



Ministry of Health/Ministere de la
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Vanuatu Reproductive, Maternal, Newborn,
Child and Adolescent Health Policy and
Implementation Strategy 2017-2020

FOREWORD

I have the pleasure of presenting the Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2020 which will guide our collective efforts to promote the health of our people in line with Reproductive Health services.

This Policy has been developed guided by several reports including the Reproductive Maternal Child Adolescent Health Situational Analysis and Core Indicator Report, Vanuatu and in consultation with stakeholders.

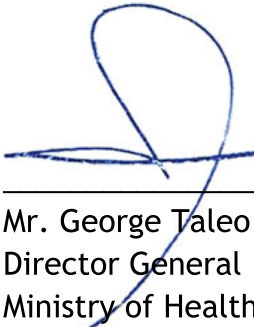
The RMNCAH Policy Strategy 2017-2020 will guide the delivery of RMNCAH services at all levels of care from policy level to the periphery and communities. It is intended to guide the implementation of Reproductive Health services with an indicator framework to monitor and ensure access, equity and affordability to a quality service is realised.

Integral and essential to the comprehensive delivery of RMNCAH services and ensuring the implementation and monitoring of the RMNCAH Indicator Framework is the address of the resource gaps.

The reality is Vanuatu still records maternal and children morbidity and mortality associated with contributing factors outside of health. Thus forging wider partnerships and strengthening on existing networks will assist in the implementation or address of this RMNCAH Strategy.

I take this opportunity, on behalf of the Government of Vanuatu to thank all stakeholders and partners for your continued support and commitment in assisting with our mandate to make sure we reach our Goal of a healthy stable, sustainable and prosperous Vanuatu.




Mr. George Taleo
Director General
Ministry of Health



Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators		Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline Target	
	have timely access to quality reproductive health commodities without fear of stigma or discrimination	provision of RMNCAH commodities, including ECPs for young people (OP)				
8.2	To ensure all formal health facilities in Vanuatu are stocked with essential RMNCAH commodities (as per the facility's designation and staffing levels)	Facilities receiving supervisory support CMS/Provincial Pharmacy for stock assessment and management (OP)	✓	% (#/6) provincial pharmacies receiving at least 1 supervisory visit from CMS per year	TBC 100	Supervisory visits and 6 month reports
			✓	% facilities/province receiving at least 1 supervisory visits from Provincial Pharmacy or RH Supervisor	TBC 80%	Supervisory visits and 6 month reports

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		Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
		Community awareness activities to promote cancer screening (OP)	✓	✓	# general community awareness activities/ province/yr	0		HIS data; annual reports
KPA8 Reproductive, Maternal, Newborn, Child and Adolescent Health Commodity Security								
All women, men, children and adolescents in Vanuatu have access to a suitable choice of quality, affordable reproductive, maternal, newborn, child and adolescent health commodities which meet their individual needs, at the time they need them		Nationally approved RMNCAH health commodities available at all health facilities per their designation (OC)	✓	✓	% health facilities reporting no stock-outs of RMNCAH commodities in the previous 12 months/province (Select representative commodities: ex. oral contraceptive; Iron/Folic Acid; MagSO4, pentavalent vaccine, antibiotic for child pneumonia)	TBC	80%	Periodic Commodity Security Assessments; 6 monthly reports
8.1	To ensure all women, girls and couples	Health workers trained in confidential	✓	✓	# health workers trained/province/yr.	TBC	80%	Training reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	to promote cancer screening (OP)			province/yr			
	National HPV immunisation campaign delivered (OP)	■	✓	# target groups received HPV vaccine			HIS data; annual reports
	Health workers trained on community participatory processes for promotion of cancer checks (OP)	✓	✓	# health workers trained/province/yr	0	100	Training reports
7.3	To improve awareness of the effects and management of menopause through systematic and consistent messaging campaigns and 1:1 counselling	✓	✓	# health workers trained/province/yr	0	100	Training reports
	Community activities to promote awareness of the effects of menopause (OP)	✓	✓	# general community awareness activities/province/yr	0		HIS data; annual reports

Abbreviations

ABR	Adolescent birth rate
ASRH	Adolescent Sexual and Reproductive Health
BFHI	Baby Friendly Hospital Initiative
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMAM	Community Management of Acute Malnutrition
CPR	Contraceptive prevalence rate
CS	Commodity Security
DHS	Demographic and Health Survey
EENC	Early Essential Newborn Care
EmONC	Emergency Obstetric and Newborn Care
GAPPD	Global Action Plan for Pneumonia and Diarrhoea
GVAP	Global Vaccine Action Plan
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSS	Health Sector Strategy
ICPD	International Conference on Population and Development
IMAM	Integrated Management of Acute Malnutrition
IMR	Infant mortality rate
IYCF	Infant and Young Child Feeding
KPA	Key Policy Area
M&E	Monitoring and evaluation
MAF	MDG Acceleration Framework
MBFHI	Mother Baby Friendly Hospital Initiative
MDG	Millennium Development Goal
MDSR	Maternal Death Surveillance and Response
MMR	Maternal mortality ratio
MWH	Maternity Waiting Home
ORT	Oral Rehydration Therapy
PAA	Vanuatu Priorities and Action Agenda 2006-15
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RHCS	Reproductive Health Commodities Security
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAM	Severe Acute Malnutrition
SPC	Secretariat of the Pacific Community
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
TBA	Traditional Birth Attendant
TFR	Total fertility rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund

UNICEF	United Nations Children's Fund
VCCT	Voluntary confidential counselling and testing [for HIV and STIs]
VNSO	Vanuatu National Statistics Office
VWC	Vanuatu Women's Centre
WHO	World Health Organization

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
7.2 To increase coverage of cervical, breast and prostate cancer screening for girls, women and men of articulated age ranges	of post-abortion complications (OP)						
	Women and men are screened for cancer and referred for care as appropriate (OC)	✓	✓	% women aged 25-49 reached through screening for cervical pre-cancer lesions/province/yr			RH Unit annual reports
		✓	✓	% women aged >35 reached through breast cancer screening/province/yr			RH Unit annual reports
		✓	✓	% men aged >40 reached with prostate cancer screening/province/yr	0		RH Unit annual reports
	Staff delivering cancer screening during outreach each month (OP)	✓	✓	% facilities delivering monthly outreach/province/6 months		90	Monthly outreach reports; 6 month reports; HIS reports; HIS
				# cancer screenings during outreach/province/6 months			
	Community awareness activities	✓	✓	# general community awareness activities/	0		HIS data; annual reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
7.1 To improve the quality of care provided to women and partners with gynaecological or other reproductive health conditions	Health facilities are delivering gynaecological or other reproductive health services in accordance with national O/G guidelines (OC)	✓	✓	% health facilities meeting minimum standards as per guidelines/province/yr	0	85	Supervisory visits and annual reports
	Health workers trained on O/G guidelines (OP)	✓	✓	# health workers trained/province/yr	0		Training reports
	Health workers trained in assessment and counselling for infertility (OP)	✓	✓	# health workers trained/province/yr	0		Training reports
	Surgical services available for cancer treatment in designated hospitals (OP)	✓	✓	# surgical interventions for cancer/yr			HIS, annual reports
	Health workers trained on rights-based management	✓	✓	# health workers trained/province/yr	0		Training reports

Acknowledgements

In 2015, a draft Reproductive Health (RH) Policy and Implementation Strategy 2017-2020 was prepared by the Vanuatu Reproductive Health Consultant, Mr. Chris Hagarty, in accordance with the UNDP MAF Program Work plan, and in recognition of the existing Reproductive Health Policy requiring revision and updating. It was the culmination of a ten month process incorporating a detailed, consultative Sexual and Reproductive Health and Rights Needs Assessment, community-based consultations in remote areas and a national consultation workshop with sectoral stakeholders, non-government partners and technical partner agencies from across the region.

This RH policy and implementation strategy was then updated in 2016 and a Child Survival component was added. It was then renamed the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2019. This work was supported by Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) consultant, Ms. Alice Levisay, and the United Nations Joint Programme for RMNCAH.

Special thanks and acknowledgement for their technical review and input are extended to Ms. Apisai Tokon, National Reproductive Health Coordinator (Ministry of Health), Ms. Siula Bulu (Wan Smolbag), Dr. Pulane Tlebere (UNFPA) and Dr. Shafag Rahimova (UNICEF) who each provided particular, detailed guidance on the final drafts. Thanks also go to Mr. Pioni Willie, MAF Program Coordinator (UNDP) for his assistance in supporting the completion of the original RH policy document.

Particular acknowledgement is extended to the provincial health managers and remote health facility staff, and the communities themselves who contributed to the consultations which informed the Policy, and thanks are also extended to the hard-working participants of the national consultation workshops, who are listed in Annex 2.

Introduction

Reproductive and Child Health have been key national priorities of the Government of Vanuatu for some time. The government ratified the Convention on the Rights of the Child in 1992 and signed the original Plan of Action of the International Conference on Population and Development (ICPD) in 1994, thereby committing itself to upholding the basic rights of children and the reproductive rights of individuals and couples.

Reproductive and Child Health are defined as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential. Reproductive Health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Specifically, this encompasses a couple’s or individual’s right to:

- be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.
- Decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.
- Make decisions concerning reproduction, free of discrimination, coercion and violence. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community.

This Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and accompanying Implementation Strategy were developed to support the Government and all stakeholders within Vanuatu to work towards the full attainment of its citizens’ right to health, with particular focus on groups such as women, newborns, children, adolescents and people with disabilities, whose limited power over their health and sexual and reproductive choices, and limited access to accurate information and relevant services, can contribute to their vulnerability.

Beyond simply the delivery of reproductive, maternal, newborn, child and adolescent health services, this Policy directs the promotion of all aspects of sexual reproductive health and rights (SRHR), including:

- Advancement of gender equality and empowerment of women.
- Elimination of violence against women (also referred to as gender-based violence).
- Elimination of discrimination.
- Achievement of full, equal participation of women in cultural, economic, political and social life.
- Enabling of women to control their fertility.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators		Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target
operating environment which enables and supports appropriate responses to sexual violence	community responses to sexual violence (OC)			community responses to sexual violence		website (www.gov.vu)
	Health sector represented on planning and policy committees at national and provincial levels (OP)	✓	✓	# committees upon which the health sector is representing responses to sexual violence		6 month reports
KPA7 Morbidities of the reproductive system: cancer, infertility, menopause and abortions						
Women (including girls) and partners in both urban and rural areas of Vanuatu have access to quality, affordable and sustainable reproductive health and gynaecological services, including cervical and prostate screening	Health sector response to cancer in women and men is in accordance with prevalence (OC)	■	✓	Prevalence of breast cancer		HIS, annual reports
		■	✓	Prevalence of cervical cancer		HIS, annual reports
		■	✓	Prevalence of prostate cancer		HIS, annual reports
		■	✓	Availability of cancer screening, prevention, counselling and treatment services/province/yr		HIS, annual reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
6.2 To ensure quality, rights-based protection and care of victims of sexual violence, through skills development training of service providers	Health facility staff trained in counselling and appropriate management of victims of sexual violence (OP)	✓	✓	# health workers trained/province/yr	0	80	Training reports
6.3 To promote appropriate awareness and responses to gender-based and/or sexual violence within communities in each province	Community awareness activities on family planning delivered to communities (OP)	✓	✓	# general community awareness activities/province/yr	0		HIS data; annual reports
6.4 To establish a suitable legislative and	Legislation, policies and strategies promote appropriate	▪	✓	# legislation, policies and strategies which promote appropriate			National legislature and Government

Annex 3: Reproductive Health Policy and Implementation Strategy M&E Plan

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Promoting SRHR is therefore a cross-sectoral responsibility which includes health, justice, education and other key social sectors.

