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# **Reproductive Health Supervisory Visit Report: TORBA Province.**



**Prepared by Chris Hagarty,  
Vanuatu Reproductive Health Consultant.**

**June 2015.**



**Ministry of Health**



*Empowered lives.  
Resilient nations.*

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## Abbreviations.

CMS	Central Medical Stores
FNU	Fiji National University
HIV	Human Immunodeficiency Virus
HIS	Health Information System
IMCI	Integrated Management of Childhood Illness
IUCD	Intrauterine contraceptive device
MAF	Millennium Development Goals Acceleration Framework
MDG	Millennium Development Goal
RHCS	Reproductive Health Commodities Security
SPC	Secretariat for the Pacific Community
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VBDCP	Vector Borne Disease Control Program
VNSO	Vanuatu National Statistics Office
VHW	Village Health Worker
WHO	World Health Organization

## Acknowledgements.

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## Introduction.

In June 2014, UNDP launched the Millennium Development Goals Acceleration Framework (MAF) Program to promote universal access to reproductive health (Millennium Development Goal – MDG - Target 5B). The Program focuses on improving the coverage and quality of reproductive health and family planning services, and on establishing and maintaining an enabling environment which embraces and supports delivery of services, especially for young people and other identified, vulnerable groups.

In November 2014, a Vanuatu Reproductive Health Consultant was recruited to address eight key objectives of the MAF's reproductive health component:

1. Conduct a Sexual and Reproductive Health and Rights (SRHR) needs assessment.
2. Coordinate Reproductive Health Policy consultation to finalize policy document.
3. Facilitate provincial midwifery training.
4. Facilitate Jadelle training and review of the Family Planning Evidence Based Guidelines for print/distribution.
5. In collaboration with WHO's investment in the Health Information System (HIS), strengthen data collection for Reproductive Health indicators through development of a Reproductive Health data dashboard.
6. Support Village Health Workers to raise Family Planning and Reproductive Health awareness to households and community groups in six provinces (in 2015).
7. Facilitate provincial Reproductive Health supervisory visits to introduce Family Planning tools and monitor delivery of services.
8. Provide secretariat support to the National Reproductive Health Committee meetings.

Objective 7 articulates the planning and facilitation of supervisory visits to formal government health facilities (hospitals, health centres and dispensaries) in provinces of particular need, or where supervisory support has been limited in recent years. Supervisory visits are to be conducted with the Provincial Health Manager, Reproductive Health Supervisor and the Vanuatu Reproductive Health Consultant.

Initially, it was intended that these visits should focus on provinces that had undergone **Level 1 Training on Reproductive Health Commodity Medical Supply Chain** conducted by the Fiji National University (FNU) 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. MALAMPA Province was identified for the first supervisory visit, however it was later confirmed that FNU had scheduled a supervisory visit there later in 2015.

TORBA Province, while not having undergone the **Level 1 Training on Reproductive Health Commodity Medical Supply Chain**, was identified as having particular reproductive health need, and minimal reproductive health supervisory support in the last twelve months. The supervisory visit would be undertaken to identify service delivery needs as they currently exist, and to establish baseline information upon which improved service delivery could be measured over time.

A further output of the supervisory visit will address a key recommendation of the SRHR Needs Assessment Report (completed in fulfilment of the Vanuatu Reproductive Health Consultant's Objective

1)<sup>1</sup>, namely to consult with reproductive health ‘service users and other key target groups to ascertain if and how their SRHR are being met or neglected’ to inform the development of the forth-coming revision of the National Reproductive Health Policy (Vanuatu Reproductive Health Consultant’s Objective 2).

The following report outlines the rationale, methodology and findings from the TORBA Supervisory Visit conducted on 8<sup>th</sup> – 12<sup>th</sup> June 2015, and presents recommendations for improved reproductive health service delivery.

## Reproductive Health Status and Service Provision in TORBA Province.

TORBA Province, comprising over 15 inhabited islands dispersed across the Torres and Banks Island Groups is one of the remotest provinces in the country, both in terms of its distance from established government infrastructure and services, and the distance and difficulty of travel between its population of 9,359 people<sup>2</sup>.

The health needs of this dispersed population are met through the following list of Health Centres, Dispensaries and Aid Posts, as well as through a number of private, philanthropic service providers, one of whom (known simply as Dr Mark) coordinates with the TORBA Provincial Health Office to deliver emergency referral air lifts and some surgical interventions:

**Table 1: Government and Community-Managed Health Facilities in TORBA Province.**

Island	Clinic name	Clinic Type	Island	Clinic name	Clinic Type
Torres Group	Lou	Health Centre	Vanualava	Qatveas	Health Centre*
	Tegua	Aid Post		Vetuboso (Hanington)	Dispensary
	Tormeryau (Hiu)	Aid Post		Vatrata	Aid Post
	Lequel (Toga)	Dispensary		Kerepeta	Aid Post
Motalava	Bemisas	Health Centre		Ambeck	Aid Post
	Rah	Aid Post		Letel wood (Vatop)	Aid Post
	Vateil	Aid Post		Amon Mansel (Lalnatak)	Aid Post
Mota	Sarawia	Dispensary		Wasaga	Aid Post
	Gamalna	Aid Post	Gaua	Mataka	Health Centre
Ureparapara	Lehali	Dispensary		Womal (Dolap)	Dispensary
	Lemaily	Aid Post		Beam	Aid Post
	Diver's Bay	Aid Post		Dorig	Aid Post
Mere Lava	Lequel (Robul)	Dispensary		Masililiu (Saika)	Aid Post
	Tasmat	Aid Post		Siriti	Aid Post
	Aota	Aid Post		Vaget (Aworor), school	Aid Post
* Sometimes referred to as Qatvaes 'Mini-hospital'				Santa Maria, school	Aid Post

Available (although incomplete) data from the Ministry of Health’s HIS suggests there have been over 168 live births in TORBA from January – April 2015<sup>3</sup>, which roughly accounts for over 10% of the country’s

<sup>1</sup> Ministry of Health, 2015; *Sexual and Reproductive Health and Rights Needs Assessment: Vanuatu*; Port Vila; Ministry of Health, UNDP, UNFPA.

<sup>2</sup> VNSO, 2009; *National Population and Housing Census: Basic Tables Report, Volume 1*; Port Vila, Government of Vanuatu.

<sup>3</sup> Personal communication and HIS data from Luke Weul, TORBA Provincial HIS Officer, 12<sup>th</sup> June 2015.

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live births outside of the Vila Central Hospital. Given TORBA's population comprises approximately 5.3% of Vanuatu's population outside of Port Vila, it is suggested that the Province's Total Fertility Rate (TFR) is considerably higher than the national rate of 4.2 children per woman of child-bearing age<sup>4</sup>.

While province-specific data is unavailable, this high fertility burden is reinforced through the *Vanuatu Demographic and Health Survey*, which indicates lower contraceptive prevalence amongst rural women, and substantially higher fertility rates for rural women aged 15-29 compared with those in urban areas<sup>5</sup>.

Given the remoteness of communities and health services in TORBA, and inferred high fertility, it can be surmised that there is a considerable unmet need for family planning services and commodities in the Province. Based on this evidence-informed assumption, TORBA province was identified as one of particular need in terms of delivery of quality reproductive health and family planning services, and was selected for a comprehensive supervisory visit under the MAF Program.

## Purpose and Methodology.

The Terms of Reference for the TORBA Reproductive Health Supervisory Visit (see Annex 1) identify three main objectives:

1. To conduct a supervisory visit to the Banks Islands Group to determine baseline capacity of reproductive health staff and facilities in regards to Reproductive Health Commodities Security (RHCS) and other reproductive health issues.
2. To develop a profile template to guide the assessment, including assessment of RHCS, service utilization (generally) and capacity and delivery of youth-friendly sexual and reproductive health services (as informed by the MAF Expert Working Group).
3. To hold consultations with sexual and reproductive health service users, providers and managers to inform initial preparation of the revised National Reproductive Health Policy (Deliverable 2, and in accordance with recommendations from the Vanuatu SRHR Needs Assessment Report – Deliverable 1).

