

Nauru

Results Summary 2020

Each year, as part of SPC's organisation-wide annual results reporting process, SPC collates the results achieved in each of its member countries and territories, and in the region. Access the full copy of the Pacific Community Results Report 2020 [here](#).

In 2020, 374 results were reported across SPC's development objectives. 47 of these results were reported for Nauru.



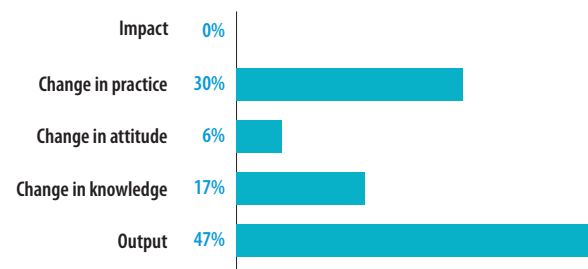
SPC's contribution to the Sustainable Development Goals

In 2020, SPC continued to play an essential role in bringing the SDGs to life in the Pacific region, working with our members to review and report on progress towards implementing the 2030 Agenda for Sustainable Development.

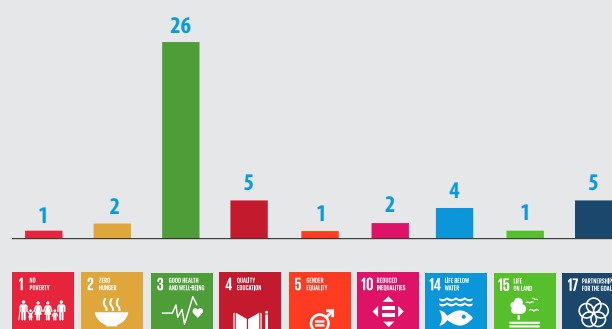
In Nauru, reported results primarily contributed to 9 of the 17 SDGs. The most number of results supported:

- ☞ SDG 3: Good health and well-being
- ☞ SDG 4: Quality education
- ☞ SDG 17: Partnerships for the goals

Graph 1: Development objective results, by level of maturity (n=47)



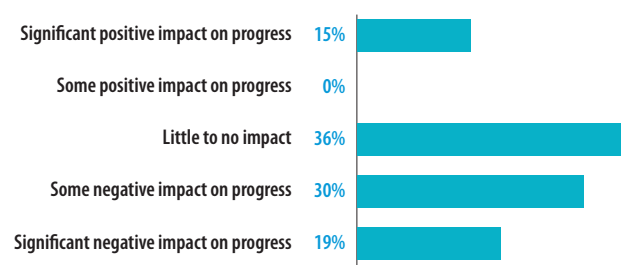
Graph 2: Development objective results, by primary SDG (n=47)



Impact of COVID-19

COVID-19 had significant impacts on both the way we worked in 2020 and the nature of our work (Graph 3). While some planned activities either slowed or stopped, others progressed, and new activities and partnerships were developed in direct response to the pandemic and members' changing priorities.

Graph 3: Impact of COVID-19 on achieving results (n=47)



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Performance Stories

Each year in the Pacific Community Results Report, SPC highlights results achieved with members and development partners in performance stories. These are a selection of performance stories related to Nauru from the full 2020 results report.



Performance Story



Building nurses' capacity to provide critical care during the COVID-19 pandemic

Context

The COVID-19 pandemic presented further challenges for the already resource-constrained health systems in PICTs. Even in the best hospitals in countries around the world, ICUs were stretched beyond capacity in coping with critically ill COVID-19 patients.

As part of its response to the pandemic, PHD conducted a regional ICU survey to understand the capacity of PICTs to manage COVID-19 patients. The results highlighted an urgent need for upskilling of nurses to enable them to provide the intensive care that could be needed.

Change process

Funding from DFAT provided the opportunity to upskill PICT nurses. The inaugural meeting of PHoNM in February 2020 had already strengthened nursing leaders' networks. Through the PHoNM network, Ms Alison McMillan, the Commonwealth Government Department of Health's Chief Nursing and Midwifery Officer (Australia), was able to include PICT nurses in the surge critical care training that was developed for Australian nurses only.

The training was designed to rapidly provide nurses with the minimum knowledge and skills required to work in high dependency or critical care settings such as ICUs. Given the very limited number of intensive care nurses in PICTs, it was anticipated that other nurses would be called on to provide critical care if there was a surge in the number of seriously ill COVID-19 patients. As the course was online, nurses were able to undertake the required upskilling while travel restrictions were in force.

Results and impact

A total of 114 nurses from 17 PICTs enrolled in the programme. SPC worked closely with Pacific Heads of Nursing, midwifery officers and clinical supervisors to provide continuous support to the nurses. Overall, 84 nurses from 15 PICTs completed the training – a 74% completion rate, which was the same as for the Australian nurses undertaking the training. Feedback from PICT nurses who completed the course was positive, with 90% of them rating the training as excellent or very good, and 98% indicating they gained a great deal of new information.

