
Training Plans and Schedules: Reproductive Health, Family Planning and Maternal and Child Health for midwives, nurses and Village Health Workers.

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Abbreviations.

AIDS	Acquired Immune Deficiency Syndrome
APSP	Association Partage Sante Pacifique
DFAT	Department of Foreign Affairs and Trade (Australian Government)
HIV	Human Immunodeficiency Virus
HSS	Vanuatu Health Sector Strategy 2010-2016
ICM	International Confederation of Midwifery
IUCD	Intrauterine contraceptive device
MAF	Millennium Development Goals Acceleration Framework
NRHU	National Reproductive Health Unit
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
TBC	To be confirmed
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCNE	Vanuatu College of Nursing Education
VHTI	Vanuatu Health Training Institute
VNSO	Vanuatu National Statistics Office
VQA	Vanuatu Qualifications Authority
VHW	Village Health Worker
VHWP	Village Health Worker Program
WHO	World Health Organization

Introduction.

The following document has been prepared for the Vanuatu Ministry of Health to identify planned training activities in relation to reproductive health, family planning and maternal and newborn care in 2015.

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

Part 1 of this document focuses on training of, and for midwives and registered nurses, which is inclusive of formal midwifery training, and annual refresher training in midwifery, emergency obstetric care and resuscitation for newborns.

This section is presented in fulfilment of the Vanuatu Reproductive Health Consultant's ***Deliverable 3: Provincial midwifery training planned and scheduled for selected provinces.***

Part 2 outlines training plans and content for Village Health Workers in regards to improving the quality and output of reproductive health and family planning activities such as information dissemination and awareness raising for available services, and appropriate, informed referral to services within Dispensaries, Health Centres and Hospitals.

This section is presented in fulfilment of the Vanuatu Reproductive Health Consultant's ***Deliverable 6: Village Health Worker awareness raising for reproductive health and family planning planned and scheduled.***

Part 1:

Midwifery and emergency obstetric care for nurses.

Formal midwifery training in Vanuatu.

History: Prior to Independence in 1980, midwifery training was delivered separately through the French and English health systems. At Independence, these were brought together, and the joint French and English training program continued until 1984, when the Vanuatu College of Nursing Education (VCNE)¹ became the exclusive provider of midwifery training. This was delivered in Port Vila, and later a VCNE sub-centre was established in Luganville on Espiritu Santo, facilitating delivery of midwifery training from both locations.

In 2009, the sub-centre in Santo separated from VCNE, and became the Vanuatu Health Training Institute (VHTI)². At that time, the Ministry of Health, faced with limited financial and human resources for delivering training from two locations, directed that the post-basic nursing training (comprising midwifery and nurse practitioner training) be delivered from VHTI, reportedly to promote a rural-focused training experience aligned with meeting the maternal and newborn health needs of the 75.6% of the population which dwell in rural areas³.

Midwifery and Nurse Practitioner Training⁴ was delivered by VHTI for three years (comprising two student intakes), utilising the Institute's newly-developed training program. However, because VHTI was not registered (nor gained accreditation) with the Vanuatu National Training Council (VNTC – now Vanuatu Qualifications Authority – VQA), the training was not recognised and graduates were unable to be registered as Midwives and/or Nurse Practitioners for some time (this was later rectified and graduates were approved for registration)⁵.

The training at VHTI was discontinued in early 2013, and no formal, pre-service midwifery training has since been delivered in Vanuatu. During that year, VCNE was informed by the Ministry of Health that it would deliver midwifery training from 2014, however financial constraints within the Ministry in 2014 resulted in plans for the commencement of training being further delayed until 2015.

In the meantime, VCNE was informed by VQA in 2014 that it must undergo re-accreditation to ensure it met strengthened standards for quality management systems (QMS). All accreditation documentation was submitted to VQA in late 2014, and VCNE is expecting to be re-accredited early in 2015. Once accredited, VCNE will be legally authorised to provide midwifery and nurse practitioner training. There is funding allocated from the Australian Government's Department of Foreign Affairs and Trade (DFAT) and UNFPA to run midwifery training in Port Vila for 10-14 students in 2015, however a significant budget shortfall within the Ministry of Health to pay for students' housing and living allowances places some doubt as to whether midwifery training can be delivered in 2015⁶.

¹ Note: also sometimes referred to as the 'Vanuatu Centre for Nursing Education'.