A template was developed to guide the review of health facilities during the Supervisory Visit (see Annex 2). This was based on the FNU Supervisory Team template used during their visit to TAFEA Province in 2014, and is expected to be used again in MALAMPA Province later in 2015. The FNU template was specifically developed to assess service quality improvement following the **Level 1 Training on Reproductive Health Commodity Medical Supply Chain**, and this was modified for the TORBA Province context, particularly in regards to referral, communications and reporting.

A second template was devised to guide Focus Group Discussions with service users (see Annex 3) with the intent of establishing awareness of available services, the extent to which services are valued by the community, the extent to which services meet actual reproductive health needs of different groups within

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<sup>4</sup> VNSO & SPC, 2014; *Vanuatu Demographic and Health Survey – MICS 2013*; Port Vila, Government of Vanuatu.

<sup>5</sup> Ibid.

communities and the identification of any issues which need to be addressed, or service improvements which could be made.

## Limitations.

Initially it was envisaged that the Supervisory Visit would reach all formal health facilities in the Province, however due to the designated airline routes and schedules from Santo to the TORBA islands, it was not possible to visit Gaua and the Torres Islands (as initially intended) within the time availability of the Provincial Health Manager and Reproductive Health Supervisor (noting that a visit to the Torres Islands would require a two day spell between flights to visit a single Health Centre). For similar reasons, it was never intended that the visit would reach the Dispensaries on Ureparapara and Mere Lava islands.

In order to address this to some degree, it proved possible for the Vanuatu Reproductive Health Consultant to hold an interview with the Nurse Practitioner in charge of Loh Health Centre (Torres Islands) while on a work visit to Port Vila the week preceding the scheduled Supervisory Visit. This enabled a near-complete assessment of the facility, limited only in that a visual assessment of the facility and drug storage was unable to be made.

## Findings.

A Reproductive Health Supervisory Visit was conducted in TORBA Province during the week 8<sup>th</sup> – 12<sup>th</sup> June 2015, by the Vanuatu Reproductive Health Consultant, the TORBA Provincial Health Manager and the Provincial Reproductive Health Supervisor. The Visit reached 5/9 operational government health facilities as follows:

**Table 2: Supervisory Visit Coverage and Activities,**

Island	Facility Name	Clinic Type	Review Conducted	User Consultation
Torres Group	Lou	Health Centre	Interview only	
	Lequel (Toga)*	Dispensary		
Motalava	Bemisias	Health Centre	✓	✓
Mota	Sarawia	Dispensary	✓	✓
Ureparapara	Lehali	Dispensary		
Vanualava	Qatveas	Hospital	✓	
	Vetuboso (Hanington)	Dispensary	✓	✓
Gaua	Mataka	Health Centre		
	Womal (Dolap)	Dispensary		
Mere Lava	Lequel (Robul)	Dispensary		

*\* Recently re-designated as Dispensary but not currently operating as such: staffed by a Village Health Worker only.*

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## Facility Review Findings.

Information collected can be broadly separated and presented under the following categories, a summary of which is presented in Table 4 (page 13):

- Health Facility Staff.
- Availability of Services and Reproductive Health Commodities.
- Physical Infrastructure.
- Staff Management.
- Records and Information Management.
- Communication and Transport.
- Feedback.

### Health Facility Staff.

In accordance with the Ministry of Health's 2004 Role Delineation for Health Facilities<sup>6</sup>, those visited during the Supervisory Visit constitute Health Centres Level 3b (for remote populations of 1,000-2,000) and Dispensaries Level 2a (for remote populations of 300-1,000 – see Table 3 below).

Three out of the five facilities reviewed meet the minimum staffing requirements for their designation. Bemisas Health Centre on Motalava, while having two registered nurses on staff, does not have a nurse practitioner leading clinical care. In addition, one of the two registered nurses is currently on maternity leave, leaving the clinic staffed by a registered nurse and a 'helper' only. Sarawia Dispensary on Mota is managed by a registered nurse, but not a midwife, as per its designation. In each of these two cases, there is insufficient qualified/trained staff to meet the necessary standard for higher risk deliveries.

### Availability of Services and Reproductive Health Commodities.

All of the reviewed facilities in TORBA offer a suitable range of reproductive health services, including weekly clinics for family planning, antenatal care and general outpatients (which includes syndromic treatment for sexually transmitted infections - STIs). All clinics also reported that they willingly receive requests for family planning services and STI treatment outside the regular clinic hours. Qatvaes and Bemisas Health Centres on Vanualava and Motalava respectively are designated sites for Voluntary Confidential Counselling and Testing for HIV and STIs, however only Qatvaes appeared to have a designated, operable space for this service.

While the facilities all provide family planning clinics, availability of reproductive health commodities was mixed. Oral and injectable contraceptives (Microgynon, Microlut and Depo-Provera) were unavailable (or in short supply) at both Hanington and Sarawia Dispensaries due to delays in pharmaceutical orders, and indeed the latter had been without all family planning commodities for over a month due to a misdirected pharmacy supply order, and a considerable delay in recognising the issue. Sarawia's pharmaceutical order was delivered by the Supervisory Visit team, and Hanington's was expected on a supply boat within the week following the visit. All facilities are yet to be supplied with Jadelle implants, pending training in its use, and only Loh Health Centre, with its experienced resident midwife, provides IUCDs to its target populations.

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<sup>6</sup> Personal communication, Scott Monteiro, Team Leader Vanuatu Health Resource Mechanism, 12<sup>th</sup> June 2015.

**Table 3: 2004 Role Delineation for Health Facilities in Vanuatu.**

Level	Population	Travel	Services	Skills	Resources
Health Centre Level 3b	1000 - 2000	80% population within 4 hours, remote (ie refer by air)	As for Dispensary below, plus: <b>Acute:</b> Inpatients with access to overnight staffing; higher risk deliveries; minor surgery, dental care. <b>Primary:</b> Visiting teams eg. Eye, medical; reproductive health (including IUCD insertion). Supervisory Role for other MOH facilities	Nurse Practitioner or Midwife. Staff Nurse. Nurse Aide.	As for Dispensary below, plus: Separate consultation and treatment areas. 2 bed general and 2 bed female wards. Locked room for storage for zone eg. Nets, insecticides, excess supply, transport for supervisory visits and outreach. Malaria Lab.
Dispensary Level 2a	300 - 1000	80% population within 60 minutes, remote (ie refer by air)	<b>Acute:</b> Normal and some higher risk deliveries; minor suturing; stabilisation and referral. <b>Primary:</b> Immunisations, reproductive health (including IUCD insertion) and maternal and child health. Supervisory Role for Village Health Workers and Traditional Birth Attendants.	Midwife with extra training (MOH). Nurse Aide.	Vaccine fridge Solar Power, generator or community power supply with lighting to delivery and treatment areas. Steriliser (use cooking fire). Water supply (multi-rain tank or community supply). Water seal toilet and soakaways / septic. Secure Area for medical waste and disposal. Consultation / Treatment area with secure drugs storage. Delivery & 2-bed Maternity Ward. Patient Shower washrooms. Covered waiting area.

All facilities reported a demand amongst their communities for the emergency contraceptive pill, however 3/5 facilities were out of stock (in the case of Bemisas Health Centre, only one pill remained after receiving no re-supply in its recent pharmaceutical order - reportedly due to stock outage at the Northern Provincial Hospital Pharmacy). Despite stock shortages, all nurses were aware of providing high doses of Microgynon and Microlut as an alternative to the emergency contraceptive pill.

The three Health Centres (Qatvaes, Bemisas and Loh) had suitable stocks of life-saving emergency medicines, however the two Dispensaries (Hanington and Sarawia) had experienced stock-outs of a number of these items due to delayed delivery of pharmaceutical supplies (as previously described). Insufficient stocks of these items impacts on facilities' capacity to support high risk deliveries.



None of the facilities reviewed had designated spaces or services for young people, despite most facilities reporting to receive young people within their regular operations, however all clinics reported to meet requests from young people for family planning services and STI treatment outside the regular clinic hours. None of the facilities reported to be delivering specific services under the Integrated Management of Childhood Illness (IMCI) initiative, which was introduced in Vanuatu in the early 2000s, and indeed, none of the key informants were aware of the term 'IMCI'.

