# MFAT Management Response to End of Activity evaluation for the Kiribati Healthy Families Project Phase 2

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| **Evaluation:** | **Kiribati Healthy Families Project Phase 2: End of Activity evaluation** |
| **Background:** | The Kiribati Healthy Families Project Phase 2 (the Activity) ran from April 2015 to March 2020. The project was designed to build upon the success of Phase 1 (which ran from February 2012 to March 2015) to further strengthen capacity, improve service delivery, and build an enabling environment for sexual reproductive health and rights (SRHR) in South Tarawa as well as six outer islands (Butaritari, Abaiang, Abemama, Aranuka, Marakei and North Tarawa).<br><br>The goal of the Activity was to increase access to sexual and reproductive health information, skills and services on South Tarawa and six outer islands in order to reduce sexually transmissible infections and unplanned pregnancies. The expected outcomes were:<br>• The Kiribati Family Planning Association (KFHA) is recognised as a Pacific leader in SRHR and works to sustain the SRHR professional capacity of trainees;<br>• I-Kiribati in South Tarawa and the six outer islands have the knowledge, skills and access required to realise their SRHR;<br>• The social environment and governing structures in South Tarawa and six outer islands enable and empower I-Kiribati to realise their SRHR. |
| **Findings:** | **Relevance**: The Healthy Families project is aligned to New Zealand Aid Programme priorities, including progressing health and education outcomes. The project is relevant to Government of Kiribati's interest in addressing population growth as signalled in the Kiribati Vision 2020 (KV20), the Kiribati Development Plan 2016-2019, and the Ministry of Health and Medical Services (MHMS) Strategic Plan 2016-2019. This includes the Government's objective stated in the KV20 of maintaining a fertility reduction rate of 0.3% annually at minimum.<br>**Effectiveness:** The Activity directly contributed to an increased number of KFHA and MHMS staff and the Healthy Family Taskforce members who have received training in SRHR. The Activity also contributed to a substantial increase in the number of clients, including clients from marginalised groups, receiving SRHR services in South Tarawa. This was largely a result of more accessible clinics such as an increase in |

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| | afterhours mobile clinics and outreach conducted by health workers with communities in South Tarawa and the six outer islands.<br>**Efficiency**: The Activity contributed to improved accountability, transparency and financial management systems of KFHA – the implementing partner. No indication of funding from Government of Kiribati in the near future means further implementation of key interventions will likely rely on development partner funding for some time.<br>The recommendations of the review will be continuously reflected on and monitored through the governance process of phase three. |
| **Link to evaluation** | http://pam.mfat.net.nz/mp/document/268592/properties |
| **Date of Steering Group sign-off** | The final review was received in March 2020, and discussion has since been ongoing with FPNZ/KFHA on how the findings can be implemented. |

| Recommendation | Response and Action (Agree, Partially Agree, Reject) | Responsibility | When | 12 month progress |
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| **KFHA clinic Quality of Care (QOC) standards impacts on HFP services**<br><br>1a) KFHA will be participating in an International Planned Parenthood Federation (IPPF) accreditation process in 2020 and the current KFHA clinic is unlikely to gain accreditation as it is. This is a major risk to the Healthy Families Project and requires urgent action from KFHA.<br>IPPF Sub-Regional Office for the Pacific (SROP) should liaise with FPNZ prior to the QoC review in 2020, as this might inform future Capacity Development training needs.<br><br>1b) The KFHA Laboratory deals with blood/biological specimens that require safe handling systems and processes, including during outer island outreach. Plans for the Laboratory need to meet GoK standards and ensure safe handling and disposal of blood and biological materials, including during outer island outreach.<br><br>1c) The issue of land for KFHA clinic/youth centre in South Tarawa is one that MFAT High Commissioner may be able to address with the GoK. KFHA/MFAT clarifies what final approval is required to start construction in Bairiki, before the election (that is likely to cause further delays). | 1a) Agree. MFAT to encourage coordination between IPPF SPROP, FPNZ and KFHA.<br><br>1b) Agree.<br><br>1c) Agree. MFAT to stay engaged with KFHA/FPNZ on progress. | IPPF SPROP, FPNZ, KFHA, MFAT | As soon as possible | |
| **Focus on youth** | | KFHA | ASAP | |