Rationale for Development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy

The Government of Vanuatu has long been an advocate for rights-based development, and for reproductive and child rights, in particular. As noted above, Vanuatu ratified the Convention on the Rights of the Child in 1992, and was an original signatory to the 1994 ICPD Plan of Action, and has likewise committed to a number of other international conventions/treaties including the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW - 1995), and the *Convention on the Rights of Persons with Disabilities* (2007).

The Convention on the Rights of the Child and the ICPD Plan of Action also informed the development of the Millennium Development Goals (MDGs), which advocated strongly for the health needs of women and children, and rights- and gender-based approaches to poverty alleviation. In 2012, Vanuatu identified MDG5 - Target 5B (*achieve by 2015, universal access to reproductive health*) as requiring additional assistance and resourcing to accelerate progress ahead of the 2015 deadline. The UNDP-supported MDG Acceleration Framework (MAF) initiative worked to address this¹.

The Government of Vanuatu recently re-affirmed its commitment to SRHR through both the signing of the Moana Declaration in 2013² and endorsing the *Pacific Sexual Health and Well-being Shared Agenda 2015-2019* in 2014³. Its actions are directed by a number of sectoral, rights-based policies and plans for health, education and justice, informed by a *National Population Policy 2011-20*, and the *Priorities and Action Agenda 2006-15* (PAA)⁴.

Note: For more detailed information on the Government of Vanuatu's international commitments to SRHR, see Annex 1: International and National Context.

The PAA prioritises reproductive health through 'promoting child spacing and reducing teenage pregnancy', and seeks to promote child health through 'reducing illness and deaths in children under 5'. It also establishes a number of reproductive and child health indicators through which to measure performance, including maternal, infant and child mortality, antenatal care coverage, skilled attendance at birth, immunization coverage, child malnutrition, adolescent fertility, family planning use and incidence of sexually transmitted infections (STIs).

¹ Government of Vanuatu, 2013; *Vanuatu MDG Acceleration Framework: Improving Access to Reproductive Health Services*; Port Vila; Government of Vanuatu and UNDP.

² Pacific Conference of Parliamentarians for Advocacy on ICPD beyond 2014, 2013; Moana Declaration: Outcome Statement of Pacific Parliamentarians for Population and Development; Suva; UNFPA, AFPPD and IPPF.

³ SPC, 2014; *Pacific Sexual Health and Well-being Shared Agenda 2015-2019*; Suva; SPC.

⁴ Government of Vanuatu, 2006a; *Priorities and Action Agenda 2006 – 2015*; Port Vila; Ministry of Finance and Economic Management

The *Health Sector Strategy 2010-16*⁵ likewise prioritises rights-based reproductive and child health and establishes measurement indicators such as maternal and child mortality, and skilled attendance at birth. Underlying the Health Sector Strategy, the Ministry of Health establishes specific policies and strategies relating to its public health programs and curative services. This revised Reproductive, Maternal, Newborn, Child and Adolescent Health Policy provides detailed guidance for the Ministry of Health and partner agencies to plan, implement, monitor and report progress of reproductive, maternal, newborn, child and adolescent health (RMNCAH) programming and advocacy in Vanuatu, through adherence to the four Policy Objectives of the PAA, namely:

- Improve the health status of the people
- Improve access to services
- Improve quality of services delivered
- Make more effective use of resources

The accompanying Implementation Strategy aims to provide guidance for joint planning processes at the national and provincial levels over the coming three years, with a view of closely aligning annual operational and business plans with RMNCAH priorities, as well as Ministry of Health and all-of-government strategic priorities. The aim is to ensure planned activities meet agreed strategic priorities and identified intermediate and long-term RMNCAH health outcomes, and that systems and processes for monitoring and reporting progress are more streamlined and less demanding for implementers and managers.

History of Reproductive, Maternal, Newborn, Child and Adolescent Health in Vanuatu

Vanuatu is reported to have embraced the guiding principles of Primary Health Care around the time of the Alma Ata Declaration in 1978⁶. Systems were established to increase community involvement in health care and facilitate appropriate referral for services. Maternal and child health and family planning programs have existed at the national, provincial and community levels for several decades, and were integrated in the late 1990s in response to ICPD. In time, the approach evolved into reproductive, maternal, newborn, child and adolescent health (RMNCAH) incorporating key health concerns of women, children and young people across the life cycle, namely:

- Safe motherhood and newborn care
- Family planning
- Child health
- Prevention and treatment of STIs and HIV
- Prevention and management of infertility, and

⁵ Government of Vanuatu, 2010; *Health Sector Strategy 2010-2016: Moving Health Forward*; Port Vila; Government of Vanuatu.
⁶ Ministry of Health, 2009; *Reproductive Health Policy 2008: Reproductive Health Strategy 2008-2010*; Port Vila, Government of Vanuatu.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
of sexual violence, including access to quality medical, legal and social support services, through establishment and adherence to referral and management protocols	facilities (OC)						
	Health facilities have established protocols and accessible referral pathways (with contact information) for reference (OP)	✓	✓	% facilities with protocols established and accessible to staff	0	100	Supervisory visits and annual reports
	Health facilities stocked with rape kits (forensic examination and reporting kits, and access to PEP and EPC) (OP)	✓	✓	% facilities with kits stocked and available	0	100	Supervisory visits and annual reports
	VCH model of a designated space, staff and referral in response to sexual violence to expand to NPH, Lenakel Hosp (Yr 1) and Norsup (Yr 2) (OP)	✓	✓	# hospitals with designated space and systems to receive and refer victims	1	4	Annual reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights	facilities (OC)	▪	✓	# victims presenting to health facilities referred to social and/or legal services/province/yr	~0		HIS data; annual reports
Communities demonstrate intolerance for gender-based violence and sexual assault through participation in, and leading awareness activities, and through actively supporting victims to access treatment and support services	Community-led interventions which prevent and/or address gender-based violence and sexual assault, and which support victims to seek services (OC)	▪	✓	# communities engaged in activities to prevent and/or address violence and sexual assault/province/yr	~0		HIS data; annual reports
6.1 To ensure promotion and protection of the rights of victims	Victims of sexual violence are accessing treatment and care from health	▪	✓	# communities with systems in place to support victims of sexual violence to access services	~0		HIS data; annual reports
				# victims presenting to health facilities within 48 hours of the incident/province/yr	~0		HIS data; annual reports

- Sexual and reproductive health promotion, education and counselling, particularly targeting young people.

Commitment to the Convention on the Rights of the Child, the ICPD Plan of Action, the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have revitalised reproductive, maternal, newborn, child and adolescent health within a wider Primary Health Care framework in Vanuatu, and ensured issues relating to reproductive and child health and rights have been prioritised within national, sector-wide development policies, plans and strategies.

Challenges relating to sustainable leadership and resourcing at the national and sub-national levels continue to impact on the quality of RMNCAH interventions. Limited knowledge at the community level, and cultural attitudes and practices likewise hamper the wider uptake of RMNCAH services in some parts of the country.

The Government of Vanuatu and its partners are working to address these challenges and have done much to promote an enabling policy and legislative environment to support improved reproductive, maternal, newborn, child and adolescent health. The Ministry of Health is committed to ensuring coordination, implementation and integration of RMNCAH information and services, and established a RMNCAH Coordination Committee which meets monthly to guide policy and strategy and to provide technical advice to the Ministry on all matters relating to RMNCAH.

A number of Non-Government Organisations are active in supporting and implementing RMNCAH services in partnership (or agreements) with the Ministry of Health. These organizations are obligated to coordinate planning with, and produce reports for submission to, the National Reproductive Health Unit within the Ministry. A number of bilateral and multilateral agencies such as the Australian Government's Department of Foreign Affairs and Trade (DFAT), UNDP, UNFPA, UNICEF and WHO also provide technical and financial support for RMNCAH.

Current Status of Reproductive, Maternal, Newborn, Child and Adolescent Health in Vanuatu

Two recent reviews provided detailed information about the status of reproductive and child health in Vanuatu - The SRHR Needs Assessment Report⁷ (completed in 2015 by UNDP through the MAF Program) and the Reproductive, Maternal, Newborn, Child and Adolescent Health Situation Analysis and Core Indicator Report⁸ (completed in 2015 by UNICEF.) Both reviews provided detailed, updated data against a large number of core SRHR and RMNCAH indicators. The following section presents a summary of relevant RMNCAH health data for Vanuatu, however, it is recommended that these two documents be consulted for a more comprehensive description of RMNCAH status in the country.

⁷ Government of Vanuatu, 2015; *Sexual and Reproductive Health and Rights Needs Assessment, Vanuatu*, Port Vila, Ministry of Health, UNDP, UNFPA.

⁸ Levisay, A, 2015; *Reproductive, Maternal, Newborn, Child and Adolescent Health Situation Analysis and Core Indicator Report – Vanuatu*, location unknown; UNICEF.

Population and Demography: During its most recent National Population and Household Census in 2009, Vanuatu recorded a total population of 234,023 comprising 114,932 females and 119,091 males⁹ (although more recent estimates vary between 271,100¹⁰ and 275,734¹¹). It is estimated that 75.6% of the population dwell in rural areas¹².

High fertility: Vanuatu's estimated population growth rate of 2.4% is the highest in the Pacific region¹³, and is driven largely by a Total Fertility Rate (TFR) of 4.2 children per woman of child bearing age¹⁴. High fertility, particularly amongst Vanuatu's rural households, places a considerable economic and development burden on the country.

Young, dispersed population: Population growth looks set to increase over the coming decades due to Vanuatu's relatively young population, unless effective interventions to promote and deliver family planning are increased. In 2009, 57.8% of the country's female population was under the age of 25 years. Improved development outcomes for households, and especially for individual females, will be heavily influenced by the effectiveness of reproductive health and family planning services to reach the significant proportion of the population dwelling in rural areas, where higher fertility rates and significantly higher teenage (15-19 years) fertility is demonstrated¹⁵.