	American Samoa	Cook Islands	Fiji	FSM	Kiribati	Nauru	Niue	Palau	PNG	Marshall Islands	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu	CNMI	Total
Enrolled	2	2	22	8	6	3	2	2	11	4	10	19	2	8	3	8	2	114
Completed	0	2	22	4	6	3	2	1	2	2	10	15	2	8	3	0	2	84
Completion rate	0	100	100	50	100	100	100	50	18	50	100	79	100	100	100	0	100	74

"It is quite helpful when caring for critical patients. We now have the background and knowledge of how to use certain machines and how to approach them in a professional manner and how to manage these critical cases." – Priyanka Anshu Dutt, a registered nurse at Labasa Hospital, Fiji, who successfully completed the training

SPC worked with nursing leaders in-country and partners including WHO to assist the training. For instance, a Solomon Islands nurse reported that she had no access to a computer and internet use was expensive. With the help

of SPC's Regional Director, Melanesia, and WHO's Country Office in Solomon Islands, nurses were able to use the WHO facility to complete their training. The completion rate for nurses from Solomon Islands improved from 9% before the intervention to 80%.

"I am thankful for the support received. We are now working closely with our remaining seven nurses using these available resources." – Helen Orihao, Director of Nursing, National Referral Hospital, Honiara

Lessons learned

- The COVID-19 pandemic provided an opportunity for PICTs to explore innovative ways of continuing training for their health workforce. Although online training has been available, it is underutilised by the region.
- Online opportunities for the health sector need further support and development as the benefits of telehealth and continuing professional development are enormous.
- In-country training is a cost-effective option and maintains scarce health workforces in PICTs during training.
- In addition, online training results in lower carbon emissions than face-to-face training.



Nurses from Fiji who took part in critical care training

Division: PHD
Donor: Government of Australia

Watch a video
on critical care
training [here](#)





Performance Story



Upsurge in domestic violence during COVID-19 lockdowns highlights relevance of Regional Working Group supporting implementation of laws

Context

Most Pacific countries have enacted domestic violence or family protection laws in the past 12 years, providing legal protection for women, children and survivors. While the legislation is welcome, its implementation in Pacific contexts is challenging.

The Pacific Regional Working Group (RWG) on the Implementation of Domestic Violence/Family Protection Legislation was established in October 2018 to ensure more effective implementation of the legislation. It has 11 member states (Cook Islands, FSM (Kosrae and Pohnpei States), Fiji, Kiribati, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu). Fiji is the first Chair of the RWG and HRSD provides the secretariat.

During COVID-19-related lockdowns from February to April 2020, there was a sharp increase in domestic violence cases in the Pacific. Women seeking help faced added barriers because of their proximity to the perpetrator, restrictions on their movement, and curfews. Around the world, there were similar increases in violence linked to lockdowns.

The RWG has become even more relevant for member states during the pandemic because it is considered a reliable source of data and innovative practices to improve protection services.

Change process

The creation of the RWG was a demand-driven process. Following a regional consultation on ways to ensure more effective implementation of legislation on domestic violence and family protection, member states decided to form the RWG. An in-person meeting in May 2019 was followed by two virtual meetings in November 2019 and April 2020.

Three subcommittees were set up to progress work on domestic violence counselling, national advisory councils, and collation of statistics. Weekly updates were emailed to members during the height of the COVID-19 crisis in the Pacific region (March–May 2020) and regular catch-up emails have been sent since then.

The RWG's work and communication encouraged high-level officials from ministries mandated to implement legislation on domestic violence to share their data, challenges and best practices for tackling the issues.

Results and impact

The RWG raised awareness of the importance of continuing to provide services to survivors during the pandemic and the need to adapt services (e.g. remote counselling, providing protection orders over the phone, and making shelters available as an essential service). Member countries implemented innovative practices including online support, new toll-free numbers, and dashboards to monitor domestic violence.

Intelligence on domestic violence is now gathered at the regional level. RRRRT used the information in a report on the increase in domestic violence against women during the COVID-19 restrictions that was submitted to the United Nations Special Rapporteur on Violence against Women (June 2020).

Lessons learned

The challenges of implementing domestic violence legislation are similar across countries and having a space for a regional conversation on how to address the difficulties was much needed. HRSD provides leadership as the secretariat of the RWG, but the agenda is set by the members, who also participate in the subcommittees.

The RWG has found that having the right person at the table is essential – that is, high-level representation from ministries in charge of implementing the legislation. This means that decision-makers are present as well as representatives who have the technical knowledge to talk about implementation and what works.

COVID-19 has increased the focus on ensuring that government services and processes can be accessed by those in need (e.g. 'Are legislation and services responsive in times of crisis?'). The RWG has become the best place to talk about what needs to be improved and what works elsewhere.



Performance Story



COVID-19 response: How SPC and its partners provided testing capacity to all Pacific countries

Context

PPHSN captured reports of clusters of atypical pneumonia in Wuhan, China, in early January 2020 and monitored the quick spread of disease to other Asian countries. With this knowledge, and aware of the lack of testing capability globally, the PHD laboratory team promptly asked the PPHSN laboratory network (LabNet) if coronavirus testing capabilities existed in the region.

The Victorian Infectious Diseases Reference Laboratory in Melbourne, a Level 3 laboratory, confirmed it was able to test for coronavirus and was willing to assist PICTs. The arrangement was communicated to PICT laboratory managers by mid-January 2020, well before the reported transmission of the virus outside Asia.

Testing is one of the key components in the fight against COVID-19. It allows countries to identify people who have the disease and to scale-up their health-care services if needed. Testing suspected cases, and using procedures such as isolation, also prevents their contact with other people and contributes to slowing transmission of the disease.