² WHO, 2013; *Human Resources for Health Country Profiles: Republic of Vanuatu*; Geneva; WHO, University of New South Wales, Human Resources for Health Knowledge Hub.

³ VNSO, 2009; *National Population and Housing Census: Basic Tables Report, Volume 1*; Port Vila, Government of Vanuatu.

⁴ Note: for a number of years it was possible for trained nurses to be registered as both midwives and nurse practitioners. Those with this dual qualification become known as Advanced Nurse Practitioners.

⁵ Personal communication; Christine Jackson, VCNE; 26th November 2014.

⁶ Ibid.

Training need: A strategic priority for the Ministry of Health within its commitment to Sexual and Reproductive Health and Rights (SRHR) is to facilitate increased coverage of skilled attendants at births through improved training, coverage and supervision of qualified midwives. In Vanuatu, a skilled birth attendant is a trained doctor, midwife or registered nurse (although in practice few doctors are engaged for uncomplicated deliveries), and the *Vanuatu Health Sector Strategy 2010-2016* (HSS) articulates a 2016 target of 90.0% of births being attendant by one of these⁷.

Current coverage estimates of skilled birth attendants at deliveries (86.8% of urban births and 71.6% of those in rural areas) remain below the strategic target⁸, and this has likely reduced further since Vila Central Hospital lost 13% of its midwifery workforce when the contracts of a temporary cohort of Solomon Islands nurses came to an end in late 2014.

Based on the number of shifts and hours worked by midwives to meet demand in Vanuatu's hospitals, and the Ministry of Health's human resource establishment of one midwife to be stationed in each Health Centre, the estimated number of midwives required to meet the target national coverage of skilled birth attendants is 68-75. To reach this requirement, there is an urgent need to commence midwifery training as soon as possible in 2015, and to continue annual intakes until the necessary workforce of skilled birth attendants is met.

Midwifery training: VCNE's midwifery training is offered to registered nurses with a minimum of five years' experience, and to date this has comprised a 12-month residential course based in Port Vila or Luganville, with supervised clinical attachments in either the Vila Central Hospital or Northern District Hospital, and in the students' home province.

Plans are currently underway to upgrade the national midwifery training to an 18-month, theory and clinic-based training to fully comply with VQA's 2015 quality framework, and in accordance with recommendations of the International Confederation of Midwifery (ICM). VCNE is in the process of submitting curriculum documentation and resources to VQA as part of its 'Intention to Accredite', and is anticipating the first intake of students under the new course structure to commence late in 2015.

The curriculum conforms to both the ICM recommendations for key competencies, and WHO technical resources for maternal and newborn care. Furthermore, in line with the Ministry of Health's commitment to Primary Health Care and rural-based health service delivery, the midwifery curriculum carries a strong Primary Health Care component.

The content of the 12 month midwifery course is summarised in Table 1.1 below:

⁷ Government of Vanuatu, 2010; *Health Sector Strategy 2010-2016: Moving Health Forward*; Port Vila; Government of Vanuatu.

⁸ UNICEF 2013; *Vanuatu Statistics*; www.unicef.org/infobycountry/vanuatu_statistics.html; accessed 8th January 2015.

Table1.1: Content outline for refresher Emergency Obstetric and Up-Skilling Training Workshops.

Units/Modules	Detail
Professional Frameworks	Midwifery knowledge; Underpinnings; Ethics; Global context of midwifery
Reproductive Health	To include Anatomy and Physiology
Antenatal Care	Competence in antenatal care and guidelines
Normal Birth	Understanding of normal process of labour, birthing, suturing and immediate newborn care
Abnormal Obstetrics	Understanding and attending obstetric emergencies competently – (incl. EMONC training)
Newborn Care	Competence in all newborn care and neonatal conditions
Postnatal Care	Including a lactation paper and Baby Friendly Hospital Initiative (BFHI)
Midwifery Research	Methods of research and interpreting Health Research
Primary Health Care	Family Planning, cervical screening
Leadership and Management Skills	Basic excel, data analysis , time management, partnership models,

Budget and resourcing: VCNE budgets the cost of midwifery training at VUV 2.3 million/student for eighteen months, comprising approximately VUV 360,000 for student tuition, training costs (inclusive of provincial clinical placements and supervision) and mobilisation, and approximately VUV 1.9 million for the students' Daily Subsistence Allowance (which covers accommodation and living expenses).