Maternal and Child Health: At 28 infant deaths per 1,000 live births in 2013¹⁶, Vanuatu did not reach its 2015 MDG target for infant mortality of 15 infant deaths per 1,000 live births and did not achieve its 2016 Health Sector Strategy (HSS) target of 20 infant deaths per 1,000 live births. Similarly, with an Under Five Mortality Rate of 31/1,000 live births¹⁷, the country did not achieve its 2015 MDG target for under-five mortality of 19 child deaths per 1,000 live births, and is not expected to achieve its 2016 Health Sector Strategy target of 25 child deaths per 1,000 live births¹⁸. Neonatal mortality, at 12 neonatal deaths per 1,000 live births in 2013, is of particular concern as it represents 39% of under-five mortality. Five stillbirths and 20 early neonatal deaths were recorded in the 5 years preceding the 2013 DHS survey.¹⁹

Also of concern is that over 45% of all under-five deaths are estimated to be associated with under-nutrition. While both wasting (low weight per height) and underweight (low weight per age) for children under five decreased between 2007 and 2013, from 6.5% and 15.9% in 2007 to 4.4% and 10.7% respectively, the prevalence of stunting increased from 26.3% to 28.5% during the same time period.^{20,21} This increase in stunting, is most likely linked to improper infant and young child feeding practices, and the early introduction of solid foods.

⁹ VNSO, 2009; *National Population and Housing Census: Basic Tables Report, Volume 1*; Port Vila, Government of Vanuatu.

¹⁰ UNFPA, 2014; *Population and Development Profiles: Pacific Island Countries*; Suva, Fiji; UNFPA Pacific Sub-Regional Office.

¹¹ VNSO, 2014; *Live Population of Vanuatu*; www.vnsso.gov.vu; accessed 7th January 2015.

¹² UNFPA, 2014 op. cit.

¹³ UNFPA, 2014 op. cit.

¹⁴ VNSO & SPC, 2014; *Vanuatu Demographic and Health Survey 2013*; Port Vila, Government of Vanuatu.

¹⁵ VNSO, 2009 op. cit.

¹⁶ VNSO & SPC, 2014 op. cit.

¹⁷ Ibid.

¹⁸ Government of Vanuatu, 2010 op. cit.

¹⁹ VNSO & SPC, 2014; *Vanuatu Demographic and Health Survey 2013*; Port Vila, Government of Vanuatu

²⁰ Ministry of Health, 2007; *Vanuatu Multiple Indicator Cluster Survey 2007*; Port Vila; Government of Vanuatu and UNICEF.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
the spread of STIs and HIV through targeted, comprehensive key messaging for awareness and prevention	knowledge about HIV, AIDS, STIs and their prevention (OC)	✓	✓	knowledge about HIV and STI prevention % females/males aged 25-49 who demonstrate correct knowledge about HIV and STI prevention			Community-based KAPB survey
	Targeted community awareness activities on HIV and STIs delivered to communities (OP)	✓	✓	# general community awareness activities/province/yr # and types of target groups reached through targeted awareness/province/yr			HIS data; 6 month reports
KPA6 Gender-based violence and sexual assault							
Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu	Victims of sexual violence are accessing treatment and care from health	▪	✓	# victims presenting to health facilities within 48 hours of the incident/province/yr	~0		HIS data; annual reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	partners	(OP)		contact tracing/ province/yr			
5.4	To support the health and well-being of people living with, and/or affected by HIV (PLWH) through comprehensive treatment, care and support services	Support programs established in all provinces with PLWH (OP) All PLWH have access to antiretroviral therapy (OC) Legislation, policies and strategies promote and support rights of PLWH (OC)	✓ ✓ ✓	# PLWH receiving support services through programs % known cases of PLWH accessing antiretroviral therapy Reduced # legislation, policies and strategies which discriminate against (or do not support the rights of) PLWH	3 100	6 100	STI/HIV Unit annual report STI/HIV Unit annual report National legislature and Government website (www.gov.vu)
		PLWH represented on planning and policy committees at national and provincial levels (OP)	✓	# committees upon with representation from PLWH			6 month reports
5.5	To reduce community vulnerability to	Proportion of target populations with awareness and	✓	% females/males aged 15-24 who demonstrate correct	19	80	Behavioural and/or SGS Surveys

Reducing maternal mortality remains a significant challenge for Vanuatu's dispersed and under-resourced health system. The most recent calculations for the Maternal Mortality Ratio (MMR) rest within a range of 86^{22,23} and 110²⁴ maternal deaths per 100,000 live births. This substantially exceeds the baseline and target figures for MMR in the Health Sector Strategy, 68 and 50 deaths per 100,000 live births respectively,^{25*} and the 2015 MDG target of 24. However, given Vanuatu's small population size, the actual number of maternal deaths (rather than MMR) is a more useful indicator of improved maternal health. Using the actual number of maternal deaths also makes targets more tangible as the prevention of 2-3 maternal deaths/year is likely to be all that is required to meet Vanuatu's target for maternal mortality.

The global community has identified a number of essential, evidence based interventions for reducing maternal, newborn and child morbidity and mortality. These include antenatal (ANC) and postnatal (PNC) care, skilled birth attendance (SBA), early essential newborn care (EENC), emergency obstetric and newborn care (EmONC), early and exclusive breastfeeding, infant and young child feeding practices, micronutrient supplementation and deworming, immunization, and prevention and management of childhood illness and malnutrition. While Vanuatu has been able to increase coverage and quality of some of these interventions, it continues to face challenges in achieving universal, high quality coverage for the full set of interventions, particularly in rural and remote areas.

Overall coverage of skilled birth attendance is high, 89.4%, and Vanuatu is on track to achieve its 2016 Health Sector Strategy (HSS) target of 90%.²⁶ However, coverage is significantly higher in urban areas (95.7%), than in rural areas (87.0%), and this disparity needs to be addressed.²⁷ The country also achieved success with increasing early breastfeeding and exclusive breastfeeding to six months, and this appears to be at least partially attributable to increases in deliveries in health facilities and the Baby Friendly Hospital Initiative (BFHI). Early initiation of breastfeeding (within one hour of birth) increased from 72% in 2007 to 85% in 2013, and exclusive breastfeeding to 6 months increased from 40% to 73% during the same time period.²⁸ However, there are concerns about increasing demand and use of infant formula, particularly in rural areas.

Unfortunately, less success was seen in increasing the coverage of many of the other essential maternal and child health interventions. While the majority of women, 76%, received at least one ANC check as of 2013, the number of women receiving the full complement of 4 ANC check-ups was only 59%²⁹, and the quality of ANC, particularly in rural areas, was limited. As of 2013, 67%³⁰ of women had received postnatal care within 2 days of delivery, but it is not clear how many women or newborns

²¹ VNSO & SPC, 2014; *Vanuatu Demographic and Health Survey 2013*; Port Vila, Government of Vanuatu

²² Ministry of Health, 2007; *Vanuatu Multiple Indicator Cluster Survey 2007*; Port Vila; Government of Vanuatu and UNICEF.

²³ WHO, 2014; *Vanuatu statistics summary (2002 – present)*; apps.who.int/gho/data/node.country.country-VUT; accessed 8th January 2015.

²⁴ UNDP, 2014; *Human Development Reports, Vanuatu*; <http://hdr.undp.org/en>; accessed 7th January 2015.

²⁵ Government of Vanuatu, 2010 op. cit.

* Note: the baseline and target MMR presented in the HSS are incorrectly labelled as maternal mortality rate, not ratio.

²⁶ Levisay, A, 2015 op. cit.

²⁷ VNSO & SPC, 2014; *Vanuatu Demographic and Health Survey 2013*; Port Vila, Government of Vanuatu.

²⁸ Levisay, A, 2015 op. cit.

²⁹ VNSO & SPC, 2014 op. cit.

³⁰ VNSO & SPC, 2014 op. cit.

received the full complement of 4 PNC checks, and the coverage and quality of EMONC and EENC services remains low, particularly in rural and remote areas. Low coverage was also found for Vitamin A and deworming, as only 25% of children less than 5 years of age had received Vitamin A in the six months preceding the Demographic and Health Survey (DHS) in 2013, and only 49% of children (12-59 months) had received de-worming medication during the same time period.³¹

Immunization coverage decreased between 1990 and 2013, but increased between 2013 and 2016. The proportion of children aged 12-23 months receiving 3 doses of Diphtheria, Pertussis and Tetanus (DPT3) containing vaccine increased from 55% in 2013³² to 81% in 2016.³³ Given the new data, Vanuatu appears to be on track to achieve the globally agreed target of 90% coverage of DPT3 by 2020.³⁴ However, work still needs to be done to maintain recent increases in immunization coverage and to increase coverage in poor performing areas.

Management of childhood illness showed mixed results in recent years. The proportion of children with diarrhoea given oral rehydration therapy (ORT) increased from 54% in 2007 to 62% in 2013, but the 2013 figure was still low. Meanwhile, the proportion of children with suspected pneumonia treated with antibiotics decreased from 48% in 2007 to 29% in 2013. However, it is not clear if this 2013 figure is reliable given the very small number of children (3 per cent) reported as having suspected pneumonia (acute respiratory infection [ARI]) during the two weeks prior to the DHS.³⁶

Family Planning: A number of specific indicators demonstrate coverage and effectiveness of reproductive health and family planning services. The Contraceptive Prevalence Rate (CPR) demonstrates use of contraception by women of reproductive age. In Vanuatu, 37.7% of women report to use any contraceptive method, while 28.9% use a modern method³⁷. Taking married women (or those in union) as a comparative measure, 49.0% report use of any contraceptive method, which exceeds the MDG target of 45%³⁸.

24.3% of women of child bearing age (who are married or in union) who either do not want, or wish to delay child bearing, are currently not using contraceptives³⁹ – this is referred to as the country's Unmet Need for Family Planning.

The adolescent birth (or fertility) rate (ABR) is a measure of the annual number of live births to adolescent women per 1,000 women aged 15-19 years. This was identified as 81 in 2013, which is an increase since an ABR of 66 (40 urban and 77 rural) was reported in 2009⁴⁰. Vanuatu's ABR is one of the highest in the region⁴¹.

³¹ VNSO & SPC, 2014 op. cit

³² VNSO & SPC, 2014 op. cit.

³³ MoH, UNICEF and WHO, *Vanuatu Vaccination Coverage Survey, 2016*.

³⁴ Global Target from the Global Action Plan for Pneumonia and Diarrhoea (GAPD)

³⁵ MoH, UNICEF and WHO, *Vanuatu Vaccination Coverage Survey, 2016*

³⁶ Levisay, A, 2015 op. cit

³⁷ VNSO & SPC, 2014 op. cit.

³⁸ Levisay, A, 2015 op. cit.

³⁹ VNSO & SPC, 2014 op. cit.

⁴⁰ VNSO, 2009 op. cit.