Change process

Understanding the complications for PICTs of sending specimens across borders and delays in the turnaround time of results, the PHD laboratory team conducted a quick survey of all national laboratories to assess the availability of GeneXpert equipment that could be used for automated coronavirus polymerase chain reaction (PCR) testing. The survey found that all the laboratories, except those in Tokelau and Wallis and Futuna, had the equipment.

The team then asked Cepheid Australia and the WHO Western Pacific Regional Office (WRPO) if it was possible to produce a GeneXpert coronavirus testing cartridge since GeneXpert is the only PCR testing platform available in almost all PICTs. The cartridges were manufactured and were approved for use in April 2020. Testing using the cartridges began in the Pacific in May 2020.

Results and impact

The PHD laboratory team shared information from the survey of PICTs with JIMT Laboratory Cell partners (DFAT, MFAT, PIHOA, Pacific Pathology Training Centre, UNICEF, UNDP and WHO).

The JIMT Laboratory Cell then spearheaded compilation of the testing algorithm, protocols, and procedures, which were later shared with countries. Alongside Cepheid, the team

continued to provide training, and monitor quality assurance, quality control and supply status.

To respond to the challenge of a global shortage of supplies of testing cartridges, the PHD laboratory team initiated discussions with the Pacific Island Society of Pathology on pooled specimen testing using GeneXpert. As such testing had not been validated, the Doherty Institute, University of Melbourne, collaborated to validate the process. The validation results were highly supportive and the report was published in the Journal of Diagnostic Microbiology and Infectious Disease.

The collective effort of the PHD laboratory team and the Pacific Island Society of Pathology resulted in the formulation of guidance and a protocol and procedure for pooled specimen testing. The procedure is now used by laboratories in the region to test multiple samples using a single cartridge, economising on the use of supplies while maintaining the quality of testing. The protocol has also been adopted by other countries beyond the Pacific Island region.

"We are deeply grateful and truly appreciate all the support and training provided." – Shanyko Benjamin, Laboratory Manager, Nauru

"Even though Tokelau has not recorded a positive case, the online training provided by SPC's Lab Team has helped me learn a lot about the COVID-19 virus." – Orisi Matatolu, Laboratory Manager, Tokelau

Lessons learned

PPHSN is a well-established system supporting timely reporting of epidemic and emerging diseases and enabling prompt research, preparedness and response. From the outset of the emergence of COVID-19, SPC was able to be proactive and to provide tailored assistance to member countries.

Early preparation and collaborative work with partners and donors strengthened national and regional COVID-19 readiness and response planning.



Vanuatu health worker uses a GeneXpert machine

Division: PHD

Donor: European Union and Government of Australia



Performance Story



Innovations in collating population data during the pandemic

Considering the use of population registers in census programmes

Context

The COVID-19 pandemic has changed the way SDD and NSOs organise and deliver their work programmes. The travel restrictions imposed during the pandemic meant SDD was unable to conduct training workshops, seminars and other capacity building initiatives in their usual format. At the same time, the challenges of collecting population data through censuses have focused attention on the future of statistical collections in PICTs.

The question of whether Pacific countries have the capacity to continue to generate accurate and timely population data prompted SDD to explore the knowledge and experience of countries that have adopted the use of administrative data and registers to replace traditional census methods.¹ The shift from traditional to more innovative methods of conducting a census, including the use of population registers, has been identified as international best practice, and is also timely and relevant in the context of the COVID-19 pandemic.

Change process

SDD, in collaboration with the United Nations Statistics Division (UNSD), Partnership in Statistics for Development in the 21st Century (PARIS21), and NSOs from countries using register-based or combined censuses (Indonesia, New Zealand, Norway, Sweden and the United Kingdom), organised a series of webinars aimed at building the capacity of PICTs to use administrative registers in census programmes. Twelve PICTs participated in the webinars – CNMI, Cook Islands, Fiji, Marshall Islands, Nauru, Niue, Palau, Samoa, Tokelau, Tonga, Tuvalu and Vanuatu – together with partners of the Global Civil Registration and Vital Statistics (CRVS) Group, speakers and presenters from international NSOs and organisations, and SDD staff.

SDD developed technical papers on the key theme of the webinars to provide detailed guidelines for PICTs and a permanent reference.

Division: SDD
Donor: core funding

Results and impact

The capacity building programmes provided PICTs with a range of knowledge products and best practices for improving their population data collection methods in the long term. The webinars were also a unique opportunity for PICTs to engage with international NSOs that are well advanced in using the new methods. Following the webinar series, several countries contacted SDD to request assistance on implementing population registers.

“During the virtual seminar on CRVS, it was interesting to hear from Helge Brunborg on how they established Norway’s central population register. On behalf of the Tuvalu Central Statistics Division, I would like to express our interest and commitment to establishing such a system in Tuvalu. As explained by Brunborg, a number of departments/ ministries/ organisations will be involved in this project. Moreover, data is usually stored in Excel files or txt.” – webinar participant from Tuvalu

Lessons learned




The webinar series provided a wealth of knowledge that SDD will use to provide guidance to PICTs on the potential to shift from traditional census methods to increased use of innovative register-based approaches.