VCNE currently has allocated funds to cover student tuition, training costs and mobilisation for fourteen students to commence in 2015, however allocation for the students' Daily Subsistence Allowance has yet to be confirmed by the Ministry of Health (which is responsible for meeting this expense). In summary, a budgetary shortfall of VUV 27.4 million exists to support training of a new intake of midwifery students for eighteen months.

From the perspective of a health system-wide approach to workforce capacity development, it is preferred that the next intake of midwifery students be a complete complement, comprising two students from each province, and a further two from the Vila Central Hospital (totalling fourteen midwifery students). However, if the budgetary shortfall described cannot be met, it may be possible to train six-eight new midwives from a cohort of nurses based in Port Vila using the funds currently allocated.

This option would enable the Ministry of Health to proactively address its midwifery workforce shortage at the Vila Central Hospital (that is, the location of highest need - based on a ratio of the number of midwives per deliveries), while it works towards securing a budget to cover Daily Subsistence Allowance for provincially-based midwifery students in a second formal intake in 2016 or 2017.

Recommendation: Planning for delivery of midwifery training in 2015 (including selection and approval of students) to be undertaken to ensure immediate commencement upon VCNE's re-accreditation with VQA.

Recommendation: In the absence of sufficient budget to support provincially-based midwifery students' Daily Subsistence Allowance, the Ministry of Health to consider commencing midwifery training for Vila Central Hospital-based students in 2015.

Recommendation: Government and donor resources to be secured to support training costs, transport, accommodation and living allowances for two intakes of midwifery students over the next three years.

Annual refresher training for midwives.

Training need: The Ministry of Health and VCNE are committed to maintaining and refreshing skills of existing nurses and midwives at the provincial and community levels. In accordance with ICM guidelines for core competencies in midwifery and emergency obstetric care, refresher training aims to ensure that every midwife (or registered nurse working in a maternal and newborn health care setting) receives training in emergency obstetric care at least every two years, and neonatal resuscitation each year.

Refresher training: Annual refresher Emergency Obstetric Training (inclusive of neonatal resuscitation) is offered in specific, rural locations each year, to which as many midwives and registered nurses as possible are brought together from the surrounding area for the four-day program. The refresher training is based on an internationally-recognised Emergency Obstetric and Newborn Care (EmONC) training package, tailored for specific care and service needs in Vanuatu (informed by local maternal, newborn and child health data). The Emergency Obstetric Training program also has the capacity to consult with communities, health personnel and midwives to identify and address specific competency and training needs.

For example, during recent midwifery refresher training on Pentecost (PENAMA Province) VCNE arranged a community-consultation with Traditional Birth Attendants to hear what support they wanted/needed. Participants welcomed the opportunity to communicate that they were happy to refer, rather than to deliver births in most cases, but would welcome some training to respond to maternal emergencies when they inevitably occur. Similarly, training held on Pentecost and Vanualava (TORBA Province) included sessions on collection and reporting of maternal, newborn and child health data in line with the Health Information System, and Primary Health Care-focused discussions with communities and other health programs to facilitate increased community engagement for maternal and newborn health.

Refresher Emergency Obstetric and Up-Skilling Training is conducted in provincial areas by both VCNE and Association Partage Sante Pacifique (APSP), a New Caledonia-based non-government organisation (see pull-out box). The two organisations coordinate to identify training sites and develop schedules based on identified need (as reflected in maternal, newborn and child health data), and together plan training activities to achieve the most comprehensive coverage of training across the country as resources allow.

Association Partage Sante Pacifique - Pacific Health Exchange Association (APSP).

APSP is a New Caledonia-based, non-government organisation providing assistance to Vanuatu for improved maternal and newborn health. This assistance, mostly in the form of supervision and skills development for midwives and reproductive health nurses, has been operating in Vanuatu since 2008, through training for nurses in MALAMPA, SANMA, SHEFA and TAFEA Provinces.

APSP operates in Vanuatu under a Memorandum of Understanding with the Ministry of Health. Its activities in Vanuatu are funded through a grant from the New Caledonia Corporation.

Table 1.2 provides an outline of the core components of VCNE's and APSP's refresher Emergency Obstetric and Up-Skilling Training Workshops. As with the formal midwifery training curriculum, the refresher training has been developed to facilitate key competencies for midwives in accordance with ICM and WHO recommendations for emergency obstetric and newborn care.

Table 1.2: Content outline for refresher Emergency Obstetric and Up-Skilling Training Workshops.