⁴¹ UNDP, 2014 op. cit.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	month (OP)			months			reports; HIS
				# consultations during outreach/province/6 months			
5.2	To strengthen the provincial-level response to HIV through the re-establishment and support of Provincial Core Teams in 2016	✓	✓	#/6 provinces with established Core Teams	0	6	6 month reports
	Annual activity plans established by all Core Teams (OP)	✓		#/6 provinces with Core Team annual activity plans	0	6	Activity Plans
5.3	To increase coverage of HIV and STI prevention and treatment interventions through contact tracing of infected	✓	✓	# users and new users of VCCT services/ province/6 months			HIS data; 6 month reports
	Women, men and young people are accessing quality counselling, testing and management for HIV and STIs (OC)	✓					
	Provider initiated contact tracing in place in all provinces		■	# clients accessing VCCT who were identified/referred via	0		HIS data; annual reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
5.1 To strengthen counselling and testing services for HIV and STIs through service maintenance and mentoring and support of staff in 10 existing VCCT sites, and through establishment of a further 18 sites (3/province) in 2016	STI prevalence reduced in men (aged 15-49) (OC)	■	✓	# males reported with urethritis			HIS; annual report HIV/STI Unit
	Women, men and young people are accessing quality counselling, testing and management for HIV and STIs (OC)	✓	✓	# users and new users of VCCT services/ province/6 months			HIS data; 6 month reports
	Health workers trained on all HIV/STI guidelines (e.g. : PMTCT, VCCT, STI syndromic Mx) (OP)	✓	✓	% health workers trained			Training reports; HIV/STI Unit
	VCCT Centres fully equipped for delivery of services as per accreditation standards (OP)	✓	✓	% VCCT Centres meeting standard	10	28	Supervisory visits and 6 month reports
	VCCT outreach conducted to other health facilities each	✓	✓	% VCCT Centres delivering monthly outreach/ province/6			Monthly outreach reports; 6 month

HIV and STIs: While HIV prevalence in the country remains low (currently six identified cases out of a total of nine since the first case was detected in 2003)⁴², incidence of other STIs is rising, especially amongst young people under 25 years of age⁴³. In 2008, 25.1% of women attending antenatal clinics at the Vila Central Hospital tested positive for chlamydia, and in the 15-24 year age bracket, 30.2% tested positive⁴⁴. Similar results for chlamydia were identified through voluntary testing in 2011 (25.6%). Hepatitis B (with 16.5% testing positive) is also on the rise⁴⁵.

Gender-related SRHR: Gender equity and equality, a key component of SRHR and a significant determinant of improved sexual and reproductive health, are yet to be achieved within most sections of Vanuatu society. Violence against women, including physical, emotional and sexual violence is present in all provinces, in both urban and rural communities. 60% of women report having suffered from physical and/or sexual violence from their intimate partner and 48% of women report having been physically and/or sexually assaulted by someone other than their intimate partner⁴⁶. 41% of the surveyed women's first sexual experience was forced and/or unwanted. Despite these high rates of violence and abuse, the health system does not provide adequate services to respond to and manage cases which present to health facilities.

A number of organisations run youth-targeted programs to raise community awareness of the legal ramifications of, and appropriate community responses to, gender based violence and violence against women.

⁴² Ministry of Health, 2014; *National Strategic Plan on HIV and STIs 2014-2018 (DRAFT)*; Port Vila, Ministry of Health.

⁴³ Ministry of Health, 2008; *Second Generation Surveillance of Antenatal Women, STI Clinic Clients and Youth*; Vanuatu; Ministry of Health and SPC.

⁴⁴ Ibid.

⁴⁵ Government of Vanuatu, 2012; *Global AIDS Response Progress Report*; Port Vila, Government of Vanuatu.

⁴⁶ Vanuatu Women's Centre, 2011; *Vanuatu National Survey on Women's Lives and Family Relationships*; Port Vila, VWC and VNSO.

Table 1.1: Summary of reproductive and child health indicators and targets for Vanuatu.

Indicator	HSS		Targets		Interim figures (year)	Updated figures (year)
	Baseline	MDG	HSS 2016	Global 2020		
IMR (per 1,000 live births)	25	15	20		21 (2009) ¹	28 (2013) ²
<5 mortality rate (per 1,000 live births)	30	19	25	< 25 by 2030 (SDG)	24 (2009) ¹	31 (2013) ²
Stunting in children < 5 years of age				Reduce by 40% (from 2010) by 2025 (GAPPD)	26.3% (2007) ⁶	28.5% (2013) ²
Neonatal mortality rate (per 1,000 live births)				<10 by 2020 (Every Newborn Action Plan – WRPO)		12 (2013) ²
MMR (per 100,000 live births)	68*	[24%]	50*	< 70 by 2030 (SDG)		86-110 (2012-14) ^{3,4,5}
TFR (total/urban/rural)					4.1 / 3.2 / 4.4 (2009) ¹	4.2 / 3.3 / 4.7 (2013) ²
ABR (per 1,000 live births) (total/urban/rural)		[10%]			66 / 40 / 77 (2009) ¹	81 (2013) ²
CPR (%)		45			38.4 (2007) ⁶	49.0 (2013) ²
Unmet need for family planning (%)		15			30.0 (1998) ⁷	24.2 (2013) ²
Antenatal care coverage (%)		100			84.3 (2012) ⁴	76.0 (2013) ²
Skilled attendants at birth (%) (total/urban/rural)	74 (2007)	100	90		74.0 / 86.8 / 71.6 (2012) ⁴	89.4 (2013) ²
Early Postnatal Care coverage (first check ≤ 2 days after birth)				90% coverage by 2025 (Every Newborn Action Plan)		67% (2013) ²
% of infants less than 6 months old who are exclusively breastfed				≥ 50% (2025) (GAPPD)	39.7% ⁶	72.6% ²
% of children (12-23 months) who received 3 doses of DPT				90% (GVAP)	63.4% (2007) ⁶	81.1%(2016) ²
Vitamin A coverage						24.8% ²
% of children with diarrhoea given ORT				90% (2025) (GAPPD)	53.7% ⁶	61.8% ²
% of children with suspected pneumonia treated with antibiotics				90% (2025) (GAPPD)	48% ⁶	28.5% ²
HIV prevalence						6/9 pers.(2014)
STI Prevalence (chlamydia, % women)					25.1% all women, 30.2% aged 15-24 (2008)	

Source: ¹VNSO, 2009: *Population and Housing Census*; ²VNSO, 2014; *Vanuatu Demographic and Health Survey 2013*; ³UNDP, 2014; *Human Development Reports*; ⁴WHO, 2014; *Vanuatu statistics summary (2002 – present)*; apps.who.int/ghodata/; ⁵UNICEF 2013; *Vanuatu Statistics*; www.unicef.org/infobycountry/; ⁶Ministry of Health, 2007; *Vanuatu Multiple Indicator Cluster Survey 2007*; ⁷Kennedy et al., 2013; *The case for investing in family planning in Vanuatu*; ⁸MoH, UNICEF and WHO, *Vanuatu Vaccination Coverage Survey, 2016*.

* Note: the baseline and target MMR presented in the HSS are incorrectly labelled as maternal mortality rate, not ratio

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
young people through delivery of Family Life Education curriculum in all schools (from 2016)		✓	✓	% target respondents correctly answer questions about ASRH issues			School-based KAPB survey
To promote and support youth participation and representation in ASRH service delivery and program planning	Young people engaged in planning, implementing and monitoring ASRH activities (OC)	✓	✓	% ASRH activities reflecting youth participation/ province/yr	~10	50	6 monthly reports
KPA5 HIV, including STIs							
Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu	New HIV infections are prevented (OC)	✓	✓	0 incidence of HIV transmission/yr	0	0	HIS; annual report HIV/STI Unit
	STI Prevalence is reduced amongst ANC mothers (aged 15-24) (OC)	▪	✓	Prevalence (%) of Chlamydia	30.2		HIS; annual report HIV/STI Unit
		▪	✓	Prevalence (%) of	4.5		HIS; annual

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
youth friendly services through systematic, coordinated community engagement activities (including peer-led initiatives)	Young women and men (aged 15-19) are aware of ASRH issues (OC)	✓	✓	% target respondents correctly answer questions about sexual and reproductive health			Community-based KAPB survey
	Peer educators recruited and trained to promote YFS and distribute condoms (OP)	✓	✓	# peer educators trained/province/yr			Training reports; RH Unit
		✓	✓	# young females/males reached through peer education activities			Supervisory visits and 6 month reports
		✓	✓	# condoms distributed by peer educators			
	Young people reached with SRH messaging through social media (OP)	✓	✓	# friends/users, likes, shares, re-tweets (or equivalent) of key messages via social media	0		Communications monitoring and 6 month reports
4.3 To promote awareness of sexual and reproductive health amongst	Females/males aged 15-19 in school demonstrate awareness of ASRH issues (OC)	✓	✓	% females/males aged 15-19 in school who have received comprehensive SRH education			Ministry of Education annual reports

Annex 3: Reproductive Health Policy and Implementation Strategy M&E Plan

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A comprehensive National Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy developed through consultation with national and provincial program managers, service providers, partner agencies and service users should be evidence based and address identified reproductive, maternal, newborn, child and adolescent health needs throughout the country. The policy and implementation strategy should also address underlying health system bottlenecks such as weak RMNCAH commodity security systems and weak RMNCAH information systems.

Policy Development Process

In June 2014, UNDP launched the MAF Program to promote universal access to reproductive health (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. A Vanuatu Reproductive Health Consultant, Mr Chris Hagarty, was recruited to support this process through the revision of the *Reproductive Health Policy 2008 and Reproductive Health Strategy 2008-2010*, and through conducting a detailed, evidence-based national SRHR Needs Assessment to inform the priorities of the revised Reproductive Health Policy.

The SRHR Needs Assessment was completed early in 2015, through an exhaustive review of academic literature, technical reports and relevant policy and legislation in the country, and through both provincial- and national-level consultations with provincial health managers, reproductive health service providers and public health program managers. The report provides up-to-date data of reproductive health status in Vanuatu, and makes recommendations for the development of a revised national policy to guide implementation of reproductive health programs over the next three years.

In June 2015, the Vanuatu Reproductive Health Consultant sought to address the key recommendations of the SRHR Needs Assessment, and held focus group discussions with users of reproductive health services to further guide the policy development process by identifying the priority reproductive health service needs of remote communities. Together with the evidence-informed SRHR Needs Assessment, this service user information guided the development of the draft Reproductive Health Policy presented to a national consultative workshop in July 2015. Participants included: senior managers of the Ministry of Health; provincial health managers, reproductive health supervisors, medical officers, midwives and nurses from each province and the National Referral Hospital in Port Vila; and representatives of technical partner agencies and non-government organisations (see Annex 2).

A review of the draft Reproductive Health Policy was facilitated within the consultative workshop and possible gaps were identified and priorities explored for inclusion. Once agreed, the policy priorities were used to develop implementation strategies for the national level (both the Ministry of Health and the National Referral Hospital) and for each province. A Monitoring and Evaluation (M&E) Framework

was developed during this workshop to guide data collection and reporting to ensure that reproductive health initiatives continue to be planned and implemented based on evidence.

A final draft of the Reproductive Health Policy and Implementation Strategy was submitted to the RMNCAH Committee for technical review in early August 2015. Following minor amendments, this was submitted to the Senior Management Committee of the Ministry of Health for endorsement by the Director General and the Minister for Health.