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| 2) There is currently no youth drop-in centre in Kiribati. However there are some plans for developing youth-friendly spaces. KFHA should liaise with MHMS and confirm if MHMS are refurbishing a youth drop-in centre in Bikenibeu; if so, then KFHA could collaborate and support forming a youth group to renovate the building.<br><br>Urgent action is needed by all stakeholders to ensure that youth are involved and able to contribute to creating youth-friendly spaces.<br>KFHA follow up on land and building approvals, including youth-friendly space. | 2) Agree. Design for Phase 3 includes a youth focus including targeting church youth groups, increasing knowledge amongst KFHA youth and conducting home visit screening to target key groups (inclusive of youth). Phase 3 will also encourage greater coordination between KFHA and MHMS. | | | |

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| **Information, Education and Communication (IEC) materials**<br><br>IEC for youth would benefit from developing more social media content using fresh modes of communication (e.g. Facebook, YouTube, videos) while continuing the effective drama mode.<br><br>3a) KFHA should submit a proposal, with support from FPNZ, to Volunteer Service Abroad (VSA) and/or Australian Volunteers International (AVI) for a volunteer with social media and behaviour change communication skills to support this shift in communication approaches, to work with youth volunteers and communications students. In order to ensure sustainability, KFHA will identify youth counterpart/s to work with the volunteer who will help build local capacity through mentorship.<br><br>3b) Phase 3 research focus on rigorous qualitative research (social and behaviour) on which to base the youth messaging and include training youth volunteers as researchers. | 3a) Agree. Design for Phase 3 includes scope to expand and improve engagement with youth. Engagement of a volunteer with relevant skills could be one way to support this.<br><br>3b) Design for Phase 3 includes scope for qualitative research and this could be a potential topic, to be decided by the steering committee. | KFHA, FPNZ | ASAP | |

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| **Focus on youth-friendly approaches with partners**<br><br>4a) FPNZ to expand its youth-friendly services (YFS) training to more MHMS staff, possibly in collaboration with IPPF/SROP in phase 3.<br><br>4b) Peer youth educators from KFHA, YPeer and Red Cross conduct joint activities and share materials and techniques for engaging young people around adolescent health and SRHR in phase 3. Design recognition for the work of youth volunteers and CBDs in phase 3. | 4a) Agree. Design for Phase 3 addresses intention to share opportunities with MHMS. MFAT encourages a shared training approach.<br><br>4b) Agree. Implementation of Phase 3 should focus on building understanding of ways of engage young people | FPNZ, KFHA | | |
| **Partner with agencies at island Sports Tournament**<br><br>5) Similar to other major events such as International Youth Day, peer youth educators from KFHA, YPeer and Red Cross conduct joint awareness activities (including condom distribution if possible) and engage during sporting events with participants, especially those from outer islands, encouraging them to be Health/SRHR champions. | 5) Agree. New phase to take advantage of events to provide and promote SRHR services. | FPNZ, KFHA | When youth and sports events occur | |

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| **School education programs**<br><br>6a) Currently the curricula for Years 10-12 are under review; this is a critical time for more comprehensive SRHR education. UNFPA, Ministry of Education (MoE), MHMS and KFHA should continue reviewing relevant curricula to ensure aligned messaging with the comprehensive sexuality education (CSE) material.<br>KFHA to review material they present with MOE. Ensure that gender-appropriate staff presents material (i.e. a male should present to boys and female to girls).<br><br>6b) KFHA educators to be supported and mentored – including direct observations of presentations in the field (e.g. by FPNZ).<br><br>6c) MoE representative on Healthy Family Taskforce submit a proposal in 2020, or hand over her duties if she is on leave/absent | 6a) Agree on a continued focus on comprehensive SRHR education. KFHA has a signed MOU with the MoE and is continuing to strengthen this relationship. In year one of phase 3 FPNZ will invite MoE to attend an advocacy meeting to further discussions on strengthening SRHR in the school curriculum and effective means of collaboration.<br><br>6b) Agree on appropriate mentoring for educators.<br><br>6c) Agree, if agreed relevant by key stakeholders. | KFHA, UNFPA, MOE, MHMS | ASAP | |