At a time when travel is restricted, it is important to promote the use of electronic platforms (e.g. Zoom and Microsoft Teams) to disseminate knowledge and engage with PICTs. It is also essential to be mindful that participation in events such as webinars may be limited due to slow internet connectivity. Therefore, the knowledge shared at such sessions must be packaged and disseminated in a format that all PICTs can access.

SDD found the engagement and collaboration of international partners highly valuable in promoting capacity building in the region. Given the time differences between countries, many of the webinar presenters joined the sessions from Europe outside their normal working hours and sometimes stayed past midnight to engage with PICTs. This demonstration of interest and commitment to collaboration was much appreciated.

¹ A traditional census is based on the direct count of all individuals and the collection of information on their characteristics through a self-completed or interview-based questionnaire (<https://www.unece.org/fileadmin/DAM/stats/publications/2018/ECECESSTAT20184.pdf>).

Nauru Results Summary 2020

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
 SDG 1 No poverty					
DO4: Development statistics	SDD	A regional sampling and planning workshop was conducted in Fiji in February in partnership with Stats NZ, Australian Bureau of Statistics, UNICEF and the World Bank. 18 participants (9 men, 9 women), mostly Government Statisticians from the National Statistics Offices of Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands, Tonga, Tuvalu and Vanuatu, attended the workshop.	Coordination and technical input.	Change in knowledge	Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands, Tonga, Tuvalu, Vanuatu
 SDG 2 Zero hunger					
DO2: Pathways to international markets	LRD	There was no progress on new biodiversity legislation and standard operating procedures in 2020. A DOA (description of action) was submitted to EU on adjustments to PRISCO (Pacific Regional Integrated Food and Nutrition Security Initiative) due to the COVID 19 response.	No result. Implementation will commence in 2021.	Change in attitude	Cook Islands, Fiji, Kiribati, Papua New Guinea, Nauru, Samoa, Solomon Islands, Tuvalu, Tonga, Vanuatu
DO5: Climate change and disasters	LRD	A climate change vulnerability assessment framework for Nauru was developed and published. The framework covers the development of a vulnerability assessment of Nauru's farming systems, and a climate-smart agriculture plan and training based on the priorities identified. The vulnerability of Nauru's farming systems (using secondary data) is currently being assessed.	A vulnerability assessment and climate-smart agriculture plan was developed for Nauru. LRD, through funding support from the NDC Hub and in collaboration with CCES, engaged a consultant.	Output	Nauru
 SDG 3 Good health and well-being					
Clinical services	PHD	"4 recommendations from the Pacific Heads of Nursing & Midwifery Meeting (PHoNM) were actioned: Recommendation 6 – Access to infection prevention and control resources for infectious disease outbreaks/epidemics. Recommendation 11 – Discipline-specific nursing networks (Australian College of Operating Room Nurses (ACORN), Australian College of PeriAnaesthesia Nurses (ACPAN), Pacific Islands Operating Room Nurses Association (PIORNA), Intensive Care Nurses, Ear, Nose and Throat Nurses). Recommendation 18 – Support continuing professional development for nurses, e.g. surge critical care, Zoom events. Recommendation 19 – Support nursing specialty development, e.g. ICU nursing programme."	Analysis of meeting recommendations to identify those relevant to PHD's work. PHD then takes the lead in their implementation.	Change in practice	American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu


SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
Clinical services	PHD	42% (13/31) of clinical/nursing networks or linkages resulted in resources being mobilised. This included BASIC training for a MMED student; attendance of an obstetrician and gynaecologist at a child abuse workshop; radiographer training; distribution of ear, nose and throat manuals to PICTs; biomedical equipment technician to conduct maintenance and repairs in Samoa; and infection prevention and control training for Tokelau-bound nurses.	Monitoring how many of the networks, partnerships or links that PHD helps to create between PICTs and other health partners result in mobilisation of needed resources.	Change in practice	Cook Islands, Fiji, Kiribati, Nauru, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
Clinical services	PHD	83% (122/147) of requests from PICTs resulted in the establishment of new networks and partnerships.	Support for linking PICTs to partners better able to respond to requests outside the scope of PHD's work, and also for development of partnerships between PICTs and other health partners.	Change in attitude	Cook Islands, Fiji, Kiribati, Nauru, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
Clinical services	PHD	74% of PICT nurses enrolled in surge critical care training completed the course. 98% (57/58) of respondents rated the training very good or excellent; 100% (58) of respondents said they gained 'a lot' or 'a great deal' of knowledge.	Work with PICTs to identify candidates for surge critical care training and a suitable training organisation. PHD also provided payment of fees, liaison, and support for trainees.	Change in knowledge	Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu
Clinical services	PHD	Evaluation of a virtual meeting of Directors of Clinical Services in 2020 found that 92% agreed the meeting allowed countries to exchange knowledge and share experiences, and identify common challenges and priorities in responding to COVID-19. 84% rated the meeting as good or excellent. (There were 25 respondents, with 69% from PICTs (9/13 PICTs). 14 PICTs participated across two meetings.	Coordination of virtual meeting of Directors of Clinical Services. PHD worked with stakeholders on the agenda and meeting papers, organised the meeting platform and conducted a feedback survey after the meeting.	Change in knowledge	Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Niue
Clinical services	PHD	No progress was made on Pacific Perioperative Patient Safety Standards (PPPB2) training in 2020 due to COVID-19. To date, 7 of 13 PICTs (53.8%) have received training in PPPB2.	Development of perioperative care standards, baseline assessments of PICTs' capacity against the standards, and provision of training.	Change in knowledge	Fiji, Federated States of Micronesia, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands
Clinical services	PHD	The first Pacific Heads of Nursing and Midwifery Meeting (PHoNM) was held in 2020. 93% (25/27) of respondents rated the meeting as very good or excellent. The 3 priority topics voted as most relevant for strengthening nursing services in PICTs were: the health workforce – 74% (20/27); nursing research and education in the Pacific – 67% (18/27); and primary health care and universal health coverage – 48% (13/27).	Coordination of a face-to-face/virtual meeting of PHoNM. PHD worked with stakeholders on the agenda and meeting papers, funded travel and accommodation, and conducted a feedback survey.	Change in knowledge	Australia, Fiji, French Polynesia, Nauru, New Zealand, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu


SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
Clinical services	PHD	14 PICs (100%) completed a biomedical capacity survey. The results were analysed and the report completed.	Design of the survey tool, data collection and compilation of the report.	Output	Cook Island, Fiji, Kiribati, FSM, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
Clinical services	PHD	3 PICTs (Fiji, Kiribati and Nauru) received 30, 10 and 10 ventilators, respectively.	Procurement of equipment and delivery to PICTs, including ensuring items purchased meet accepted quality standards and can be operated in PICT settings.	Output	Fiji, Kiribati, Nauru
Clinical services	PHD	44 oxygen concentrators and 844 items of critical care equipment and accessories were procured for 14 PICTs (received by Federated States of Micronesia and Fiji, and in process for others).	Procurement of equipment and delivery to PICTs, including ensuring items purchased meet accepted quality standards and can be operated in PICT settings.	Output	Cook Island, Fiji, Kiribati, FSM, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
Clinical services	PHD	54% (12/22) of PICTs were represented at the first Pacific Heads of Nursing and Midwifery Meeting (PHoNM) in 2020. There were last-minute cancellations from Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, New Caledonia and Tokelau due to COVID-19 restrictions.	Coordination of a face-to-face/virtual meeting of PHoNM. PHD worked with stakeholders on the agenda and meeting papers, funded travel and accommodation, and conducted a feedback survey.	Output	Australia, Fiji, French Polynesia, Nauru, New Zealand, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu
Clinical services	PHD	A survey tool to undertake a situational analysis of medical internships in the Pacific was designed (the survey has been held back due to the focus on COVID-19).	Design of the survey tool, data collection and compilation of the report.	Output	Cook Island, Fiji, Kiribati, FSM, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
DO7: Non-Communicable Diseases and food security	PHD	12 PICTs demonstrated use of their updated dashboard or operational research findings to guide decision-making processes and implement recommended actions (Cook Islands, Fiji, French Polynesia, Marshall Islands, Nauru, New Caledonia, Niue, Samoa, Solomon Islands, Tonga, Vanuatu, Wallis and Futuna).	PHD supported compiling/updating MANA (Pacific Monitoring Alliance for NCD Action) dashboards, identification of gaps for action, and use of research findings for implementation and decision-making.	Change in practice	Cook Islands, Fiji, French Polynesia, Marshall Islands, Nauru, New Caledonia, Niue, Samoa, Solomon Islands, Tonga, Vanuatu, Wallis and Futuna



SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO7: Non-Communicable Diseases and food security	PHD	7 PICTs have strengthened national NCD initiatives led by ministers or parliamentarians (Federated States of Micronesia, Fiji, French Polynesia, Nauru, New Caledonia, Solomon Islands and Wallis and Futuna).	"PHD ensured a high profile for NCD and childhood obesity at key regional and national ministerial meetings, including preparing and presenting NCD papers on the progress on the NCD roadmap and MANA (Pacific Monitoring Alliance for NCD Action), childhood obesity, and the Pacific NCD legislative framework at the Forum Economic Ministers Meeting (FEMM), Heads of Health, Pacific Health Ministers Meeting, Early Childhood Development High-Level Meeting with Education Ministers, Pacific Forum Leaders Meeting, and Trade Ministers Meeting, and prepared and presented NCD presentations at national level. PHD also conducted advocacy meetings for integration of NCD and childhood obesity strategies in national SDGs - undertaken as part of NCD workshops and civil society meetings at country level. "	Change in practice	Federated States of Micronesia, Fiji, French Polynesia, Nauru, New Caledonia, Solomon Islands and Wallis and Futuna
DO7: Non-Communicable Diseases and food security	PHD	9 PICTs are implementing/strengthening NCD interventions with 45 staff trained (30 women, 15 men) and equipped, with resources provided by SPC (French Polynesia, Marshall Islands, Nauru, New Caledonia, Solomon Islands, Tokelau, Tuvalu, Vanuatu, Wallis and Futuna).	PHD supported awareness during NCD related events/campaigns, e.g. World No Tobacco Day, World Diabetes Day, etc.; and implementation of NCD risk-factor interventions at national and subnational level.	Change in practice	French Polynesia, Marshall Islands, Nauru, New Caledonia, Solomon Islands, Tokelau, Tuvalu, Vanuatu, Wallis and Futuna
DO7: Non-Communicable Diseases and food security	PHD	7 PICTs developed/strengthened civil society engagement in the fight against NCD and childhood obesity (Fiji, Nauru, Tonga, Tuvalu, Vanuatu and Wallis and Futuna diabetes associations and youth groups; Solomon Islands NCD Alliance).	PHD supported strengthening of diabetes associations, youth groups and other civil society groups at regional and national level; fostered engagement of civil societies and youth in Solomon Islands; supported diabetes associations and youth in Fiji, Nauru, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna; and conducted a 'wake-up' project addressing NCD and youth at regional level.	Change in attitude	Fiji, Nauru, Solomon Islands, Tonga, Vanuatu, Wallis and Futuna



SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO7: Non-Communicable Diseases and food security	PHD	10 PICTs received support for the review or development of their NCD-related policies/legislation (American Samoa, Cook Islands, Federated States of Micronesia, Marshall Islands, Nauru, PNG, Samoa, Solomon Islands, Tonga, Tuvalu).	Provided technical assistance to Marshall Islands for tobacco legislation and regulations on marketing unhealthy food; assisted the development of the constitution for the NCD Alliance in Solomon Islands and provided ongoing support; supported development of policy and guidelines for the health promotion fund in Solomon Islands; continued assisting Federated States of Micronesia's healthy trade bill and sugar-sweetened beverages (SSB) taxation in PNG; assisted Nauru's school food policy; contributed to Tuvalu's taxation measures for SSB; assisted Tonga's policy to reduce the population's salt intake and its school food policy; contributed to the development of American Samoa's policy measures to limit trans fats in the food supply; and contributed to the development of Cook Islands' and Samoa's policy measures to limit trans fats in the food supply, restrict marketing of foods and non-alcoholic beverages to children, and implement a food and nutrition policy.	Output	American Samoa, Cook Islands, Federated States of Micronesia, Marshall Islands, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu
DO7: Non-Communicable Diseases and food security	PHD	14 PICTs developed and updated their MANA (Pacific Monitoring Alliance for NCD Action) dashboards (Cook Islands, Fiji, French Polynesia, Kiribati, Nauru, New Caledonia, Niue, PNG, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Wallis and Futuna).	Communication and follow-up with PICTs, and technical guidance.	Output	Cook Islands, Fiji, French Polynesia, Kiribati, Nauru, New Caledonia, Niue, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Wallis and Futuna

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO7: Non-Communicable Diseases and food security	PHD	23 collaborative initiatives to enhance NCD prevention and control were conducted/supported at regional and national levels (9 PICTs): Pacific ECHO (Ending Childhood Obesity) workshop, International Union for Health Promotion and Education Conference, Solomon Islands non-state actors workshop, Tonga Diabetes Association workshop, Wallis and Futuna childhood obesity intervention project, French territories data management training workshop, Fiji Diabetes Association training on diabetes care and management, Solomon Islands NCD roadmap workshop, STEP surveys in French Polynesia and Wallis and Futuna, Tuvalu NCD training, food security workshop with FAO, Oceania tobacco conference, Tonga youth training workshop, Nauru NCD Committee training, MANA (Pacific Monitoring Alliance for NCD Action)/Pacific Legislative Framework workshop, New Caledonia edible leaves project initiative, Nauru World No Tobacco Day event, Youth Ambassador Project in Fiji, Solomon Islands and Vanuatu, and Solomon Islands NCD Alliance.	SPC provided technical assistance, funding, and/or played a coordination/advocacy role.	Output	Fiji, French Polynesia, Nauru, New Caledonia, Regional (All PICTs), Solomon Islands, Tonga, Tuvalu, Vanuatu, Wallis and Futuna
DO7: Non-Communicable Diseases and food security	PHD	3 PICTs received support for NCD-related awareness/health promotion campaigns (Fiji, Nauru, Wallis and Futuna).	PHD provided funding support and technical assistance.	Output	Fiji, Nauru, Wallis and Futuna
DO7: Non-Communicable Diseases and food security	PHD	5 PICTs strengthened their multisectoral NCD plans (Guam, Solomon Islands and Tonga) and NCD committees (Nauru, Tuvalu).	PHD supported strengthening of a national multisectoral NCD plan for Guam and Solomon Islands, and an NCD Alliance plan for Solomon Islands; strengthening of a national multi-sectoral diabetes strategy for Tonga; and strengthening of NCD committees in Nauru and Tuvalu.	Output	Guam, Nauru, Solomon Islands, Tonga, Tuvalu
DO7: Non-Communicable Diseases and food security	PHD	7 PICTs were supported with targeted training on NCD risk factors (French Polynesia, Nauru, New Caledonia, Tonga, Tuvalu, Vanuatu, Wallis and Futuna). 14 participants from Nauru were trained (7 men, 7 women).	PHD organised and funded training attachments and travel.	Output	French Polynesia, Nauru, New Caledonia, Tonga, Tuvalu, Vanuatu, Wallis and Futuna
DO7: Non-Communicable Diseases and food security	PHD	NCD papers and presentations were delivered and discussed in 7 PICTs (FSM, Fiji, French Polynesia, Nauru, New Caledonia, Solomon Islands and Tuvalu).	Prepared and presented NCD papers on progress on the NCD roadmap and MANA (Pacific Monitoring Alliance for NCD Action), childhood obesity, and the Pacific NCD legislative framework and other country-specific NCD presentations in 7 PICTs.	Output	Federated States of Micronesia, Fiji, French Polynesia, Nauru, New Caledonia, Solomon Islands and Tuvalu