The RH policy and implementation strategy was further updated in 2016 and a child health component was incorporated. This work was supported by Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) consultant, Ms. Alice Levisay, and the United Nations Joint Programme for RMNCAH. A workshop was held in September 2016 to review the proposed revisions to the policy and implementation strategy and the final version of the RMNCAH Policy and Implementation Strategy 2017-2019 was endorsed by the Ministry of Health in late 2016.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
4.1 To increase access to, and utilisation of youth friendly services (YFS) through establishment in all government health facilities	Unmet need for Family Planning is reduced in adolescents (OC)	▪	✓	% [married] women aged 15-19 who either do not want, or wish to delay child bearing, but are currently not using contraceptives	33.2	15	National surveys (e.g.: VDHS)
	Young women and men (aged 15-19) are accessing sexual and reproductive health services (OC)	✓	✓	# females and males aged 15-19 accessing YFS/province/yr			HIS data; 6 month reports
	All health facilities delivering YFS in accordance with national guidelines (OP)	✓	✓	% facilities delivering YFS of appropriate standard	~10	100	Supervisory visits and 6 month reports
4.2 To create increased awareness and acceptance of	Health workers trained in delivery of YFS (OP)	✓	✓	# health workers trained/province/yr			Training reports; RH Unit
	Young women and men (aged 15-19) are accessing ASRH services (OC)	✓	✓	# females and males aged 15-19 accessing YFS/province/yr			HIS data; 6 month reports

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
Health Workers to administer contraceptives	support and outreach visits from zone nurses (OP)			support visits/province/yr			month reports
3.6 To increase coverage of vasectomy through engagement and service promotion amongst males and their partners	Men have contraceptive protection through vasectomy services (OC)	▪	✓	# men accessing no-scalpel vasectomies/province/yr	0		HIS; annual reports
KPA4 Adolescent Sexual and Reproductive Health (ASRH)							
Improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention	Adolescent birth rate is reduced (OC)	▪	✓	# live births to women aged 15-19 years/1,000 live births	81	[10%] This unclear	National surveys (e.g.: VDHS)
	Contraceptive Prevalence Rate (CPR) is increased amongst adolescents (OC)	▪	✓	% women aged 15-19 using a modern method of contraception	7.4	49	National surveys (e.g.: VDHS)

Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2016

The 2016 Reproductive, Maternal, Newborn, Child and Adolescent Health Policy was developed to guide Government and stakeholders from all sectors within Vanuatu to work towards the full attainment of its citizens' right to health, with particular focus on vulnerable groups such as women, children and people with disabilities.

The period of the Policy's implementation should be in accordance with other Government and Health Sector documents, strategies and plans, but should be reviewed and amended at least every 4-5 years to ensure it remains relevant and appropriate to the national development and health context. Responsibility for maintaining these review and revision timelines rests with the National Reproductive Health Unit of the Ministry of Health.

Guiding Principles

Human rights/SRHR: The upholding of human rights is the fundamental, guiding principle of the 2016 Reproductive, Maternal, Newborn, Child and Adolescent Health Policy. This commitment to rights-based provision of health services is consistent with the Vanuatu Constitution, which dictates that 'all persons are entitled to ... fundamental rights and freedoms of the individual without discrimination on the grounds of race, place of origin, religious or traditional beliefs, political opinions, language or sex...' ⁴⁷.

Gender empowerment and equity: The Constitution also specifically advocates for the "...advancement of females, children and young persons, members of under-privileged groups or inhabitants of less developed areas"⁴⁸, and consistent with the Convention on the Rights of the Child and the ICPD Plan of Action, this Policy emphasises the rights of children and promotes women's empowerment and gender equity as fundamental to the attainment of reproductive health and rights.

Individual and community empowerment: In addition to equal treatment of all individuals, this Policy acknowledges that individuals and communities, each with their own cultural, religious and social perspectives, are in the best position to make decisions and to initiate action towards their own, improved health. Ensuring an enabling environment at all levels which promotes accurate, accessible and evidence-based information about reproductive and child health, and which makes available the appropriate resources and commodities is an essential guiding principle of this Reproductive, Maternal, Newborn, Child and Adolescent Health Policy.

⁴⁷ Parliament of the Republic of Vanuatu, 2012; *Constitution of the Republic of Vanuatu*, source: parliament.gov.vu/Constitution.html, accessed 6/1/15.

⁴⁸ Ibid.

Engagement with males: This Policy recognises that in many parts of Vanuatu males are the dominant decision-makers within many households and communities, and that their knowledge and attitudes have the potential to impact on reproductive and child health choices and behaviours. A key strategy to promoting and ensuring empowerment of women and girls in their health decision-making is therefore to ensure all relevant interventions derived from this Policy seek to engage with men and boys (partners, parents, brothers, sons and leaders) with a view to promoting a more enabling environment for reproductive and child health dialogue and practice.

Multi-sectoral engagement and coordination: In recognizing that the health and well-being of women, children, young people, people with disabilities and other vulnerable groups is not only impacted by the health sector, but through access to education, justice, political representation and opportunities for engagement with community and civil society, this Policy advocates for and directs action across multiple sectors. Coordinated, multi-sectoral planning amongst international, national, provincial and community stakeholders, with oversight and support from the Ministry of Health, is identified as the most appropriate means by which to meet the reproductive and child health needs of the most vulnerable in Vanuatu.

Data collection and reporting to inform evidence-based, quality programming: In accordance with the Health Sector Strategy 2010-2016, an important guiding principle of this Policy is to ensure all initiatives are attributed appropriate and obtainable indicators for measuring outputs and outcomes to ensure planned interventions are being delivered, and that they are of suitable quality to impact positively on reproductive, maternal, newborn, child and adolescent health. Schedules and tools for collection of key data should be established and monitored by the National Reproductive Health Unit, in conjunction with the Ministry's Health Information Unit. Well-managed and easily accessible data will ensure annual work plans and targets continue to be derived based on evidence of effective programming, and will facilitate early detection and response to any negative impacts of the program.

Ensuring reproductive health in response to climate change and emergencies: An important cross-cutting consideration of this Policy is the establishment of plans and systems to ensure that essential interventions for improved reproductive, maternal, newborn, child and adolescent health will continue to be delivered in the event of a significant disaster/emergency, or sudden temporary or permanent relocation of population groups. Vanuatu's experience of the devastation of Tropical Cyclone Pam in March 2015 has highlighted the need to have pre-positioned RMNCAH commodities held in-country, in a number of separate locations, and likewise, a Health Sector Emergency Preparedness Plan should articulate how to rapidly re-position resources (inclusive of infrastructure, supplies and human resources) to areas affected by disaster immediately upon stabilisation of the operating environment.

There are also additional reproductive, maternal, newborn, child and adolescent health considerations for emergency responses, where different populations may find themselves suddenly housed in temporary or extended, shared accommodation (such as disaster shelters or displacement camps). These environments have the potential to increase vulnerabilities of women, children, young people and other groups, and RMNCAH services need to ensure that information and commodities are readily available.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
3.4	To ensure a supportive legislative environment and regulatory system which promotes rights-based family planning interventions	<div> <div></div> <div>Legislation, policies and strategies promote and support rights-based family planning services (OC)</div> </div>	<div> <div>✓</div> <div></div> </div>	<div> <div>yf</div> <div>Reduced # legislation, policies and strategies which limit/obstruct family planning services</div> </div>			<div> <div>National legislature and Government website (www.gov.vu)</div> <div>6 month reports</div> </div>
3.5	To explore and enact (if appropriate) increased coverage of family planning commodities through training and supervision of Village	<div> <div> <div></div> <div>Women, men and young people are accessing family planning services through VHWs (OC)</div> </div> <div> <div></div> <div>VHWs trained in the supervised delivery of contraceptives</div> </div> <div> <div></div> <div>VHWs receiving clinical supervisory,</div> </div> </div>	<div> <div>✓</div> <div>✓</div> <div>✓</div> </div>	<div> <div>Family planning user rate/province/6 months (see FP Guidelines)</div> <div>% VHWs trained and delivering family planning</div> <div>% VHWs receiving supervision and</div> </div>	<div>0</div> <div>0</div> <div>~20</div>	<div></div> <div></div> <div>85</div>	<div>HIS data; VHW Program reports</div> <div></div> <div>Supervisory visits and 6</div>

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)		Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target
outreach and provision of a suitable method mix (both long- and short-acting)	planning outreach each month (OP)			monthly outreach/province/6 months # consultations during outreach/province/6 months		outreach reports; 6 month reports; HIS
3.3 To increase awareness and uptake of family planning services through comprehensive, standardised community participatory awareness activities	Women, men and young people are accessing family planning services (OC)	✓	✓	Family planning user rate/province/6 months (see FP Guidelines)		HIS data; 6 month reports
	Communities and key target groups demonstrate awareness of family planning services (OC)	✓	✓	% of community and target respondents aware of family planning and how to access this		Community-based KAPB survey
	Community awareness activities on family planning (OP)	✓	✓	# general community awareness activities/province/yr # and types of target groups reached through targeted awareness/province/		HIS data; annual reports
		✓	✓			HIS data; annual reports

Similar precautions and systems will need to be established to support communities being displaced by rising sea levels and adverse weather events resulting from climate change. As with those temporarily displaced by natural disasters, displaced and re-located communities will need to be supported with suitable and responsive RMNCAH services.

Vision

An educated, healthy and wealthy Vanuatu, through improved health status of all, especially women, children, young people, people with special needs and other vulnerable groups, and those living in rural areas.

Goal

All people, especially women, children, young people, people with special needs and other vulnerable groups, and those living in rural areas, respectful of their individual rights, shall have access to quality reproductive, maternal, newborn, child and adolescent health services, resources and information.

Key Policy Areas

The following Key Policy Areas (KPA) represent the aspects of reproductive, maternal, newborn, child and adolescent health service provision and programming which have been identified and prioritised through a comprehensive, evidence-based needs assessment, consultations with health service providers and users, and two Policy Consultation Workshops (see Annex 2: List of Workshop Participants). The following eight KPAs were selected and prioritised for the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2016:

- KPA1: Safe Motherhood: antenatal, perinatal, postpartum and newborn care.
- KPA2: Child Survival: immunization, nutrition and prevention & management of childhood illness.
- KPA3: Family Planning.
- KPA4: Adolescent Sexual and Reproductive Health (ASRH).
- KPA5: STIs, including HIV.
- KPA6: Gender-based violence and sexual assault.
- KPA7: Morbidities of the reproductive system: cancer, infertility, menopause and abortions.
- KSA8: Reproductive, Maternal, Newborn, Child and Adolescent Health Commodity Security

KPA1: Safe Motherhood: antenatal, perinatal, postpartum and newborn care

Policy Statement:

Improved pregnancy outcomes for mothers and newborns: maternal mortality ratio is less than 50 maternal deaths per 100,000 live births per year (fewer than six maternal deaths per year) and neonatal mortality rate is less than 10 neonatal deaths per 1,000 live births per year.

Promoting Safe Motherhood refers to ensuring women experience the physiological processes of pregnancy and childbirth without suffering injury or losing their lives (or that of their babies). Women

are entitled to experience pregnancy and childbirth without being exposed to unacceptable risks. Thus, all women, including those living in rural areas and teenage women are entitled to the same quality of antenatal, intrapartum, postnatal and neonatal care as other women. This basic right has implications for government and service providers to ensure that appropriate antenatal, obstetrics and referral services are available and functional.