All facilities reported that abortion using *kastom* medicine is a known practice amongst their catchment populations, however it was noted that cases of post-abortion complications rarely present to health facilities, and indeed few facilities have services to respond to this. Qatvaes Health Centre and Hanington Dispensary on Vanualava have each received cases in the past which they have referred to either the Northern Provincial Hospital on Santo, or to Dr Mark. Sarawia Dispensary on Mota has received one case in recent years, in which the young woman stayed overnight at the clinic for observation before being discharged the following day without treatment (or counselling).

Gender-based or domestic violence was reported to be prevalent in all facility catchment communities, however cases rarely present for treatment or support. A number of the key informants indicated that they lack the skills to respond to such cases. Qatvaes Health Centre has received cases of sexual abuse in recent times since the Vanuatu Women's Centre opened an office in Sola. These cases usually present to the Health Centre some days after the incident, and are brought in by representatives of the Vanuatu Women's Centre and/or the police to receive a medical examination and to file a medical report. The nurse practitioner has been called to give evidence in court when these cases have gone to trial.

### Physical Infrastructure.

The buildings at both Qatvaes and Loh Health Centres are in good repair, having been renovated in recent years, with functional windows, ventilation and operating water tanks. The operational areas of Bemisas Health Centre (namely the outpatients consulting area, the drug storage and dispensing area,



Bemisas HC inpatients ward with damaged ceilings.

the labour and postnatal wards and the malaria and TB laboratory are in good condition and clean, however the building designated for inpatients and which is currently being used to store vaccines and broken equipment is in considerable disrepair, with damaged ceilings and walls.

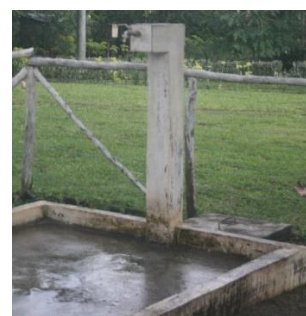


Qatvaes HC has a substantial, working water supply

Hanington Dispensary on Vanualava is also in excellent repair, and is well maintained by the staff. Construction for a purpose-built ward, delivery room and consulting area for all maternal and child health services was commenced over 10 years ago (reportedly in 2003) but was never completed. The concrete block walls and iron roof are still in excellent repair, but there are no windows

or doors. The Provincial Health Manager has recently approved plans to complete the structure and materials have been purchased.

All of the above-mentioned facilities have adequate water supply from catchment tanks or community sources, however only some have water piped into the facility. All facilities have some form of working water seal toilet or pit latrine.



Bemisas HC has an uninterrupted, community water supply

Sarawia Dispensary is in a state of disrepair, and there is an urgent need for the roof, guttering, drain pipes, tanks, Masonite walls and ceilings to be replaced. Water supply to this facility is currently inadequate, as none of the rain catchment tanks are connected with drain pipes.

Power supply and lighting remain a significant challenge for health facilities in TORBA. In the absence



Sarawia Dispensary relies on small, portable solar lanterns for after-hours deliveries

of reliable fuel supplies, even those facilities with generators (namely Qatvaes and Loh Health Centres) predominantly rely on solar lighting for their delivery rooms, and in the case of Sarawia Dispensary, only small, portable solar lanterns are available. Bemisas Health Centre has no solar lighting for the delivery room, and rely on battery operated torches only.

All facilities have a solar-powered vaccine storage fridge (a 'Solar Chill'), while Hanington Dispensary also has a back-up gas-powered fridge for use during the rainy season (when it is feared there is insufficient sun to power the Solar Chill). Storage space for drugs and other equipment is adequate in most facilities (with the exception of Sarawia Dispensary, whose drug cupboard has been infiltrated by rats), however storage space is commonly sourced from patient areas which are no longer operational due to disrepair. None of the facilities conduct or maintain equipment inventories.



Bemisas HC using inpatient area for storage



RH commodities well stored and labelled at Qatvaes HC



Drugs stored in open area at Sarawia Disp after rats infiltrated storage cupboard



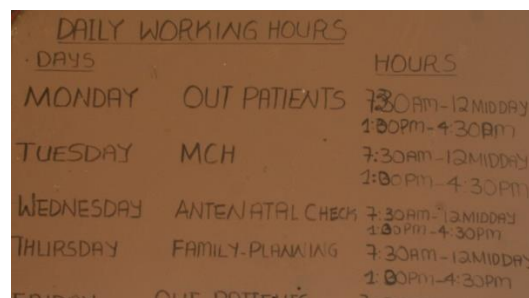
RH commodities stored at Bemisas HC

### Staff Management.

All permanent clinical staff reported to have seen (and/or have in their possession) written position descriptions in some form or other, and contracted staff (such as nurse aids and cleaners) reported to

have seen their six-month contracts. None of the staff have performance indicators or regular, formal appraisals (informal appraisals are conducted by the Provincial Reproductive Health Supervisor during irregular visits, however it is not clear where these are stored, or whether they feed into any central, Ministry of Health Human Resource file).

All clinics had standard clinic operating hours (7.30-12.00, 13.00-16.30) which in most cases were well communicated on notice boards, and all staff reported to provide emergency services outside of clinic times (although in the case of one Health Centre, community consultations revealed that staff are not always forthcoming when requested to provide out of hours services). Treatment guidelines were readily accessible in operational areas, and a number of staff specifically referred to these during interviews.



DAYS	SERVICE	HOURS
MONDAY	OUT PATIENTS	7:30AM-12MIDDAY 1:30PM-4:30PM
TUESDAY	MCH	7:30AM-12MIDDAY 1:30PM-4:30PM
WEDNESDAY	ANTENATAL CHECK	7:30AM-12MIDDAY 1:30PM-4:30PM
THURSDAY	FAMILY PLANNING	7:30AM-12MIDDAY 1:30PM-4:30PM
FRIDAY	OUT PATIENTS	7:30AM-12MIDDAY 1:30PM-4:30PM

Notice board displaying clinic schedules at Sarawia Disp; commonly seen outside health facilities

Most of the clinics reported to having received a supervisory visit from the Provincial Reproductive Health Supervisor in the last 12 months, however only Qatvaes Health Centre had received a visit from Northern Provincial Hospital Pharmacy staff. None of the facilities reported to have ever received feedback from supervisory or assessment visits.

While all facilities have responsibility for conducting supervisory and service outreach visits to lower-designated facilities (such as Dispensaries and Aid Posts), none of the facilities reviewed have made regular, 1-2 monthly outreach visits to all of their sub-facilities in the last 12 months. In most cases, where an outreach event has taken place, this has been in response to an emergency clinical case, or to accompany a scheduled tour of one of the public health programs (such as for immunisation or malaria). In each of these examples, however, not all sub-facilities within the Health Area or Zone have been visited. Lack of resources (transport, fuel and funds) and a shortage of staff were offered as reasons for limited outreach activities, and all facilities reviewed were unable to produce a planned schedule for the current reporting year.

## Records and Information Management.

**Stockcards:** Drug monitoring and management stockcards have been introduced to health facilities in TORBA, however few are using these effectively. Two of the facilities visited were not using these at all, while amongst those that were, none kept their stockcards with each shelved item, and information was inaccurate on all cards. This appears to be partly due to a failure to update stockcards when items are moved from the main storage area to dispensing areas, however in most cases, the stockcards had not been updated since the last stocktake (which was usually carried out every two months, when drug orders were being prepared).

**Drug ordering:** Ordering of drugs was usually conducted every two months; orders are made directly to the Northern Provincial Hospital Pharmacy on Santo, either through completing and sending the paper forms (by boat and plane), or by using the nurses' own, personal mobile phones. Orders normally take 1-2 months to be delivered, either by plane or boat, and in most cases, completed and returned order

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forms are filed appropriately. Emergency orders for out of stock supplies could usually be made by phone, and sent by plane (although Sarawia Dispensary, which had been out of stock of all family planning commodities for over a month, had never made an emergency order, reportedly because the staff have no means of communication in an environment where mobile phones cannot be charged).