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO8: Public health surveillance and response	PHD	All laboratories whose staff were trained in the 2019-2020 period reported improved microbiology processes several months after training. For example, Kiribati and Samoa changed their processes for implementing and documenting quality control on Gram Stain, Coagulase and other rapid biochemical tests. Cook Islands and Fiji improved their detection methods on AMR organisms, e.g. for detection of ESBL using specific antibiotics. Nauru is now able to preserve antimicrobial strains on cryobeads and store them at -70 degrees Celsius.	Conducted microbiology training.	Change in practice	Fiji, Kiribati, Nauru, Samoa
DO8: Public health surveillance and response	PHD	More than 80% of participants trained in 2020 met the competency requirements and were awarded IATA certification.	SPC provided training on shipping infectious substances (Category A and Category B) and related hazardous materials by air in accordance with IATA's Dangerous Goods Regulations.	Change in knowledge	Fiji, Nauru
DO8: Public health surveillance and response	PHD	In 2020, training on shipping infectious substances was conducted in 2 PICTs - Fiji and Nauru. In Nauru, there were 5 participants (3 men, 2 women). In Fiji, there were 27 participants who became certified shippers following training (7 from Labasa hospital; 7 from Lautoka hospital; and 13 from Fiji CDC).	SPC provided training on shipping infectious substances (Category A and Category B) and related hazardous materials by air in accordance with IATA's Dangerous Goods Regulations.	Output	Fiji, Nauru
 SDG 4 Quality education					
DO9: Education quality	EQAP	13 PICTs received support for Pacific Islands Literacy and Numeracy Assessment (PILNA) field operations and PILNA 2021 preparation.	Support for preparations for the Pacific Islands Literacy and Numeracy Assessment (PILNA) 2021. Virtual engagement enabled collection of school information according to plan.	Change in practice	Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
DO9: Education quality	EQAP	SPC supported an exchange between Nauru and Fiji on the Fiji Education Management Information System (FEMIS), with the Nauru delegation receiving training in FEMIS.	Representatives from National Statistics Offices undertook internships with Fiji Statistics office and EQAP for training on FEMIS.	Change in knowledge	Fiji, Nauru

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO9: Education quality	EQAP	21 Pacific Islands Literacy and Numeracy Assessment (PILNA) national coordinators were trained. They included 9 women (from Fiji, Cook Islands, Marshall Islands, Nauru, Niue, Tuvalu, Vanuatu) and 12 men (from Federated States of Micronesia, Fiji, Kiribati, PNG, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu).	Virtual one-on-one training for Pacific Islands Literacy and Numeracy Assessment (PILNA) national coordinators.	Output	Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
DO9: Education quality	EQAP	32 participants received training in education data management systems and statistics at a regional workshop. They included 21 men (from Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tokelau, Tonga) and 11 women (from Kiribati, Marshall Islands, Nauru, Niue, Palau, PNG, Tonga, Tuvalu).	Regional training (virtual) on data and statistics, following one-on-one consultations with members.	Output	Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
DO9: Education quality	EQAP	32 people from 13 PICTs were trained in developing and reviewing education policy. They included 21 women (from Kiribati, Marshall Islands, Nauru, Niue, Palau, PNG, Solomon Islands, Tokelau, Tonga, Tuvalu) and 11 men (from Kiribati, Marshall Islands, PNG, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu).	Regional training (virtual) on development and review of policies for policy officers from departments and ministries of education.	Output	Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu
	SDG 5 Gender equality				
DO6: Social Development	GEM	In 2020, Women in Maritime Associations (WIMAs) were operating and being supported in 10 PICTs. No new WIMAs were established in 2020.	In 2020, SPC provided remote support, promoted the Pacific Women in Maritime Association (PacWIMA), hosted virtual engagement sessions, and kept the PacWIMA network alive with virtual updates and events.	Change in practice	Cook Islands, Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
 SDG 10 Reduced inequalities					
DO6: Social Development	RRRT	4 PICTs (Federated States of Micronesia, Kiribati, Nauru, Vanuatu) scoped, and 1 PICT (Nauru) established a national human rights institution to provide independent guidance and advice on human rights issues.	Scoping visits and preparation of scoping reports by RRRT. Technical assistance provided for implementation of national human rights institutions, alongside UN OHCHR	Change in practice	Federated States of Micronesia, Kiribati, Nauru, Vanuatu
DO6: Social Development	RRRT	8 PICTs have established national mechanisms for implementation, reporting and follow-up (NMIRF) on human rights treaties (Federated States of Micronesia, Fiji, Kiribati, Nauru, Marshall Islands, Samoa, Tonga, Vanuatu). Solomon Islands is in the process of establishing an NMIRF.	Building of internal capacity as committee members; provision of coordination, technical input or training; and support with tool to improve organisational efficiency.	Change in practice	Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Samoa, Tonga, Vanuatu
 SDG 14 Life below water					
DO1: Natural resources	FAME	FAME supported the development of policies and plans on coastal fisheries resources in Cook Islands, Fiji, Nauru and Vanuatu.	Not available	Output	Cook Islands, Fiji, Nauru, Vanuatu
DO1: Natural resources	FAME	"In 2020, FAME provided technical assistance for the review and updating of: <ul style="list-style-type: none"> • 2 national aquaculture development plans (Cooks Islands, Vanuatu); • 2 national aquaculture regulations (Kiribati, Marshall Islands); • 5 national reports on analyses of aquaculture business investment risk (Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Palau); • Draft aquaculture legislation (French Polynesia, Kiribati); • Development of aquaculture policies and plans (Vanuatu). " 	Not available	Output	REGIONAL (all PICTs), Cook Islands, Federated States of Micronesia, French Polynesia, Kiribati, Marshall Islands, Nauru, Palau, Vanuatu
DO3: Transport and energy security	GEM	An Aids to Navigation Regulation template was drafted and shared with PICTs. Cook Islands, Kiribati, Tonga and Vanuatu are adopting the template as part of their national legislative framework.	SPC drafted a template of the regulation and is assisting countries to implement it in their national legislative framework.	Change in practice	Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu
DO9: Education quality	FAME	In 2020, 50 (43 males and 7 females) participants were trained as part of the Regional Observer Programme (Pacific Islands Regional Observer Programme).	As part of the Regional Observer Programme, SPC collaborated with PICTs.	Output	Fiji, French Polynesia, Nauru, New Caledonia, Samoa, Tonga, Vanuatu