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| **Multiple funding sources for components of SRHR - stronger collaboration and coordination needed**<br><br>7) The existing Health Sector Coordination quarterly meetings, convened by the MHMS, could provide such leadership. KFHA are invited to participate in this meeting, and should ensure that appropriate staff attend and present a clear picture of KFHA progress and data.<br><br>In addition, the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) committee will be revitalised and active participation from KFHA is critical for effective coordination.<br><br>If joint planning through these groups is not feasible, KFHA could invite stakeholders to a joint planning day or retreat for phase 3 planning | 7) Agree. KFHA's participation in sector coordination meetings is encouraged. | KFHA | When HSCC and RMNCAH meetings occur | |

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| **Partner agreements**<br><br>8) KFHA and MHMS should review the existing MOU and revise it to include new activities and approaches, outlining expectations and anticipating any sticking points.<br>KFHA/FPNZ review the new Reproductive Health Policy and Strategy, and discuss with MHMS how best to support GoK needs to improve SRHR in phase 3. | 8) Agree. KFHA and MHMS to work closely together to strengthen coordination of implementation of activities. | FPNZ, KFHA and MHMS | March2021 | |
| **Standardise incentives with communities and individuals**<br><br>Incentives are sometimes provided to communities to attend outreach activities.<br><br>9) KFHA to discuss issue of incentives with MHMS and seek to find a workable solution for both parties. | 9) This should be included in the above-mentioned conversations. | FPNZ, KFHA, MHMS | ASAP | |

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| **Lesson sharing and building on synergies**<br><br>Lesson sharing needs to be conducted throughout a project, not just at the end. It is best development practice to hold an annual reflection and learning dialogue with internal and external stakeholders, where data are presented, and any blockages identified.<br><br>10) FPNZ to consider outsource external facilitation (with expertise from an M&E expert) for an annual Learning Dialogue that is highly participatory (e.g. using 'sticky walls') including key external stakeholders and government Ministries. | 10) Agree. External monitoring, evaluation, and learning facilitation are included in Phase 3. | FPNZ | Throughout the life of phase 3 | |

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| **Family Planning and Emergency Contraception (EC) consultation**<br><br>11) Given challenging cultural and religious opposition, FPNZ should support the KFHA team to reflect on how each staff member can contribute to increasing numbers of contraceptive clients and services; and develop a plan for phase 3.<br><br>With a stronger focus on youth, KFHA clinicians and educators must inform young people that there is an option of emergency contraception available if they want to prevent unplanned and early pregnancy.<br><br>Focus on social norm change to stimulate the demand side. | 11) Agree. Strengthened youth engagement has potential to support normative changes.<br><br>Implementation of Phase 3 will provide scope for FPNZ visits to include reflection with KFHA staff.<br><br>Design of Phase 3 provides scope for increase monitoring and evaluation exercises on uptake of contraception. | FPNZ, KFHA | | |
| **Client satisfaction reporting**<br><br>12) KFHA/FPNZ and IPPF/SROP to review client satisfaction reporting system. For example, the receptionist could provide a simple form to each client on arrival in the clinic. After seeing the clinician, the receptionist could ask if the form has been filled out and ask the client to place it in a box (anonymously). The forms could be analysed and entered into a spreadsheet by IT and reported on at monthly staff meetings. | 12) Agree. FPNZ intends to include this in the first monitoring visit. | FPNZ, KFHA | First FPNZ monitoring visit under Phase 3 | |