**Health information data:** Most facilities were aware of the total population of their catchment area, but had not calculated their target population for family planning or antenatal care. Daily patient registers were kept in all clinics, and in some cases this represented the only records kept for family planning (which were referred to during subsequent visits to update treatment). Other facilities used family planning records, which they filed in folders and boxes under a variety of systems, including by village of residence, type of contraceptive or month of last visit. Each of these systems, while easily referenced by clinical staff given the small target populations, make calculating, identifying and following-up monthly defaulters more difficult.

HIS monthly reporting forms appear to be completed by all of the reviewed facilities, and sent to the HIS Officer in Sola, however none of the facilities have ever received feedback from the HIS Officers in Sola or at the national level in relation to the data that they are submitting.

### **Communication and Transport.**

Qatvaes Health Centre is the only health facility in the province with a computer and internet connection, the latter having been recently re-connected after a three month outage (a service provider fault). Hanington, and Sarawia Dispensaries have HF teleradios, but these are not currently working, while Loh Health Centre has access to community HF teleradios (through the Vanuatu Red Cross Society, the police posts and others).

Most communications with the outside world take place via the nurses' own, personal mobile phones, however there is no process for having work-related calls and messages refunded to staff, and leaves no avenue for communication in an emergency if the staff member has no credit or funds with which to purchase same. Similarly, Sarawia Dispensary reported to be unable to easily charge their mobile phones in their non-powered community. All staff reported suitable SMS literacy which could be explored for reporting and drug ordering in the future.

Only Qatvaes Health Centre reported a functioning boat and motor for intra- and inter-island transport (for stock supplies, referral and supervisory support). Loh Health Centre has a boat but the engine has been out of order for some months, and no mechanic currently resides in Torres to fix this.

### **Feedback.**

As discussed, none of the facilities have ever received feedback from their pharmacy orders, from supervisory visits or from provincial or national HIS staff in regards to their reported data.

**Table 4: Summary of Facility Review Findings.**

		Qatvaes HC	Loh HC*	Bemisas HC	Hanington Disp	Sarawia Disp
<b>Health Facility Staff</b>						
Meets minimum staffing levels		Y	Y	N	Y	N
<b>Availability of Services and Reproductive Health Commodities</b>						
Family Planning		Y	Y	Y	Y	Y
Reproductive Health Commodities	Microgynon	Y	Y	Y	N	N
	Microlut	Y	Y	Y	Y	N
	Depo-Provera	Y	Y	Y	N	N
	Jadelle	N	N	N	N	N
	IUCD	N	Y	N	N	N
	Condoms: male	Y	Y	Y	Y	N
	Condoms: female	Y	Y	Y	Y	N
	Emergency Contraceptives	Y	Y	1 only	N	N
Maternal and Newborn Care		Y	Y	Y	Y	Y
Life-saving medicines	Oxytocin Inj	Y	Y	Y	Y	expired
	Misoprostil tabs	Y	Y	expired	expired	expired
	Magnesium Sulphate Inj	Y	Y	Y	expired	Y
	<b>Antibiotics</b>					
	Gentamicin Inj	Y	Y	Y	N	N
	Metronidazole inj	Y	Y	Y	Tabs only	Y
	Crystalline Penicillin Inj	Y	Y	Y	N	N
	<b>Antenatal corticosteroids:</b>					
	Hydrocortisone inj	Y	Y	Y	expired	N
	Prednisolone inj	Tabs only	Y	N	N	N
	Chlorhexidine	Y	Y	Iodine	Iodine	Y
	Resuscitation devices	Y	Y	Y	Y	N
Prevention and management of STIs		Y	Y	Y	Y	Y
Prevention and management of unsafe abortion		N	N	N	N	Y
Prevention & management of gender-based violence		Y	N	N	N	N
Youth Friendly Services		N	N	N	N	N
Integrated management of Childhood Illness (IMCI)		N	N	N	N	N
<b>Physical Infrastructure</b>						
Physical state of buildings (Y/N = OK/inadequate)		Y	Y	N	Y	N
Water supply		Y	Y	Y	Y	N
Power supply		N	N	N	N	N
Lighting (in delivery room)		Y	Y	N	Y	N
Sanitation		Y	Y	Y	Y	Y
Functional fridge/cold chain		Y	Y	Y	Y	Y
Equipment inventory checked in last 6 months		N	N	N	N	N
<b>Staff Management</b>						
Staff have contracts and/or position descriptions		Y	Y	Y	Y	Y
Staff have performance indicators and appraisals		N	N	N	N	N
Treatment guidelines available and utilised		Y	Y	Y	Y	Y
Supervisory visits from Pharmacy last 12 months		Y	N	N	N	N
Supervisory visits from RH Supervisor last 12 months		Y	Y	Y	Y	Y
Conduct regular supervision and outreach visits		Y	N	Em only	For EPI	N

	Qatvaes HC	Loh HC*	Bemisas HC	Hanington Disp	Sarawia Disp
<b>Records and Information Management</b>					
Drug stockcards used	Y	Y	N	Y	N
Drug stockcards accurate	N	unknown	N	N	N
Drug stockcards updated when stock moved	N	unknown	N	N	N
Regular drug stocktake (2 or 3 monthly)	Y	Y	Y	Y	Y
Drug order forms used and sent?	Y	Y	Y	N	Y
Drug orders communicated by phone?	N	N	Y	Y	N
Copies of drug order forms filed?	Y	Y	unknown	Y	Y
Formulas used to calculate stock orders?	Y	N	N	N	Y
Emergency orders placed?	Y	Y	Y	Y	N
Total population of facility	1066	Y	N	1700	781
Facility calculates target population?	N	N	N	N	N
Family Planning records kept?	Y	Y	N	Y	Y
Daily register/tally sheet kept?	Y	Y	Y	Y	Y
Monthly HIS forms completed and sent to Sola?	Y	Y	Y	Y	Y
Single person responsible for data reporting?	Y	Y	Y	Y	Y
Is Contraceptive Prevalence Rate calculated?	N	N	N	N	N
<b>Communication and Transport</b>					
Does the facility have a computer?	Y	N	N	N	N
Does the facility have an internet connection?	Y	N	N	N	N
Functioning facility phone or teleradio?	N	N	N	N	N
Staff use own mobile phones to communicate?	Y	Y	Y	Y	Y
Staff refunded for phone credit used for work?	N	N	N	N	N
Are staff SMS literate?	Y	Y	Y	Y	Y
Facility have own, functioning boat transport?	Y	N	unknown	N	N
<b>Feedback</b>					
Receives feedback from HIS data submitted?	N	N	N	N	N
Receives feedback from Pharmacy sup visits?	N	N	N	N	N
Receives feedback from Repro Health sup visits?	N	N	N	N	N
* Loh Health Centre information reported only					

## Service User Consultation Findings.

Consultations with Focus Groups of family planning service users (n = 20) were carried out at Bemisas Health Centre on Motalava, and Hanington and Sarawia Dispensaries on Vanualava and Mota respectively. All respondents were aged between 25-45, and had between one and six children each.

Table 5 below demonstrates the extent to which the respondents are aware of, and utilise the services at their local facility. The number of times the respondents had visited the facility (for any reason) in the past 12 months, and their awareness of the services available are presented, and together demonstrate that the respondents both value, and regularly utilise a range of services from the facilities.



**Table 5: Respondents' Awareness and Use of their Local Health Facility.**

How many times would you have visited this Health Centre/Dispensary in the last year?			
1 visit: 2 people	2-3 visits: 3 people	4-5 visits: 5 people	6+ visits: 10 people
What are some of the types of services that are offered in this Health Centre/Dispensary?			
Family Planning Deliveries/births Dressings (for wounds) Checking blood (for malaria) Treatment of sick children and others <i>Helemap ol sik man</i> (treatment of illness) Immunisation Antenatal care			

### **What respondents like/value.**

Respondents were asked to identify what it is that they like (or value) about their local health facility. They reported that the facilities are valued as they provide a trustworthy, local source of expertise and medicines for curing/treating sick people, especially children.

It was also expressed that respondents valued the affordability of treatment, both because fees for services are low, and because there are minimal travel costs (compared with having to travel by boat to Sola, or by plane to Santo).

Amongst the diagnostic and treatment services that were identified, respondents specifically referred to valuing/liking that they could receive from their local facility: blood checks for glucose and malaria; checks for blood pressure; and checks for cancer.