Day	Topic	Detail
1	Infection control.	
	History taking.	Completing an antenatal card (practical).
	Risk Assessment.	What is risk?; Health Information System definitions.
	Referral guidelines: when/what to refer.	Documentation; when to transfer; barriers and challenges.
	Data collecting and reporting.	
2	First Stage of Labour and Partogram.	Why use a Partogram; rules for use; how to fill sections (practical).
	Three delays.	
	Pre-eclampsia.	
	Second stage of Labour.	Labour dystocia; Obstructed labour; Malpresentation - Breech/Shoulder dystocia (practical).
	Post-Partum Haemorrhage (PPH) management.	Discuss, demonstrate skills.
3	Neonatal resuscitation.	(practical with mannequins).
	The Newborn.	Prematurity; Kangaroo Mother Care (KMC); breastfeeding.
	Immunisation.	Cold chain management.
4	Engaging the community.	Knowing your population; Primary Health Care; data collection (data reporting templates); Maternal Death Template; challenges/barriers.
	Additional sessions.	Based on locally-identified needs (eg: data collection and reporting; supporting traditional birth attendants).

Budget and resourcing: VCNE's provincial training activities are supported by DFAT, enabling the provision of four provincial refresher Emergency Obstetric and Up-Skilling Training Workshops to be delivered in 2015. APSP's activities, funded through a grant from the New Caledonia Corporation, will see three training workshops provided in 2015. A tentative schedule for this training is presented in Table 1.3 (see also Appendix 1). Together the two organisations will deliver emergency obstetric and newborn resuscitation refresher training to over 100 midwives and registered nurses in 2015.

Table 1.3: Tentative schedule for refresher Emergency Obstetric and Up-Skilling Training Workshops for midwives in 2015.

Quarter	Province	Likely location	Organisation
1	SHEFA	Port Vila	APSP
	TORBA	Gaua	VCNE
2	SHEFA	Shepherd Islands	VCNE
	MALAMPA	Norsup, Malekula	APSP
3	PENAMA	Maewo or Ambae (TBC)	VCNE
4	PENAMA or TAFEA (TBC)	Pentecost or Tanna	APSP
	TAFEA (TBC)	Tanna	VCNE

The current, planned schedule for 2015 does not provide for refresher training to be conducted in SANMA province, nor on all, largely-populated islands of MALAMPA and PENAMA.

Recommendation: National Reproductive Health Unit to engage with VCNE to schedule two additional refresher Emergency Obstetric and Up-Skilling Training Workshops in SANMA and one other location with funds sourced from UNDP's Millennium Development Goals Acceleration Framework Program (MAF).

It should be noted that VCNE's capacity to deliver provincial refresher training for midwives is dependent on whether formal midwifery training is being conducted. The teaching staff comprise two trained midwives only, and although student supervisory support is provided by APSP volunteers (both in Vila Central Hospital and at the provincial level), it is difficult for VCNE to conduct provincial refresher training and formal midwifery training concurrently. The provision of refresher training in the latter half of 2015 may therefore be impacted should formal midwifery training commence during the year.

Part 2:

Reproductive health and family planning awareness for Village Health Workers.

For the past thirty years, the Ministry of Health's Village Health Worker Program has been delivering basic clinical and preventative health services to rural communities across Vanuatu. Operating out of community owned Aid Posts, Village Health Workers are volunteers who have been selected by their communities to undergo a 10 week training course, and who provide their communities with access to basic, essential medicines and clinical care. They also act as community mobilisers for disease prevention and promotion of health and wellbeing.

The Village Health Worker Program is overseen by the Ministry of Health, resourced through DFAT and implemented (under contract to the Ministry) by Save the Children. This essential component of the nation's commitment to improved Primary Health Care seeks to ease the service and resource burden on higher-level health facilities (Dispensaries, Health Centres and Hospitals) by preventing disease through community action, by dealing with basic health conditions and by fostering informed, timely referral for more complex health conditions where indicated.

Training need: Services provided by Village Health Workers are commensurate with their level of training and available resources. In regards to SRHR and services, Village Health Workers are not required to deliver comprehensive antenatal and newborn care, nor are they expected to deliver babies. They are not trained to administer and monitor family planning commodities, and their level of education and available resources do not support complex pharmacological management of sexually transmitted infections (STIs). However Village Health Workers do play a key role in ensuring communities have access to correct and consistent information about sexual and reproductive health, and family planning in particular. They are trained and resourced to facilitate prevention of, and to deliver basic syndromic management for STIs and most importantly, they are trained and supported to ensure timely referral to higher-level health facilities for antenatal care, for access to modern family planning methods and for management of complicated or unresponsive STIs.

