted in Vila, Efate, SHEFA Province.

ANNEX 1.3 Stakeholder 3

YOUTH FRIENDLY HEALTH SERVICES (YFHS) PROGRAMME, MINISTRY OF YOUTH AND SPORTS DEVELOPMENT

1. Youth Friendly Health Services (YFHS) A. Training Guidline for Vanuatu

ABBREVIATIONS

ARH	Adolescent Reproductive Health
AWP	Annual Work Plan
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
DSPPAC	Department of Strategic Policy Planning and Aid Coordination
FLE	Family Life Education
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Defiency Syndrome
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MAF EWC	MAF Expert Working Committee
MDG	Millennium Development Goal
NGO	Non-Government Organizations
NTF	National Taskforce
OGCIO	Office of the Government Chief Information Officer
PMO	Prime Minister’s Office
PRSRHP	Pacific Regional Sexual Reproductive Health Program
RH/FP	Reproductive Health and Family Planning
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Children’s Fund
VCNE	Vanuatu College of Nursing Education
VFHA	Vanuatu Family Health Association
WHO	World Health Organization
WSB	Wan Smol Bag
YFHS	Youth Friendly Health Services

VANUATU MDG ACCELERATION FRAMEWORK (MAF) 2014-2016 IMPROVING ACCESS TO REPRODUCTIVE HEALTH SERVICES

F I N A L R E P O R T