In terms of reproductive health, respondents value being able to access family planning advice and commodities from the health facilities, and also being able to come to the clinic to learn about being a mother/caring for babies and children.

A number of respondents (from different locations) referred to the friendliness and patience of staff (who sit with them and discuss issues) as being particularly valued, and a main contributing factor to their repeated visits:

*"Clinic staff are kind to mothers and children."*

*"Staff are kind and helpful: they are patient and never hurry us up through the discussion."*

### **What respondents dislike.**

When asked what respondents did not like about the services offered at the health facilities, the most common response related to clinics being out of stock of family planning commodities:

*"I don't like it when medicines run out" [stock-outs, particularly for family planning commodities].*

*"I don't like it when we come and the drugs/Family Planning methods are not here."*

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Lack of attentiveness of staff was cited by a number of respondents, particularly in regards to staff not responding to emergency requests for treatment outside of the clinic hours:

*“Sometimes nurses won’t come to the clinic when they are in their house, they will just stay at the house.”*

Limited staffing at the clinics was also identified as an issue, particularly when clients present for scheduled family planning clinics but have to wait while a woman in labour delivers her baby. It was also indicated that respondents would like to have staff who can respond to complicate pregnancies, so that they do not have to travel by boat to Sola to give birth. One respondent complained that nurses lacked the skills to deliver some treatments (an example provided was in regards to having an aching tooth pulled, which nurses do not do as they have neither the training/skills, nor local anaesthetic to use).

Respondents also identified that waiting areas (often located just outside consultation rooms and labour wards) offer little privacy for the clients seeking treatment, counselling, advice or care, and that this is something they think could be improved.

### **What should be done to improve services?**

Respondents identified improved staffing levels and infrastructure as the main issues needing to be addressed to strengthen services at their local facilities. Midwives were particularly valued, so as to free up other nurses for regular services when mothers were in labour, and also to limit the need to visit Sola in the event of complicated pregnancies.

Respondents from a number of facilities requested that separate waiting areas be developed away from consulting rooms to facilitate privacy; those from Hanington Dispensary strongly requested completion of the maternal and child health building, while women from Sarawia Dispensary specifically called for improved lighting, water supply and ceilings/walls for the delivery room.

One group also discussed the difficulty they have when women arrive from far away to deliver their babies at the health facility, and who are forced to call on the community to provide food and cooking facilities as they wait for labour. This group specifically requested a space to be provided at the health facility with shelter for the woman and her family, and cooking utensils to ease the burden on their own households.

### **Support for Family Planning.**

All of the respondents reported support for family planning amongst most women, men and leaders in their communities. In one location, however, it was reported that many men are suspicious of their women wanting to use family planning as they see this as a sign of their infidelity.

It was reported that young people (both females and males) are developing an appreciation for family planning, and for accessing condoms for prevention of pregnancy and STIs. Respondents appeared to approve of this.



## Analysis.

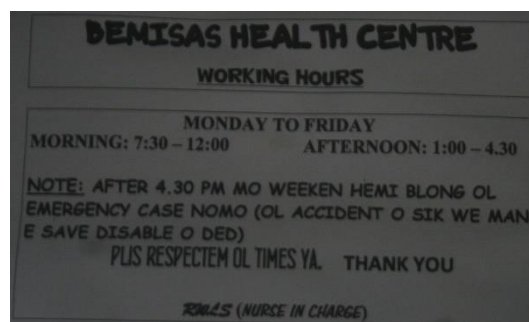
While it is acknowledged that the Ministry of Health is currently in the process of reviewing its Role Delineation for Health Facilities, the most recent version available (2004) would suggest that most of the health facilities visited in TORBA have appropriate staffing levels, despite concern expressed by community respondents who feel that their service needs are not met when existing staff are attending to a woman in labour, or when a woman from their community is identified as being at risk of complicated pregnancy (and they must travel by boat to Qatvaes Health Centre in Sola).

Only Bemisas Health Centre and Sarawia Dispensary would be considered to be short of staff given that the former is not staffed by a nurse practitioner or nurse aide, and neither has a midwife posted at the facility. Bemisas Health Centre is further disadvantaged because one of its nurses is currently on maternity leave (without replacement), and Loh Health Centre's midwife is likewise on 3-months leave (without replacement).

**Recommendation:** The Ministry of Health to meet its minimum standards for staff establishment by posting a nurse practitioner, midwife and nurse aide to Bemisas Health Centre to avoid further complaints from community members regarding inadequate staffing and service availability, and to contribute to improved stock, records and data management.

**Recommendation:** TORBA Provincial Health Office to liaise with the Ministry of Health to establish a register of recently-retired nurses and midwives to fill temporary, medium-long term vacancies created by staff on maternity or other extended leave, in order to ensure sustainable, uninterrupted reproductive health services (including safe deliveries and family planning).

All of the reviewed facilities offer a suitable range of reproductive health services, including weekly clinics for family planning, antenatal care and syndromic treatment for STIs, and reported to willingly receive requests for these services outside the regular clinic hours; the latter being the only aspect of youth friendly service provision routinely offered in the province. There is some concern from community consultations that such after-hours requests are not always honoured by the clinical staff, and this perhaps should be addressed and protocols reinforced by the Reproductive Health Supervisor during future training, visits and/or communications.



Notice displaying clinic schedules and requesting community to respect consulting hours at Bemisas HC, where some complaints about after hours service have been made.

Supply of reproductive health commodities remains a concern in TORBA, and multiple steps along the chain of commodities ordering and supply should be addressed. Foremost amongst these is the capacity of facility staff to anticipate ahead of time, and address as a matter of urgency any potential stock outages of reproductive health commodities. This requires significant investment from Medical Stores staff at the national and northern provincial levels to build capacity of clinical staff to monitor stock and order these appropriately. Pharmacy staff at the Northern Provincial Hospital should also establish stock

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management systems which limit stock-outs in Santo, and which automatically place any out of stock items on backorder for immediate dispatch to facilities once they arrive.

While tighter systems for ordering supplies from health facilities, calculating required stocks and following-up to ensure orders are received by the Northern Provincial Hospital Pharmacy would have assisted to prevent stock-outs in a number of the facilities visited, what is most required to improve RHCS in TORBA in the longer-term is a shift in thinking which prioritises family planning as a means to improved health and development of communities to a similar degree as that which immunisation has achieved in the last 10 years. There is almost universal acknowledgement across Vanuatu of the importance of maintaining stocks of vaccines within a cold chain in order to ensure the long term health and development of children, and yet similar outcomes for households (and young women in particular) from uninterrupted family planning is not equally prioritised. Only through this shift in thinking at the service delivery level will nurses advocate much more strongly for commodities supply, and will make direct requests for emergency supplies in the event of stock-outs.

**Recommendation:** Re-confirmed commitment to RHCS, and reflective action is required at the provincial management and supervisory level, and at the service delivery level which prioritises uninterrupted supply and availability of reproductive health commodities.

**Recommendation:** More structured, documented processes to be established for both submission and follow-up to confirm receipt of drug order forms through consultation with the Northern Provincial Hospital Pharmacy in Santo, and the Provincial Health Manager to ensure drug supplies are ordered and delivered in a timely manner

**Recommendation:** Service providers in TORBA to attend Level 1 Training on Reproductive Health Commodity Medical Supply Chain (or equivalent), and Northern Provincial Hospital Pharmacy and/or Central Medical Stores staff to provide regular, ongoing mentoring and support to establish and maintain more robust systems for strengthened RHCS.

**Recommendation:** Northern Provincial Hospital Pharmacy in Santo to improve stock management processes which limit stock-outs in Santo, and which automatically place any out of stock items on backorder for immediate dispatch to facilities once they arrive.

Currently there is insufficient, long-term coverage of family planning methods throughout TORBA Province. Given that use of IUCDs (which offer 10 years of contraceptive coverage) is limited to Loh Health Centre, and Jadelle (with 5 years of coverage) is yet to be systematically introduced, contraceptive coverage is limited to Depo-Provera (3 months) for those communities which can access a facility, or oral contraceptives, which provide only 1 month of coverage (when used appropriately – noting that many of the clinics are not supplied with enough stocks to provide users with the recommended 3-months supply). Longer-term, uninterrupted contraceptive coverage is further impacted by limited transport infrastructure and resources which prevent regular outreach. Insufficient availability of the emergency contraceptive pill in remote communities further limits women's family planning choices.