Strengthened availability and quality of antenatal and postnatal care services and increased numbers of qualified midwives (as well as trained registered nurses within Dispensaries) are urgently needed to meet the high demand for antenatal and postnatal care services, and safe deliveries. Women should be encouraged to receive antenatal and postnatal services from rural health facilities, which must be equipped to ensure private consultations and relevant screening and treatment. All facilities should have running potable water and suitable, emergency lighting. Provision of ongoing mentoring and support from managers and supervisors is a key element to ensuring quality of care.

In recognition of their role in many communities in Vanuatu, and the opportunity they present to increase coverage and utilisation of formal antenatal, EmONC and postnatal services, Traditional Birth Attendants (TBAs) and Village Health Workers (VHWs) should be supported to identify and encourage pregnant women to attend antenatal services early, and at least four times during their pregnancy, and should promote attendance at formal health facilities for delivery (rather than in the home/community), and for receipt of postnatal care. TBAs and VHWs may also be engaged to mobilise women/communities and promote attendance during outreach antenatal and postnatal care services. Interventions should include capacity building, training and support of TBAs and VHWs to accompany pregnant women both when they attend antenatal care and postnatal care, and when presenting to health facilities to deliver their babies (during which their assistance should be utilised).

The *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide* articulates clearly the need for immediate referral to an obstetrician or doctor at the nearest provincial or tertiary hospital for any adverse factors in a current pregnancy, however, there remains a lack of clear, identified referral pathways which identify personnel, position titles and contact details for seeking guidance, permission and support for referral. Similarly, no clear, articulated pathways exist for referral in the event of an obstetric emergency. These should be developed, regularly updated (with revised contact details if appropriate) and produced in easy-to-follow wall charts, displayed in all health facilities. These referral systems and charts (and their associated training) must be aimed at all potential staffs who are likely to receive emergency cases while on duty, inclusive of doctors, midwives and registered nurses.

Obstetrics and Gynaecology Emergency Response personnel in hospitals must be trained in the delivery of quality emergency obstetric services and the management of the referral system. Blood banks in Vila Central Hospital and the Northern Provincial Hospital must be well stocked. Neonates, particularly sick neonates, must be cared for by trained and qualified health workers in appropriately equipped facilities. Strict infection control measures must be adhered to.

Significant maternal morbidity results from postpartum haemorrhage, pregnancy induced hypertension and puerperal sepsis. Maternal morbidity (and mortality) most commonly occurs in women under 15

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
quality, rights-based family planning services in Vanuatu through ensuring evidence-based guidelines and training, supervision and support are accessible to all service providers	planning services as per national guidelines (OC)			services of appropriate standard/province/yr			annual reports
	Midwives/nurses and VHWs receiving clinical supervisory, support and outreach visits from supervisors/zone nurses (OP)	✓	✓	% midwives/nurses receiving supervision and support visits/province/yr		100	Supervisory visits and annual reports
	Midwives and nurses trained in revised family planning guidelines and tools (OP)	✓	✓	% VHWs receiving supervision and support visits/province/yr		85	Supervisory visits and annual reports
	Suitable range of family planning commodities in stock and available from health facilities, whenever needed (OC)	✓	✓	% midwives/nurses trained		90	Training reports; VCNE, APSP, RH Unit
	Staff delivering family	✓	✓	% health facilities reporting no stock-outs in the previous 12 months/province/6 months			Supervisory visits and 6 month reports
3.2 To improve access to quality, rights-based family planning services and commodities through		✓	✓	% facilities delivering			Monthly

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators		Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target
	receive services (OC) Mothers and community members aware of early signs of childhood illness and when and where to seek care (OC)		✓	% of mothers and community members who can identify early signs of childhood illness and know where/when to seek care	TBC	Community KAP survey or national survey
KPA3 Family Planning						
All people in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information	Contraceptive Prevalence Rate (CPR) is increased (OC)	▪	✓	% of women aged 15-49 using any method of contraception	45	National surveys (e.g.: VDHS)
	Unmet need for Family Planning is reduced (OC)	▪	✓	% women aged 15-49 who either do not want, or wish to delay child bearing, but are currently not using contraceptives	24.2	National surveys (e.g.: VDHS)
	Health workers are delivering family	▪	✓	% facilities delivering family planning		Supervisory visits and
3.1 To improve delivery of						100

years and over 39 years of age, and women with more than four children. Appropriate levels of emergency obstetric and neonatal care must be available from all formal health facilities as per their designation in accordance with the *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide*. This includes provision of comprehensive emergency obstetric care at the Vila Central and Northern Provincial Hospitals, and basic emergency obstetric care at all other hospitals and Health Centres in the country. These health facilities must be equipped with emergency obstetric equipment and neonatal resuscitation (the latter should also be available in Dispensaries and staff appropriately and regularly trained in its use). Existing Maternity Waiting Homes (MWH) will be strengthened and new ones established to bridge the geographic barriers in accessing EmONC services by women living in hard to reach areas.

A Ministry of Health advisory group seeks to guide and promote quality of maternal care through the investigation and reporting of every maternal death (including near-miss cases) each year, in order to monitor and respond to trends associated with unpreventable and preventable maternal deaths respectively. Maternal Death Surveillance and Response (MDSR) will therefore be established to improve monitoring of maternal deaths in real time as well as to improve quality of maternal health care by learning from each death that has occurred.

Reduced neonatal mortality will be met through the maintenance of an essential package of newborn care interventions which include drying the newborn at delivery, keeping the newborn warm (potentially through the Kangaroo Mother Care approach), supporting the mother to breastfeed exclusively for six months, giving special care to low-birth weight infants, and diagnosing and treating newborn problems (such as asphyxia and sepsis) with prompt referral for severe complications. To support women being able to breastfeed and to maximize their neonate's chances of survival, women should put their babies to the breast immediately (or within a period not exceeding one hour) after delivery, and be supported to take time away from work/duties for at least six weeks postnatal.

The WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) should be expanded in Vanuatu to ensure that a comprehensive package for maternal and newborn care interventions are incorporated into standard operating procedures within all hospital maternity wards in Vanuatu. Interventions would include education and support to encourage early and exclusive breastfeeding of neonates and infants up to six months, and integration with the Extended Programme for Immunisation to ensure delivery of BCG and Hepatitis B vaccinations at birth, and to encourage return visits for all subsequent vaccinations at 6, 10, 14 weeks and at 12 months. Attention should also be given to developing/finalizing the code on conduct on breast milk substitutes in an effort to encourage and support early and exclusive breastfeeding. Strengthened antenatal services will also facilitate administering of Tetanus Toxoid Vaccination for pregnant women, which is essential for reducing/eliminating neonatal tetanus.

KPA2: Child Survival: immunization, nutrition and prevention & management of childhood illness

Policy Statement:

Improved health outcomes for children: the child mortality rate is less than 25 deaths per 1,000 live births per year and stunting amongst children under five is less than 20%.

All children have a basic right to health, including timely access to appropriate health services. This basic right has implications for government and service providers as they have the responsibility to ensure that appropriate preventive and curative services are available and functional, and that children have access to these services. Service providers also have a responsibility to provide appropriate information, and to promote appropriate care practices.

In order to further reduce childhood morbidity and mortality, recent increases in immunization coverage will need to be sustained and efforts made to increase full immunization coverage. Attention will need to be given to micro-planning and budgeting, improving monitoring and reducing drop-outs, implementing regular integrated outreach and supervision activities, and increasing community awareness and reducing traditional norms that inhibit immunization uptake. Support will also be required to maintain cold chain coverage and to improve supply chain management, and to ensure that each health facility has a clear budget allocation for RMNCAH service delivery.

Malnutrition and stunting will also need to be addressed. Early and exclusive breastfeeding to six months will need to be promoted, as well as infant and young child feeding practices, Vitamin A supplementation and de-worming. Attention will need to be given to developing clear guidelines for infant and young child feeding (IYCF) practices, improving nutrition counselling skills and reducing cultural beliefs that promote early initiation of complementary feeding. Regular Vitamin A supplementation and de-worming services, delivered as part of six-monthly child health weeks linked to immunization, will be particularly important for breaking the cycle of poor health and nutrition.

While the above preventive services are essential for reducing infant and child morbidity and mortality, curative care services will also need to be strengthened in order to improve the health of infants and children. For example, the detection and treatment of acute malnutrition will need to be strengthened to ensure that children who are malnourished are effectively identified and treated. Quality services must also be available for the treatment of infants and children with pneumonia, diarrhoea, malaria and other illnesses. Existing guidelines for the Integrated Management of Childhood Illness (IMCI) need to be reviewed and updated and staff trained in their use. Facilities also need to be equipped with the necessary drugs, equipment and supplies to provide essential curative care services for infants and children. In addition to the above, attention will also need to be given to increasing community awareness of the early signs of childhood illness and appropriate care seeking practices.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	MAM/SAM supplies, etc.)(OP) Green book includes MOAC, age for height, SAM/MAM		✓	Revised green book exists and in use (includes MUAC weight for height, SAM/MAM)	Old green book in use (without MUAC, weight for height, SAM/MAM)	New green book in use (which includes MUAC, weight for height, SAM/MAM)	Green book
2.5. To increase awareness and uptake of positive child care practices	Mothers and community members aware of the benefits of: <ul style="list-style-type: none"> immunization and where/when they should go to receive services Vit. A supplementation and deworming and where/when they should go to 		✓	% of mothers and community members aware of the importance of immunization, Vit. A supplementation and deworming and where/when they should go to receive services			Community KAP survey or national survey

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	detected and treated (OC)			therapeutic foods)			
	Updated IMCI Guidelines exist and being implemented (OP)	✓	✓	Status of IMCI guidelines adopted MAM/SAM guidelines based on WHO Recommendations	Not available	Adopted and utilised	Review of guidelines
	Hospital and health centre staff trained in use of new IMCI guidelines (OP)	✓	✓	% of doctors/nurses trained on WHO Handbook of common childhood illness	20%	75%	Training reports; RH unit reports
	Increased coverage and quality of MAM/SAM (OP)		✓	% health facilities screening for MAM/SAM (during fixed site services and outreach)	40%	90%	Nutrition survey
	Ensure facilities have necessary child health related equipment and supplies (ex. Oxygen, nebulizer,		✓	% facilities stocked with operable, standard child health related equipment and supplies	tbc	85%	Supervisory visits; 6 monthly reports

KPA3: Family Planning

Policy Statement:

All people in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information.

Family Planning is the means by which individuals and couples can freely and responsibly choose the number of children they want, and when they want them - for the health and well-being of themselves and their family.

In Vanuatu, almost half of women of reproductive age (15-49 years) use some form of contraception, however nearly a quarter report being unable to access contraceptives to prevent or space pregnancy. High rates of pregnancy amongst adolescents (aged 15-19) suggest this age group in particular is not being reached by family planning services.