In a recent SRHR Needs Assessment of all 214 operating Aid Posts across the country, only 95 (44.3%) were identified by Provincial Health Managers and Reproductive Health Supervisors as providing the minimum level of sexual and reproductive health (including family planning) services⁹, namely:

- Information about, and referral for family planning services (including referral for the emergency contraceptive pill).
- Awareness and prevention of STIs (including distribution of condoms).
- Information on parenting of newborns (for new parents) and breastfeeding, and referral for antenatal care.
- Awareness and prevention of gender-based and sexual violence, and referral for same.

It is unclear whether these low figures for provision of basic sexual and reproductive health services represent insufficient output from Village Health Workers, or perhaps simply a lack of awareness amongst provincial health managers of the activities of Village Health Workers (most likely as a result of poor

⁹ Hagarty C, 2015; *Sexual and Reproductive Health and Rights Needs Assessment: Vanuatu*; Port Vila; Ministry of Health.

activity reporting rates from Aid Posts to the provincial level¹⁰¹¹, or insufficient supervisory visits from provincial managers in recent years). The magnitude of the figures suggest that both factors may be relevant, and as such it is essential for improved access to SRHR that Village Health Workers are provided with training and support to increase their knowledge and awareness of sexual and reproductive health and family planning services, and to facilitate increased, appropriate referral for antenatal care and reproductive health services.

Village Health Worker training: Village Health Workers receive 10 weeks of Pre-Service Training before they are certified for practice. This training consists of eight weeks of theory and two weeks of supervised clinical practice, with the former comprising 24 technical modules (currently under review and revision to conform with VQA accreditation requirements with the intention of moving Village Health Workers towards formal qualification in future). One of these modules, entitled Family Health/Reproductive Health provides a detailed overview of the female and male reproductive systems, basic maternal and newborn care, family planning and information about prevention of STIs. Table 2.1 provides an outline of the topics covered under this module.

Table 2.1: Content outline for Village Health Worker Program training module, Family Health/Reproductive Health.

Topic	Detail
Conception, birth and care of the newborn.	Female and male reproductive systems.
	Fertility, menstruation and conception.
	Pregnancy; normal and danger signs; education for expecting mothers; referral for antenatal care.
	Birth: basic information for emergency; umbilical cord management and care; placenta management.
	Postnatal care; mother; newborn.
	Awareness and messaging for antenatal care.
Family Planning.	Why family planning is important.
	How does family planning work?
	Family planning and SRHR.
	Awareness and messaging for family planning.
	Methods: oral contraceptives; IUCD; tubal ligation; vasectomy; condoms; non-modern and custom methods.
STIs.	What are STIs?; types; signs; symptoms.
	Implications of STIs: short- and long-term.
	Treatment.
	Prevention.
	Awareness and messaging for STIs.
HIV and AIDS.	What are HIV and AIDS?
	Modes of transmission.
	Treatment and prevention.
	Awareness and messaging for HIV and AIDS.
Nutrition.	Optimal and inappropriate nutrition for pregnancy, mothers and babies.
	Awareness and messaging for antenatal nutrition.
	Awareness and messaging for breastfeeding mothers.
	Awareness and messaging for parents of newborns.
Growth monitoring and immunisation.	Slow growth and stunting.
	Awareness and messaging for parents of children with slow growth.
	Immunisation advice.

¹⁰ Health Information Unit, 2014; *Health Information Unit Bulletin, July 2014*; Port Vila; Ministry of Health

¹¹ Personal communication; Michael Buttsworth, Health Information Systems Technical Officer, WHO; September 2013.

In addition to Pre-Service Training (which is scheduled for Quarter 3 in 2015 – see Appendix 1), the Village Health Worker Program is committed to updating and maintaining the skills, knowledge and quality of practice of Village Health Workers through regular, two-week In-Service (refresher) Training. This is usually conducted within provinces, bringing together 15-20 Village Health Workers from the local area to refresh and update knowledge of specific areas of practice based on identified needs within that province. Topics identified for inclusion in a given In-Service Training activity are sourced from the Village Health Worker Pre-Service Training curriculum, and presented by Program staff and provincial managers from other public health and clinical programs.