**Recommendation:** All midwives and appropriately experienced registered nurses to be trained in IUCD insertion, and insertion of Jadelle implants, and sufficient stocks supplied to increase long-term contraceptive coverage, especially in remote communities which have neither access to facilities, nor regular outreach visits.

**Recommendation:** Improved, uninterrupted supplies of emergency contraceptive pills to be prioritised and provided to all health facilities.

Given the indication from health facility staff that abortion and both gender-based and domestic violence are present throughout TORBA communities, it is essential that facility staff are trained and supported to deliver community awareness and prevention interventions regarding these issues, and to provide suitable services to receive, manage, support and report such cases.

**Recommendation:** In accordance with guidelines and policies being developed at the national level, health facility staff to be trained and supported to deliver community awareness and prevention interventions for gender-based and domestic violence, and to provide suitable services to receive, manage, support and report such cases.

**Recommendation:** Health facility staff to be trained and supported to promote awareness of, and to provide suitable services to receive, manage and support abortion cases, and/or to refer in the event of prolonged complications.

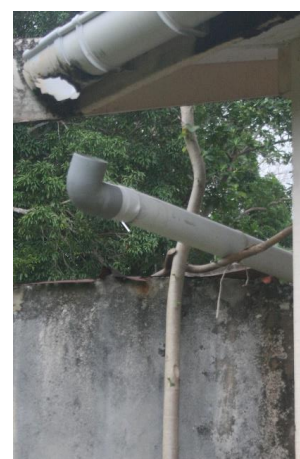
Improvement to the physical infrastructure of buildings at Sarawia and Hanington Dispensaries, and Bemisas Health Centre should be prioritised in order to ensure services are offered to communities in accordance with Ministry of Health service designation.



Damaged ceilings and walls to inpatient ward at Bemisas HC



Damaged roofing and walls leave Sarwia Disp exposed to rain and rodents



Damaged spouts leave no reliable water supply at Sarawia Disp

**Recommendation:** Urgent repairs to roofing, guttering, solar lighting and water supply are required at Sarawia Dispensary. Repairs to ceilings and toilets are required at Bemisas Health Centre and completion of the maternal and child health building at Hanington Dispensary to be attended to as a matter of priority.

**Recommendation:** Insufficient solar lighting, including repair/replacement of batteries, to be addressed as a matter of urgency to ensure safer, after hours deliveries.

Throughout the Ministry of Health, there are currently no human resource management systems or processes which utilise indicators to monitor and assess staff performance towards improved quality of care. This appears to impact considerably on the management of at least one of the facilities visited, and on the quality of service delivery for a number of them, particularly where reproductive health commodities

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were out of stock. Service quality is expected to improve as the Ministry moves towards formalised human resource management systems in the near future.

The lack of regular, comprehensive outreach visits from higher to lower level health facilities within Health Areas and Zones has been discussed in terms of its impact on continuous coverage of contraceptives, but there is also an impact on quality of service delivery as subordinate staff miss out on professional development through face to face contact, mentoring and support from their supervisors. Failure of formal health staff to regularly visit and reinforce family planning education and awareness messages amongst Village Health Workers, for example, will likely result in many communities remaining ignorant of their reproductive health rights, and how to access these.

**Recommendation:** The TORBA Provincial Health Manager and Reproductive Health Supervisor to work with facility managers and their staff to establish resourced schedules for supervisory outreach which are linked to the planned visits of national and provincial public health programs.

**Recommendation:** Provincial Business Plans to include procurement and/or repair of essential transport infrastructure to facilitate regular outreach. This includes immediate repair/replacement of the outboard motor at Loh Health Centre, and procurement of a boat and motor for Mataka Health Centre on Gaua<sup>7</sup>.

Improved coverage of reproductive health and family planning services can be achieved through accurate estimates of target populations for various services. Such information will assist a facility to understand whether it is meeting the reproductive health needs of target populations, and to identify and address service delivery gaps. Similarly, improved, systematic record keeping for family planning users will assist health facility managers to monitor and follow-up on defaulters of family planning services, and streamline monthly reporting processes.

**Recommendation:** Provincial Reproductive Health Supervisor to provide refresher training and support to health facility staff to establish target populations and maintain reproductive health client records in accordance with the processes articulated in the forth-coming revision of the *Evidence-Based Guidelines in Family Planning for Health Workers*.

Limited and non-functioning communications infrastructure in all health facilities in TORBA is counterproductive to the delivery of quality reproductive health services, maintenance of RHCS and provision of safe birthing. The emergence of mobile phone technology in the province in the past 6-7 years has coincided with reduced demand on Ministry of Health authorities to repair non-functioning HF teleradios and landline phones, and the Ministry has failed to address an emerging culture in which staff are expected to use their own mobile phones and credit to facilitate drug ordering, referrals and communication with supervisors. There are no formal provisions in place to refund staff for mobile phone credit used for work, or the cost of recharging the phone at a commercial outlet on remote islands. Unless this is addressed by the Ministry as a matter of urgency, it may remain simply a matter of time before a significant maternal emergency is unable to be averted due to staff having insufficient funds, credit or charge with which to place an emergency distress call to managers and supervisors.

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<sup>7</sup> Personal communication, Nerry Isom, TORBA Provincial Reproductive Health Supervisor, 10<sup>th</sup> June 2015; while this facility was not visited during the Supervisory Visit, this need has been identified as impacting on the Area Supervisor's access to facilities on Gaua and Mere Lava (boat being the only access to the latter).

**Recommendation:** The Ministry of Health to repair/establish and maintain suitable communications infrastructure, or provide financial reimbursement for personal mobile phones used for work purposes as a matter of urgency.

None of the facilities have ever received feedback from their pharmacy orders or from supervisory visits, and as a result fail to learn from, or correct repeated mistakes associated with ordering and service delivery. Similarly, in never receiving evidence or examples of how their HIS data is being used, there is a risk that staff may fail to improve upon mistakes, or simply lose motivation to provide quality, insightful and timely reporting of service delivery information.

**Recommendation:** All supervisory visit reports and Ministry of Health HIS Bulletins to be shared with the TORBA Provincial Health Manager, and copies forwarded to all health facilities as an addition to standard, ongoing operational procedures.



Three Generations of Dysfunctional Communications Infrastructure at Sarawia Disp: Solar-powered HF Radio, TVL public telephone and solar-panels to charge mobile phones (neither working) leave no options for emergency communication

## Conclusion and Recommendations.

A comprehensive Reproductive Health Supervisory Visit of 5/9 operational government health facilities was conducted in TORBA Province from 8<sup>th</sup> – 12<sup>th</sup> June 2015. Baseline data was collected on staffing levels and capacity to deliver quality family planning services, with a particular focus on maintaining RHCS.

Health facility infrastructure (including communications and transport), operational processes, service provision and planning and data management were all reviewed as part of the facility assessments, and have been presented with a view to repeated review in the next 12-18 months to assess service improvement and effectiveness of capacity improvement interventions.

The assessment also included consultation with users of reproductive health services in remote locations of TORBA province to inform the extent to which services are meeting the sexual and reproductive health needs and rights of communities.

Comprehensive, systematic templates were developed for both the facility reviews and the community consultation activities, and are presented in Annexes 2 and 3 respectively.

A detailed analysis of the findings has been presented, from which a number of key recommendations have been highlighted for priority consideration by the TORBA Provincial Health Office and the Ministry



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of Health towards improved quality and coverage of reproductive health service delivery in the province. These recommendations are summaries in the following section.

Annex 4 provides a list of Key Informants from the TORBA Provincial Health Office and health facilities who contributed to the collection of data for this report.