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| **Capacity development model**<br><br>13. FPNZ/KFHA to conduct a review and reflection with MHMS, MFAT, IPPF SROP and other key stakeholders to develop a clear theory of change and staged strategy for phase 3 Capacity Development, in particular the opportunity for sustainability with the MHMS. What will you expect to see by 2025?<br><br>FPNZ develop a strategic Capacity Development plan for phase 3 to include staged awareness, knowledge, and skills (from school, undergraduate, postgraduate and ongoing professional development) for this critical SRHR workforce. Basic KAP for **all** nurses should be agreed in curriculum with KSON (e.g. understand all FP methods and be able to utilise the WHO wheel for advice). Student nurses who express interest in SRHR could then be selected for further training after graduation as SRHR champions and trained with more specialist clinical skills.<br><br>FPNZ continue support for a Professional Development plan for each KFHA staff member to ensure they are clinically up-to-date. Liaise with MHMS DNS on MHMS staff training needs | 13) Agree. Greater attention to be given to capacity development needs across the workforce. Appropriate review and reflection to be incorporated into the implementation of Phase 3.<br><br>KFHA will continue to liaise with MHMS to identify the clinical skills that the SRHR workforce require strengthening. Family Planning and KFHA will incorporate this into clinical training as appropriate. | FPNZ, KFHA | ASAP | |

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| and database. Develop a spreadsheet with data on KAP of participants, to allow more targeted follow-up and refresher training.<br><br>FPNZ consider pausing IUD training, until more demand is generated (through awareness-raising and social norm changes) and review in phase 3. | | | | |
| **Engagement with sex workers**<br><br>14) Sex workers are a clear marginalised 'target group.' KFHA has worked in this area in the past. In phase 3, KFHA/NZFP to develop a clear plan and program to reach out to sex workers, promoting condom use and personal safety. Peer volunteers could be trained and supported (and already one has volunteered when we met her during the evaluation). | 13) Agree. This will form part of Phase 3. | FPNZ, KFHA | ASAP | |

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| **Support for KFHA Executive Director (ED)**<br><br>15) KFHA ED/SMT/Board to consider creating a Deputy Director role to provide day-to-day support for programs and staff, with the ED focusing on high-level leadership and advocacy.<br><br>FPNZ and IPPF SROP to provide support to ED/Senior Management Team (SMT) on structure and roles and responsibilities in phase 3. This is an important period of transition for KFHA and the ED has much to contribute over the longer term, and a clear role needs to be developed to utilise her reputation and contacts. | 15) Agree. Consideration to be given to KFHA management structure with the focus on supporting organisational resilience. | FPNZ, KFHA, IPPF SPROP | ASAP | |
| **Linkages with IPPF**<br><br>16) For phase 3, FPNZ and IPPF SROP to clarify what capacity development each provides (e.g. IPPF SROP provides Quality of Care reviews and training) and agree a plan and communication strategy with each other for the next five years. | 16) Agree. MFAT encourages coordination between FPNZ and IPPF SROP. | FPNZ, IPPF SPROF | ASAP | |

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| **Ministry of Internal Affairs (MIA) communications**<br><br>MIA is responsible for support to Island Councils and there have been changes to staffing, requiring rebuilding of the relationship. GoK heads of department meeting have recently established new protocols for working with Island Councils.<br><br>17 a) KFHA to meet with MIA staff and ensure any changes to protocols are adhered to, and that the MIA representative on the Healthy Families Taskforce (HFTF) has a clear understanding to report back to MIA senior management.<br><br>17 b). KFHA to present at the Annual Outer Island Forum during the Health session, if they can organise this with the MHMS. In phase 3, this could be a regular scheduled activity and may not require an additional, separate event funded by HFP.<br><br>KFHA's work supporting Island Development Plans (IDP) is innovative as it provides a less controversial entry into villages, than just a focus on SRHR. It supports the work of several GoK Ministries and should continue as a strong element of phase 3. However it will require close liaison and negotiations with MHMS Public Health, Ministry of Environment, Lands and | 17a) Agree. MFAT encourages continuous coordination with Government of Kiribati line ministries to drive efficiency and greater impact. FPNZ/KFHA plan to invite MIA to attend an advocacy meeting.<br><br>17b) Agree. KFHA are eager to remain engaged in this summit. | KFHA | | |

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| Agricultural Development (MELAD) and MIA. | | | | |
| **Laboratory equipment**<br><br>18) Phase 3 could fund support for laboratory improvements such as a portable microscope, new test for chlamydia that does not require high vaginal swab. | 18. Partially agree. Further consideration to be given to assess gaps and opportunities | FPNZ, KFHA, MFAT | | |