In addition to In-Service Training, the Village Health Worker Program will introduce a new activity in its two priority provinces (PENAMA and SANMA) in 2015, in which Village Health Workers will join with their Health Zone Supervisors, staff representatives from any Dispensaries in their Health Zone and potentially the Provincial Reproductive Health Supervisor. These week-long, Health Zone Meetings will take place in three Health Zones in each province during 2015, and will seek to strengthen the referral system through dialogue and planning, improve Health Information System reporting rates and improve quality of care through clinical case reviews and appropriate refresher training sessions.

In this new implementation phase of the Village Health Worker Program (2014-2016), a commitment has been made to ensuring all existing Village Health Workers from the priority provinces of PENAMA and SANMA receive programmatic contact each year (2015 and 2016), either through Health Zone Meetings, In-Service (refresher) Training and/or supervisory visits.

In all other provinces, half of the Village Health Workers will receive programmatic contact in a given year, either through In-Service (refresher) Training and/or supervisory visits.

Health Zone Meetings in PENAMA and SANMA in 2015 are scheduled to take place during Quarters 2-4 (that is, one meeting in each quarter, in each province). In-Service Training for all provinces in 2015 is scheduled to take place late in Quarter 2, and early in Quarter 3 (see Appendix 1).

Budget and resourcing: While In-Service Training activities and learning resources are provided for under the DFAT-funded Village Health Worker Program, in practice resources are stretched to facilitate travel, accommodation, catering and venue costs, and there is rarely additional resourcing available for development and dissemination of innovative learning aids and communication materials which can be used by Village Health Workers at the community level.

An opportunity exists for the National Reproductive Health Unit to integrate with these existing training plans and schedules, and to work with the Village Health Worker Program to support the proposed Health Zone Meetings in PENAMA and SANMA, and to deliver refresher training on the Family Planning, STI and HIV components of the training curriculum.

Recommendation: National Reproductive Health Unit (with resources from the UNDP MAF) to support production of the Village Health Worker Program's Pre- and In-Service Training resources for Family Planning, and prevention of STIs and HIV.

Recommendation: National Reproductive Health Unit (with resources from the UNDP MAF) to attend Village Health Worker Program Pre-Service Training, and Health Zone Meetings in PENAMA and SANMA, to deliver refresher training on Family Planning, and prevention of STIs and HIV.

Community awareness strategy: In addition to improving the skills and capacity of Village Health Workers to deliver community awareness on sexual and reproductive health, and to promote family planning through training and resource development, it would be valuable to support Village Health Workers' community awareness activities through establishing and planning-out community awareness campaigns and activities to promote community engagement. Through UNDP MAF funding, the National Health Promotion Unit should be engaged to develop a communications strategy (complete with key messaging) for a suitable awareness campaign on sexual and reproductive health, and to develop resources for supporting Village Health Workers to plan, deliver and report their awareness activities.

Recommendation: National Reproductive Health Unit to engage with National Health Promotion Unit to establish a communications strategy (with key messaging and branding) for promotion of sexual and reproductive health (including family planning), and to develop communication resources for community and health workers (both Village Health Workers and nurses).

Appendix 1:

Proposed schedule of formal and refresher training for sexual and reproductive health, including family planning in 2015.

Training Type and Name	Target audience	Provider	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Formal midwifery training (12 months - TBC)	Registered nurses (5 yrs' experience)	VCNE							X	X	X	X
Emergency Obstetric & Up-Skilling Workshops	Midwives and registered nurses											
- SHEFA Province (Port Vila)		APSP	X									
- TORBA Province (Gaua)		VCNE	X									
- SHEFA Province (Shepherds)		VCNE			X							
- MALAMPA Province (Norsup, Malekula)		APSP				X						
- PENAMA Province (Maewo or Ambae - TBC)		VCNE						X				
- PENAMA or TAFEA (Pentecost or Tanna – TBC)		APSP									X	
- TAFEA Province (Tanna – TBC)		VCNE								X		
VHW Pre-Service Training (Santo)	Community selected as VHWs	VHWP & NRHU							X	X	X	
VHW In-Service Training	Existing VHWs in rural areas											
- MALAMPA Province	(Indicative schedules only)	VHWP & NRHU				X						
- PENAMA Province		VHWP & NRHU				X						
- SANMA Province		VHWP			X							
- SHEFA Province		VHWP					X					
- TAFEA Province		VHWP			X							
- TORBA Province		VHWP					X					
Health Zone Meetings	VHWs & nurses; selected Health Zones											
- PENAMA Province	(Indicative schedules only)	VHWP & NRHU				X	X				X	
- SANMA Province		VHWP & NRHU				X		X			X	