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
 <p style="text-align: center;">SDG 15 Life on land</p>					
DO5: Climate change and disasters	GEM	31 of 52 participants (20 women) completed the post-graduate certificate in Ridge to Reef sustainable resource governance.	Advisory and financial support.	Output	Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu
 <p style="text-align: center;">SDG 17 Partnerships for the goals</p>					
DO4: Development statistics	SDD	8 of 15 countries (FSM, Fiji, Nauru, Niue, Tokelau, Tonga, Tuvalu and Vanuatu) are currently implementing their National Strategy for the Development of Statistics (NSDS). Nauru and Tokelau endorsed their NSDS in 2019 and began implementation in 2020. FSM's draft strategy is awaiting formal government endorsement, and drafts are in progress in Fiji and Niue.	SPC contributed to achieving 80% regional NSDS coverage (12/15 PICTs).	Change in practice	Federated States of Micronesia, Fiji, Nauru, Niue, Tokelau, Tonga, Tuvalu, Vanuatu
DO4: Development statistics	SDD	Census and Household Income and Expenditure Survey (HIES) data was processed and executed in 7 PICTs: Vanuatu 2019/2020 HIES dataset processed and census implemented; Kiribati 2019/2020 HIES dataset compiled and census implemented; Marshall Islands 2019/2020 HIES dataset compiled; Wallis and Futuna 2019/2020 HIES data collection underway; Tonga 2020/2021 HIES project planning underway; Palau 2020 population and housing census fieldwork completed; and Nauru 2019 mini population and housing census dataset finalised and thematic products drafted.	Technical assistance.	Change in practice	Kiribati, Marshall Islands, Nauru, Palau, Tonga, Vanuatu, Wallis and Futuna
DO4: Development statistics	SDD	Guidelines for harmonisation of census and survey microdata were published. Standardised labour market indicators were produced for 13 PICTs (Cook Islands, Federated States of Micronesia (FSM), Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu), and disseminated to 3 PICTs (Cook Islands, FSM and Kiribati). Standardised expenditure indicators were produced for 12 PICTs (Cook Islands, FSM, Kiribati, Marshall Islands, Nauru, Niue, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu), and disseminated to 2 PICTs (Cook Islands and FSM).	Conceptualisation and definition of technical requirements.	Change in practice	REGIONAL (all PICTs), Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu

SPC objective	SPC division	Result achieved	SPC's contribution to the result	Result type	PICT
DO4: Development statistics	SDD	Population projections and demographic analysis were completed for all PICTs and projections were uploaded to the Pacific Data Hub/dotStat. This includes the 2020 Pacific Population Poster and high-resolution population grids generated for 17 PICTs (American Samoa, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Wallis and Futuna). Population grids for American Samoa and Cook Islands were completed and uploaded to PDH, and population grids and urban-rural classification were completed for Guam, Marshall Islands and Niue (pending uploading to PDH).	SDD supervised and quality tested consultants.	Change in knowledge	REGIONAL (all PICTs), American Samoa, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, Niue, Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Wallis and Futuna
DO4: Development statistics	SDD	Technical assistance was provided to 14 PICTs (American Samoa, CNMI, Cook Islands, Fiji, Marshall Islands, Nauru, Niue, Palau, PNG, Samoa, Tonga, Vanuatu, Tuvalu and Tokelau) on civil registration and vital statistics (CRVS) based on the UN's holistic approach to legal identity, UN principles and recommendations on CRVS, how to maintain operational continuity of civil registration systems during the COVID-19 19 pandemic, IT for CRVS (introducing an open source CRVS platform - OpenCRVS), and the increased use of registers and administrative data in census programmes.	SDD provided technical assistance and, in some instances, collaborated with consultants to deliver support to PICTs in the subject areas.	Output	American Samoa, Cook Islands, Fiji, Marshall Islands, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu, Tokelau, Northern Mariana Islands, Papua New Guinea