Access and delivery of Family Planning interventions face significant challenges in Vanuatu. The predominantly rural, dispersed population and limited transport infrastructure and resources for outreach impact on those living far from established health facilities finding it difficult to access family planning information and commodities. This is especially true of young people, who may not have the independence and/or resources to travel to a service provider. A broad range of contraceptives are available in Vanuatu and the recent introduction of the long-lasting contraceptive implant, Jadelle, is a positive step towards ensuring women, particularly in rural areas, have access to continuous contraception.

Health facilities themselves are sometimes unable to deliver services due to a shortage of staff and/or family planning commodities, and together with limited supply and/or use of long-acting contraceptives, many women in rural locations are unable to benefit from continuous contraception.

Where services and commodities are available, limited awareness and involvement amongst male partners in reproductive health decision making and misinformation amongst communities and some cultural and religious attitudes have the potential to discourage individuals and couples from accessing family planning services in some parts of the country.

Quality of service provision is also a challenge in some areas, if staffs have received limited or no training in family planning provision, or where distance, poor transport and communications infrastructure or limited resources results in supervisors and managers being unable to provide suitable professional support to field personnel.

The Ministry of Health has recently updated the *Evidence-Based Guidelines in Family Planning for Health Workers*, which provides technical and programmatic guidance for the delivery of quality family planning services. This resource should be widely disseminated and utilised by health workers, supervisors and managers to support improved coverage and quality of services, including well-managed and supported referral pathways.

Appropriate annual resource allocation must be directed towards initial technical training and regular professional development and supervision for service providers to ensure family planning services remain of a suitable quality. Consistency of training within basic and post-graduate courses, and adherence to the *Evidence-Based Guidelines in Family Planning for Health Workers* is essential.

Enlisting and encouraging non-government partners/organisations to support expanded coverage of targeted family planning services must remain a priority of the Ministry of Health. Ensuring a suitable supply of a wide range of short and long-acting contraceptives to all implementing agencies is a key strategy to enabling all users, be they women, young females or males, or people with disabilities can exercise their right to decide the number, spacing and timing of pregnancy.

Increased service coverage may also be achieved through training and up-skilling of Village Health Workers to deliver accurate family planning awareness and promotion messages, appropriate referral and, potentially, to administer some family planning commodities (such as oral pills). The latter should be initially prescribed by a qualified nurse/midwife, and Village Health Workers supported/supervised to maintain delivery of commodities between check-ups at the Dispensary/Health Centre. This approach should be considered under this Policy to enable continuous contraception for those living far from formal health facilities. If accepted, more detailed and specific training and ongoing supervision and support for Village Health Workers will be required, as will a closer relationship with Area Nurse Supervisors, and changes to the Essential Medicines List for Aid Posts and a number of policy directives at the national level (such as from the Nursing Council).

Tailoring services to meet the specific needs of vulnerable individuals and groups, such as people with disabilities, is an important aspect to promoting SRHR - no client requesting contraception should be sent away without a suitable method for her/his needs. Family planning must be integrated with all other services to ensure that users can access information and commodities from a health facility at any time they require these, regardless of any other reason for their visit to the facility. For example, a woman bringing her child for an immunisation visit should be able to replenish her supply of oral contraceptive pills or receive a Jadelle implant during that same visit, rather than being asked to return on an alternative day to meet the schedule of the health facility.

This one-stop-shop approach has the potential to integrate more closely with some of Vanuatu's cross-cutting health priorities, such as Non-Communicable Disease prevention and management, where increased numbers of people attending health facilities for assessment and/or treatment of diabetes, for example, presents an opportunity to more widely promote family planning and administer commodities. Similarly, blood testing for antenatal care has the potential to identify hyperglycaemia in women and accordingly facilitate referral for a more detailed assessment.

Where available from government and non-government health facilities, users should not be charged for contraceptives and commodities, however, messages promoting family planning services should clearly communicate that some non-government services may incur a consultation or service-delivery fee. Service charges for the administering of contraceptives by non-government organisations and private practitioners should be affordable to users, and waived should a client be unable to meet the

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
2.4. To increase availability of high quality curative care services for children (IMCI and SAM/MAM)	supplementation and de-worming, improve hand washing behaviour, oral hygiene) held 2 times per year throughout the country (OP)			weeks 2 times per year			
	Children with diarrhoea are given oral rehydration salts (OC)		✓	% of children (aged 0-59 mo.) with diarrhoea given oral rehydration salts (ORS)	47.6%	90%	National Surveys: DHS, MICS
	Children with suspected pneumonia are taken to a health care provider (OC)		✓	Proportion of children with suspected pneumonia taken to an appropriate health provider	72.1%	90%	National Surveys: DHS, MICS
	Children with Moderate or Severe Acute Malnutrition (MAM or SAM) are appropriately		✓	% of children with MAM or SAM accessing appropriate treatment (including			Facility Reports and Nutrition survey

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
	management (see KPA 8)						
2.3	To prevent childhood malnutrition through improving infant and young child feeding practices and increasing Vitamin A supplementation and deworming	Infants and young children receive adequate, age appropriate foods (OC)	✓	Proportion of children (aged 6 – 23 mo.) who receive a minimum acceptable diet ⁸²	29% of children aged 6–23 months fed according to the recommended IYCF practices (2013)	35%	National Surveys: DHS, MICS
		Children receive 2 doses of Vit. A per year. (OC)		Proportion of children (aged 6-59 mo.) who received a Vit A supplement during the last 6 mo.	24.8% (2013)	50%	National Surveys: DHS, MICS
		Health providers trained on counselling and new IYCF guidelines (OP)	✓	% of nurses trained on IYCF counselling using new guidelines	50% (2015)	100%	Training reports; RH unit reports
		Child health weeks (including Vit. A	✓	% of provinces holding child health	20%	100%	6 monthly reports

⁸² Children aged 6-23 mo who had at least the minimum dietary diversity and the minimum meal frequency during the previous day

cost of service - a client should not be denied access to contraception on the basis of being unable to pay for the service.

Individuals and couples have the right to a comprehensive information package on sexual and reproductive health and about each method of contraception in order to make informed decisions about family planning, delivered through counselling which is free of coercion, and conducted in a private, comfortable and confidential environment. Choice of contraception should not be dictated by client age or by the service provider. The client themselves has the right to individually consent to contraceptive use, including sterilization, be they an unmarried woman, or a woman with disability (with the exception of a client with a medically diagnosed, severe mental health condition which impacts on their capacity to make informed decisions).

Where a couple (or family) have differing opinions about the desired use of contraceptives, this Policy dictates that the ultimate right rests with the woman, whose body and associated rights to education, development and socio-political participation are more closely impacted by pregnancy and childbirth than her male partner. The *Evidence-Based Guidelines in Family Planning for Health Workers* provides guidance for counselling couples towards a joint decision on the use of family planning, but ultimately the decision of the woman must be respected by service providers.

In provinces with access to vasectomy services, promotion and awareness messaging must clearly articulate how and from where a man can access these services, so as not to delay their vasectomy if presenting to the wrong clinic/facility (for example, presenting to a family planning clinic only to find that his name must then be added to a surgical waiting list).

While respecting individuals' rights to choose contraception free of coercion, service providers should follow-up and attempt to encourage defaulters of family planning services to continue use of contraception if desired.

Reproductive Health Commodities Security should be ensured through training of service providers on logistics management, procurement and storage of commodities. Stocks must be carefully monitored by relevant personnel to avoid overstocking and stock-outs.

Monitoring and reporting of family planning services and data is the responsibility of service providers and managers, and is an essential cornerstone to improved planning and delivery of quality services.

Promotion of an enabling environment which encourages use of family planning services and commodities is important for improved reproductive health. Appropriate, factual and targeted family planning information should be provided to the community, disseminated through a range of activities and media, including community engagement, brochures, posters, radio/television, drama, and school outreach programs. These messages should be targeted to appropriate groups, including women, young people, people with disabilities and males.

Family planning promotion and awareness messages must be standardised in accordance with the *Evidence-Based Guidelines in Family Planning for Health Workers*. The Health Promotion Unit of the

Ministry of Health is responsible for establishing and periodically revising key messages relating to family planning, and these must be adhered to regardless of whether the promoting agency/individual is a representative of government or a non-government agency. The National Health Promotion Unit should be consulted (and permission obtained) before any family planning awareness media or written material is produced and released. Provincial Health Promotion Officers must be provided with skills training and support to oversee, deliver and support others to deliver family planning awareness messaging at the provincial and community levels.

Reach and effectiveness of promotional messages will be impacted by supportive legislation and policy which facilitates dialogue and discourages stigma associated with access to, and use of family planning at the community level. Existing legislation should be reviewed and revised to allow all women and men access to the contraception of their choice.

KPA4: Adolescent Sexual and Reproductive Health (ASRH)

Policy Statement:

Improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention.

ASRH includes: the prevention of unintended teenage pregnancy; the prevention and treatment of STI/HIV; the provision of targeted information to promote awareness of sexual and reproductive health issues; the provision of youth friendly services; and youth participation.

Nearly 60% of the population in Vanuatu is under the age of 25, and never before have young ni-Vanuatu had access to information and examples of alternative lifestyles as they have in the last decade, thanks largely to increased access to multi-media, including mobile-phone driven social media. More young people are reporting to be engaging in pre-marital sex, many with multiple partners, however, levels of awareness of STIs and their prevention, and the use of condoms have not kept pace with changing sexual behaviour. Use and abuse of legal and illicit substances such as alcohol, cannabis and other drugs is also increasing amongst young people, which can impair cognitive function and have been shown to impact on decision-making, especially relating to correct and consistent safe sexual practices.

While older age groups have increasingly sought out contraceptives to plan and space their children, rising teenage pregnancy and STIs indicate that reproductive health services are not being as readily accessed by young people. Pregnancy during adolescence has been demonstrated to pose a higher risk than for older mothers, with teenagers being more likely to experience complications during labour, and resultant higher morbidity and mortality for themselves and their children. Socially, there is a significant, potential adverse impact on pregnant adolescent women through stigma from within communities and families, and commonly, disruption or conclusion of the mother's attainment of higher education.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators		Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target
2.1 To increase immunization coverage through strengthening fixed site and outreach services				standard deviations below the median (– 2 SDs) for the reference population		
	Children who are fully immunized (OC)	▪	✓	% of children who are fully immunized	68.5% (2016) (24-59 mo.)	80%
	Children who received 3 doses of DPT containing vaccine (OC)	▪	✓	% of children (12-23 mo.) who received 3 doses of DPT containing vaccines	81.1% (2016)	90%
2.2 To strengthen immunization service capacity through improving cold chain and supply chain	Health staff deliver integrated outreach services (including immunization) each month (OP)	✓	✓	% of health centres/dispensaries delivering regular outreach according to micro-plan	40%	70%
	Cold Chain coverage (OP)	✓	✓	% of health centres/dispensary with functioning cold chain	TBC	100%
	Supply chain management strengthened (OP)					

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
attendance at antenatal care, to promote births in health facilities and early and exclusive breastfeeding							

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid- term	End- of- Cycle	Details	Baseline	Target	
KPA2: Child Survival: Immunization, nutrition and prevention and management of childhood illness							
Improved health outcomes for children: the child mortality rate is less than 25 per 1000 live births per year and stunting in children under five is less than 20%.	Under five mortality is reduced (OC)	■	✓	U5MR: # deaths in children under 5 years of age /1000 live births/yr.	31 (2013)	25	National surveys (e.g.: DHS, MICS) HIS data
	Stunting is reduced (OC)	■	✓	% of children under five years whose height-for-age falls more than two	28.5%	20%	National surveys (e.g.: DHS,MICS)

Promoting awareness of sexual and reproductive health amongst young people, including the dangers and social impact of unplanned, teenage pregnancy, and the prevention and management of STIs is a priority of this Policy. Engaging with young people through school-based programs; peer-to-peer programming; youth-informed awareness messaging and material development; and health service planning are essential elements to ensuring young people receive accurate ASRH messages, and respond with appropriate behaviour change. In recognition of their direct links to young people, the Ministry of Health should seek to work with and through the Ministry of Youth and Sports and Community Services, the National Youth Council and with youth-focused non-government entities such as Youth Challenge, Wan Smolbag, Save the Children, CARE International, the Vanuatu Red Cross Society and the Vanuatu Christian Council.