### **Summary of Recommendations.**

1. The Ministry of Health to meet its minimum standards for staff establishment by posting a nurse practitioner, midwife and nurse aide to Bemisas Health Centre to avoid further complaints from community members regarding inadequate staffing and service availability, and to contribute to improved stock, records and data management.
2. TORBA Provincial Health Office to liaise with the Ministry of Health to establish a register of recently-retired nurses and midwives with which to fill temporary, medium-long term vacancies created by staff on maternity or other extended leave, in order to ensure sustainable, uninterrupted reproductive health services (including safe deliveries and family planning).
3. Re-confirmed commitment to RHCS, and reflective action is required at the provincial management and supervisory level, and at the service delivery level which prioritises uninterrupted supply and availability of reproductive health commodities.
4. More structured, documented processes to be established for both submission and follow-up to confirm receipt of drug order forms through consultation with the Northern Provincial Hospital Pharmacy in Santo, and the Provincial Health Manager to ensure drug supplies are ordered and delivered in a timely manner.
5. Service providers in TORBA to attend Level 1 Training on Reproductive Health Commodity Medical Supply Chain (or equivalent), and Northern Provincial Hospital Pharmacy and/or Central Medical Stores staff to provide regular, ongoing mentoring and support to establish and maintain more robust systems for strengthened RHCS.
6. Northern Provincial Hospital Pharmacy in Santo to improve stock management processes which limit stock-outs in Santo, and which automatically place any out of stock items on backorder for immediate dispatch to facilities once they arrive.
7. All midwives and appropriately experienced registered nurses to be trained in IUCD insertion, and insertion of Jadelle implants, and sufficient stocks supplied to increase long-term contraceptive coverage, especially in remote communities which have neither access to facilities, nor regular outreach visits.
8. Improved, uninterrupted supplies of emergency contraceptive pills to be prioritised and provided to all health facilities.
9. In accordance with guidelines and policies being developed at the national level, health facility staff to be trained and supported to deliver community awareness and prevention interventions for gender-based and domestic violence, and to provide suitable services to receive, manage, support and report such cases.
10. Health facility staff to be trained and supported to promote awareness of, and to provide suitable services to receive, manage and support abortion cases, and/or to refer in the event of prolonged complications.

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11. Urgent repairs to roofing, guttering, solar lighting and water supply are required at Sarawia Dispensary. Repairs to ceilings and toilets are required at Bemisas Health Centre and completion of the maternal and child health building at Hanington Dispensary to be attended to as a matter of priority.
  12. Insufficient solar lighting, including repair/replacement of batteries, to be addressed as a matter of urgency to ensure safer, after hours deliveries.
  13. The TORBA Provincial Health Manager and Reproductive Health Supervisor to work with facility managers and their staff to establish resourced schedules for supervisory outreach which are linked to the planned visits of national and provincial public health programs.
  14. Provincial Business Plans to include procurement and/or repair of essential transport infrastructure to facilitate regular outreach. This includes immediate repair/replacement of the outboard motor at Loh Health Centre, and procurement of a boat and motor for Mataka Health Centre on Gaua.
  15. Provincial Reproductive Health Supervisor to provide refresher training and support to health facility staff to establish target populations and maintain reproductive health client records in accordance with the processes articulated in the forth-coming revision of the *Evidence-Based Guidelines in Family Planning for Health Workers*.
  16. The Ministry of Health to repair/establish and maintain suitable communications infrastructure, or provide financial reimbursement for personal mobile phones used for work purposes as a matter of urgency.
  17. All supervisory visit reports and Ministry of Health HIS Bulletins to be shared with the TORBA Provincial Health Manager, and copies forwarded to all health facilities as an addition to standard, ongoing operational procedures.

## Annex 1:

# TERMS OF REFERENCE

## Reproductive Health Supervisory Visit, TORBA Province

### Background

In June 2014, the Acting Prime Minister Loughman launched the UNDP Millennium Acceleration Framework (MAF) on MDG Target 5B, “Universal access to reproductive health”. A MAF Coordinator was recruited to roll-out the Programme’s implementation, and in November 2014, the Vanuatu Reproductive Health Consultant was recruited to meet 8 key deliverables as part of the MAF’s reproductive health component:

TOR Objectives	Agreed deliverables	Status/Progress
<b>Objective 1:</b> Conduct SRHR needs assessment	Source all reports from Apisai Tokon. Identify additional resources from Lorna Rolls and Dr Nin (UNFPA). Identify gaps and establish tools for collection and verification. Source UNFPA data collection and reporting templates. Conduct consultation in 6 provinces. Deliver SRHR Needs Assessment.	Completed
<b>Objective 2:</b> Coordinate RH Policy consultation to finalize policy document	Revised policy to be informed by SRHR needs assessment. Provincial implementation strategies developed through consultation in each province (in conjunction with Deliverable 1).	Planned for Q3
<b>Objective 3:</b> Facilitate provincial midwifery training	Development of an agreed schedule and resourcing for 2015.	Submitted, awaiting approval.
<b>Objective 4:</b> Facilitate Jadelle training and review of the Family Planning Evidence Based Guidelines for print/distribution	To seek electronic copy of guidelines from Lorna Rolls (UNFPA). Consultant to facilitate review and endorsement from RMNCAH Committee. Consultant to follow-up and ensure delivery of printed guidelines ahead of midwifery training.	Submitted, awaiting approval.
<b>Objective 5:</b> In collaboration with WHO’s investment in HIS, strengthen data collection for RH indicators through development of a RH data dashboard	Consultant to seek clarity from UNJPO re: RH Dashboard Format. To engage with HIS to identify data gaps. To present an options paper for establishment of mechanisms for collection of data gaps for consideration by the Program.	Commenced
<b>Objective 6:</b> Support Village Health Workers to raise FP and RH awareness to households and community groups in 6 provinces (in 2015)	Meeting with VHW Program to establish process. Training developed, scheduled and supported.	Submitted, awaiting approval.



<b>TOR Objectives</b>	<b>Agreed deliverables</b>	<b>Status/Progress</b>
<b>Objective 7:</b> Facilitate provincial RH supervisory visits to introduce FP tools and monitor delivery of services	Consultant to work with Apisai Tokon to confirm supervisory processes and tools. To engage provincial health services in establishment of annual supervisory support visits to clinics. Structured and resourced supervisory support schedule.	As per this TOR
<b>Objective 8:</b> Provide secretariat support to the National RH Committee meetings	Consultant to support and participate in all meetings. To support planning and budgeting of resources for meetings in 2015.	Ongoing

In accordance with Deliverable 7, and upon consultation with the National Reproductive Health Coordinator (Ministry of Health), the MAF Coordinator and Vanuatu Reproductive Health Consultant will visit the Banks Islands Group (TORBA Province) to conduct a Reproductive Health Supervisory Visit, and to undertake some initial consultations of service-users to inform the revision of the National Reproductive Health Policy (Deliverable 2).

Verification of completion of this activity as per the TOR of the Vanuatu Reproductive Health Consultant.

#### **TOR Objectives:**

1. To conduct a supervisory visit to the Banks Islands Group to determine baseline capacity of reproductive health staff and facilities in regards to RHCS and other reproductive health issues.

The visit will cover most formal health facilities on the islands of Vanualava, Mota and Motalava. Data from the Dispensary at Loh (Torres Islands Group) will be collected during the Reproductive Health Nurse's visit to Port Vila during the previous week.

2. To develop a profile template to guide the assessment, including assessment of Reproductive Health Commodities Security (RHCS), service utilization (generally) and capacity and delivery of youth-friendly sexual and reproductive health services (as informed by the MAF Expert Working Group).
3. To hold consultations with sexual and reproductive health service users, providers and managers to inform initial preparation of the revised National Reproductive Health Policy (Deliverable 2, and in accordance with recommendations from the Vanuatu SRHR Needs Assessment Report - Deliverable 1).

#### **Activity Personnel:**

Vanuatu Reproductive Health Consultant  
Provincial Health Manager (TORBA)  
Provincial Reproductive Health Supervisor (TORBA)

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**Proposed Timing:**

8<sup>th</sup> – 12<sup>th</sup> June 2015.

TORBA schedule			
Date	Travel	Activities	Sleep
Mon 8 <sup>th</sup> June	Vila – Santo – Sola	Consultant arrive pm Meet PHM for debrief and confirm arrangements	Sola
Tues 9 <sup>th</sup> June	Sola – Hanington Disp - Sola	Disp visit and consultation. PHM, Consultant by boat/walk	Sola
Wed 10 <sup>th</sup> June	Sola –Motalava	Am: review Qatveas HC	Motalava
		Pm: RH Supervisor, Santo – Sola PHM, RH Supervisor, Consultant to Motalava by boat	
Thurs 11 <sup>th</sup> June	Motalava – Mota	Pm: Henry, Nerry, Chris to Mota by boat	Sola
		Mota: R/v Disp and consultation. PHM, RH Supervisor, Consultant to Sola by boat	
Fri 12 <sup>th</sup> June	Sola – Santo	RH Supervisor, Consultant depart Sola	

## Annex 2:

### Template for TORBA Reproductive Health Supervisory Visit June 2015

1. Name of Facility:			Date:			
2. Province/Island:						
3. Supervisor Name:			Signature:			
<b>Health Facility Staff</b>						
<b>Staff Grade</b>		<b>Name/s</b>	<b>Numbers</b>	<b>Present</b>	<b>Absent</b>	
4.1	Nurse Practitioner					
4.2	Registered Nurse					
4.3	Nurse					
4.4	Nurse Aid					
4.5	Other					
<b>Availability of Services and RHCs</b>						
		Yes	No	If referred, where to? Comments?		
5.1	Contraceptive services (FP)					
5.2	Provision of RHCs incl. life saving medicines (see next page)					
	Prevention and management of STI					
	Maternal (ANC) and newborn care					
	Prevention of unsafe abortion and management of post-abortion care					
5.3	Youth Friendly Services					
5.4	IMCI					
5.5	Prevention and management (counselling) of gender-based violence					
<b>Dispensary</b>						
		Yes	No	Commentary		
9.1	Are there expired medicines on the shelves?					
9.2	Are the drugs arranged logically?					
9.3	What information is written on the label of the dispensed medicine? <b>(Observe)</b>					
9.4	Do they counsel patients on the use of medicines? <b>(Observe)</b>					

## 5.2:

Type	Name	In stock	Last 3 months (use Tracers)	If no, reason? Other comments
OCs	Microgynon			
	Microlut			
Injectables	Depo-Provera			
Implants	Jadelle			
IUCD				
Condoms	male			
	female			
Emergency Contraceptives				
<b>Life saving maternal/ RH medicines</b>				
Oxytocin Inj				
Misoprostil tabs				
Magnesium Sulphate Inj				
<b>Antibiotics</b>				
Gentamicin Inj				
Metronidazole inj				
Cystalline Penicillin Inj				
<b>Antenatal corticosteroids:</b>				
Hydrocortisone inj				
Prednisolone inj				
Chlorhexidine				
Resuscitation devices				

Physical Infrastructure				
		Yes	No	Commentary
6.1	Physical State of the Building			
6.2	Cleanliness of rooms			
6.3	Water Supply			
	Power supply and type (lighting?)			
6.4	Sanitation			
6.5	Ventilation			
6.6	Functional Fridge/Cold Chain			
6.7	Storage Space			
6.8	Equipment Inventory checked in last 6 months			
6.9	Other Observations of physical infrastructure			
Staff Management				
		Yes	No	Commentary
7.1	Do staffs have a written contract?			
7.2	Do staffs have a clear and detailed job description?			
7.3	Do staffs have annual appraisals?			
7.4	Are there clear opening hours?			
7.5	Are there staff performance indicators?			
7.6	Are there treatment guidelines available?			
7.7	Number of supervisory visits in last year from:			
	Central medical stores			
	RH Supervisor			
	Area Nurse Supervisor			
Records and Information Management				
8.1 STOCKCARDS		Yes	No	Commentary
8.11	Are there stock card for each item in the facility?			
8.12	Is all information on the stockcard current and correct?			
8.13	Are stockcards kept with the item on the shelf?			

8.14	Is Information recorded when stock moves including stock takes			
8.15	Does balance of the stockcard match the actual stock on the shelf			
8.16	Is stocktake done at regular intervals? How often			
<b>8.2 ORDER FORMS (RHCS)</b>		<b>Yes</b>	<b>No</b>	<b>Commentary</b>
8.21	Are the order forms used to order medicines?			
	What is the process for ordering Essential Meds (incl RHCs)? Who, how often, logistics etc			
8.22	How often are orders placed?			
8.23	Are copies of the order form filed properly?			
8.24	How long does it take to receive orders?			
8.25	Is stock take done before an order is placed?			
8.26	Is any formula used for ordering?			
8.27	Are staffs aware of Average Monthly Consumption (AMC) of medicines kept at the facility?			
8.28	Are any emergency orders placed? How often?			
<b>Communication &amp;Transport</b>				
10.1	How are orders for medicines sent?			
10.2	How are orders for medicines received?			
10.3	How do patients access the facility?			
10.4	How are referral patients transported?			
		<b>Yes</b>	<b>No</b>	<b>Commentary</b>
10.5	Is there a computer in the facility?			
10.6	Is there internet connection?			
10.7	Is there a functioning phone/fax?			

	Are staff provided with refund for phone credit?			
	Are staff sms literate (suitable for potential reporting and for communicating to managers)?			
8.31	What RH records are kept? Total and Target Pops FP records (Tickler or other)? Monthly HIS?			
	Are these easily accessible?			
8.32	Is a daily register/tally sheet used for recording?			
8.33	Is data being collated on a regular basis (how often)?			
8.34	Are there designated persons responsible for completing the daily register/tally sheet (who)?			
8.35	Is CPR calculated?			
8.36	Other observations			
	What is process for reporting maternal/neonatal deaths?			
<b>Feedback</b>				
		<b>Yes</b>	<b>No</b>	<b>Commentary</b>
11.1	Is there any written feedback received from the monthly data submitted			
11.2	Is there any written feedback received from the central medical stores/pharmacy regarding ordering & usage?			
11.3	Are out of stock medicines put on backorder?			
11.4	Is there any follow-up after supervisory visits			

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**Key Observations**

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**Actions to be Taken**

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## Annex 3:

### FGD Guides for Reproductive Health Service Users

Location:			
Health Facility Name:			Date:
No. Respondents:	Gender: F / M		Age range:
Have children?:	#No:	#Yes:	If Yes, how many?:
How many times would you have visited this Health Centre/Dispensary in the last year?			
1	2-3	4-5	6+
What are some of the types of services that are offered in this Health Centre/Dispensary?			
What do you like about visiting this Health Centre/Dispensary?			
What is it that you don't like about visiting this Health Centre/Dispensary?			

What would you like to be done to the Health Centre/Dispensary which would make your visits more enjoyable/useful/effective?				
What are some of the specific health needs of different people in your area?		Needs met by clinic (Y/N)	If No, where do people seek care?	
Women:				
Men:				
Pikinini:				
Young people:	F			
	M			
What do you think about Family Planning? Why?				

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<b>Are these views shared by everyone in your community? (please explain)</b>	
<b>Women:</b>	<b>Y / N</b>
<b>Men:</b>	<b>Y / N</b>
<b>Leaders:</b>	<b>Y / N</b>
<b>Young people:</b>	<b>Y / N</b>

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## Annex 4: List of Key Informants

Name	Title
Henry Wetul	Acting Provincial Health Manager, TORBA
Nerry Isom	Provincial Reproductive Health Supervisor, TORBA
Luke Weul	Provincial HIS Officer, TORBA
Zeboulon Moipitven	Nurse Practitioner, Loh Health Centre, Torres
Douglas Wilson	Nurse Practitioner, Qatvaes Health Centre, Vanualava
Johnny Din	Pharmacy Storeman, Qatvaes Health Centre, Vanualava
Charles Womel	Boat Driver, Qatvaes Health Centre, Vanualava
Ellian Sale	Midwife/Nurse In Charge, Hanington Dispensary, Vureas Bay, Vanualava
Clancy Golow	Nurse Aide, Hanington Dispensary, Vureas Bay, Vanualava
Roy Williams	Registered Nurse (In Charge), Bemisas Health Centre, Motalava
Howard Lonsdale	TB and Malaria Microscopist, Bemisas Health Centre, Motalava
Priscilla Bae	Registered Nurse (In Charge), Sarawia Dispensary, Mota
Jonas Wilkins	Nurse Aide, Sarawia Dispensary, Mota