Non-government organisations providing youth-focused sexual and reproductive health services to complement coverage of government services should engage with the Ministry of Health to establish a Memorandum of Understanding which outlines the responsibilities of each party in terms of the scope of service provision, commodities procurement and supply, and reporting in accordance with the national Health Information System.

Efforts to integrate comprehensive ASRH information and learning into the formal school curriculum are underway with support from UNDP's MAF Program. Upon finalisation of the 'Family Life Education' curriculum units, implementation of this initiative should be actively supported at all levels, and across multiple sectors.

In addition to the common types of youth-informed Information, Education, Communication materials for raising awareness of reproductive health issues amongst young people, such as print material and radio-spots, the phenomenal user-uptake of social media amongst young people in Vanuatu offers an unprecedented opportunity to communicate key ASRH messaging directly to the target audience in even some of the most remote parts of the country. This must be explored as the basis for multi-media efforts towards improved reproductive health for young people, and resourcing for technical assistance considered.

Youth peer-programming is a proven means for promoting ASRH behaviour change amongst young people in many settings, however, such initiatives need to be well supported. In Vanuatu in recent years, reduced funding for peer-to-peer programming has seen the decline of many otherwise effective initiatives. Prioritising peer-led initiatives must be matched with appropriate donor resourcing to ensure their effectiveness.

If awareness of ASRH is to result in positive behaviour change amongst young people towards seeking out family planning, access to condoms and/or treatment for STIs, the facilities and services providing these must be accessible to young people. 'Accessibility' refers to a service being physically located close to young people, but also to its being acceptable to the users such that they are comfortable to attend when they need to. Ensuring reproductive health services are 'youth friendly' includes ensuring young people can access them without fear of stigma or discrimination, without fear of their needs being disclosed to their family or the community, and may even include operating the service at different times of the day or night in accordance with young peoples' availability or need. All health

service providers, both government and non-government, have an obligation to ensure their reproductive health services are suitable and acceptable to this significant proportion of the Vanuatu population. This Policy commits to Youth Friendly Services being available from all government health facilities in Vanuatu.

In order to ensure that ASRH awareness activities (in schools and communities), promotion of condoms and delivery of youth friendly services will be acceptable to communities, it is essential to foster an enabling environment which understands and promotes improved ASRH. Targeted engagement with communities, leaders, teachers, school committees and other key decision-makers to promote understanding and acceptance of ASRH issues is essential to enable effective programming. Provincial Health Promotion Officers are best placed to coordinate, support and monitor targeted awareness for youth friendly sexual and reproductive health services – these Officers should work with the National Reproductive Health Unit and Provincial Reproductive Health Supervisors to plan and deliver appropriate interventions for increasing awareness and attendance of young people at health facilities, and resources for these should be identified and scheduled within Annual Provincial Health Planning.

Efforts to promote safer sexual behaviours must include targeted promotion of condoms to young people, and promotion and availability of condoms in public places where young people gather, including in *nakamals*, sports clubs, bars and clubs (in urban areas), and during community events. Regular needs assessments involving young people will determine other appropriate locations, and may include taxi stands, public toilets and markets.

The most important aspect to ensuring that targeted ASRH interventions remain appropriate for young people is to ensure they have a voice in the planning, implementation and monitoring of interventions. Creative ways of engaging a diverse range of young people in all aspects of ASRH programming is the most effective means for ensuring that initiatives remain acceptable to the target audience. The National Youth Council, schools and youth-focused non-government organisations may provide suitable forums for engaging young people, but social media also presents a unique, emerging opportunity to pre-test, plan and get direct feedback from users of targeted interventions.

KPA5: STIs, including HIV

Policy Statement:

Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu.

This policy goal reflects that of the draft *National Strategic Plan for HIV and STIs, 2014-2018*, which provides substantial detail about the strategic direction of the national response to HIV and STIs in Vanuatu. The document focuses on the various forms of transmission of HIV and STIs, with particular attention to prevention amongst key vulnerable groups such as young people, men who have sex with men and commercial sex workers, who each demonstrate risky behaviours and practices, characterised

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
1.7 To support skills development and mentoring of TBAs and VHWs to identify new pregnancies, promote early (and often)	Up-to-date emergency obstetric referral protocols and contacts on display in all facilities (OP)	✓	✓	hospitals) % facilities with up-to-date protocols on display	0	100	Annual emergency obstetrics audit of 6 provinces
	Health facility staff trained in emergency obstetric and newborn care and birth preparedness (OP)	✓	✓	% facilities in which staff have received training since 2016	0	100	Training reports
	TBAs and VHWs trained to promote and support referral to ANC, facility-based births and early and exclusive breastfeeding (OP)	✓	✓	# TBAs trained			Training reports, VCNE, APSP
		✓	✓	# VHWs trained			Training reports, VHW Program

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
1.5	To strengthen midwifery care through the establishment and ongoing capacity building and support of 67 midwives	Midwives are trained under revised formal curriculum (OP)	✓	# graduating with post-basic nursing training (midwifery) between 2016-19	67	112	VCNE, VQA
		Midwives receive annual refresher training in emergency obstetric/newborn care	✓	# midwives receiving training from 2017-19			VCNE, APSP training reports
1.6	To ensure that pregnant women in Vanuatu have access to quality emergency obstetric care by 2017 (comprehensive in VCH and NPH; basic in all other hospitals)	Emergency obstetric procedures conducted in accordance with referral and response protocols (OC)	✓	% emergency obstetric procedures in line with protocols	0	1	Annual emergency obstetrics audit of 6 provinces
		Emergency obstetric care available from all hospitals (comprehensive - VCH, NPH; basic - all others) (OP)	✓	% hospitals (or #/6) delivering basic or comprehensive emergency obstetric care (CEMONC = VCH, NPH; BEMONC = all other	33 (3/6)	5/6	emergency obstetrics audit of all hospitals

by sex with multiple partners combined with limited understanding of prevention, and low prevalence of condom use.

The National Strategic Plan provides detail about the health sector's management of HIV and STIs at the facility level, including counselling and testing, and syndromic management of STIs in locations with limited access to reliable and timely testing (in accordance with the *Evidence-Based Guidelines for the Management of STIs*). PMTCT is prioritised through antenatal care clinics, and prevention of blood-borne HIV infection through appropriate blood screening in hospitals and management of needle-stick injuries are promoted through standard operating procedures and clinical guidelines.

Provider-Initiated Contact Tracing for HIV and STIs should be prioritised and processes established (and appropriately introduced) for obtaining client consent to enable providers to contact partners of those testing positive for STIs or HIV.

The National Strategic Plan is also concerned with management of HIV positive cases and ensuring universal access to antiretroviral therapy, treatment of opportunistic infections and care and support counselling and programming. Promotion of a supportive legislative environment is a key strategy for the national response to HIV.

The National Strategic Plan advocates for integration of HIV and STI programming with reproductive health services to ensure HIV positive women have access to family planning and antenatal care through which to make informed decisions about birth-spacing and support for PMTCT of HIV. In 2014, steps were taken to formally integrate the HIV/STI and Reproductive Health Programs at the national and provincial levels, however, re-structuring within the Ministry of Health in early 2015 has determined that the former will remain under the responsibility of the Director of Disease Control, and be aligned more closely with the Tuberculosis Program (as opposed to Reproductive Health, which sits under the Director of Public Health). Despite this structural decision, there remains strong will within the Department of Public Health to ensure the two programs align, and as such, this KPA shall reflect the plans identified in the HIV/STI National Strategic Plan.

Currently, 17 regionally-accredited Voluntary Confidential Counselling and Testing (VCCT) sites have been established in hospitals and health centres throughout the country, however, only 10 of these (10/17) are considered to be fully functioning at present⁴⁹. The HIV/STI National Strategic Plan prioritises the scaling-up and maintaining of these sites, and as many of these exist alongside existing antenatal and family planning clinics, so this initiative will be supported by the reproductive health program. Training and resourcing of non-clinical staff to deliver STI and HIV counselling (and perhaps rapid testing, in accordance with recently-released guidelines⁵⁰) should be prioritised to free-up clinical staff for their other obligations, and facilitate less rushed, higher-quality, dedicated STI and HIV counselling which can also promote and support increased uptake of family planning services.

As the prevalence of many STIs continues to rise, especially amongst young people, improved testing for STIs to inform appropriate treatment must remain a particular focus of national programs. In

⁴⁹ Personal communication, Caleb Garae, National HIV/STI Program Coordinator, Ministry of Health, 7th August 2015.

⁵⁰ WHO, 2015; *Consolidated guidelines on HIV testing services 2015*; Canada (sic); World Health Organization.

recognition of limited transport infrastructure within provinces and inadequate systems for transporting specimens to provincial laboratories for testing and relaying results to the field, the feasibility of introducing widespread use of rapid, point-of-care testing for the more common STIs should be investigated and pursued as appropriate.

Promotion of awareness and targeted HIV and STI prevention initiatives must remain a key element of all reproductive health facilities, staff and activities. Promotion and dissemination of condoms must continue, and suitable social marketing and promotional materials which target key vulnerable groups should be developed, disseminated and regularly refreshed and updated. Efforts to foster community support for condoms and promotion of awareness messages must remain a key strategy of all programs, and must include engagement with community leaders, parents and schools, and support to peer-led initiatives. Provincial HIV/STI Focal Points, Health Promotion Officers and/or Core Teams are best placed to coordinate, support and monitor targeted condom awareness and promotion – these Officers should work with the National HIV/STI Program and the National Reproductive Health Unit to plan and deliver appropriate interventions for increasing awareness and use of condoms through promotion and availability of condoms in public places where target groups gather, including in *nakamals*, sports clubs, bars and clubs (in urban areas), and during community events. Regular needs assessments involving target groups will determine other appropriate locations, and may include taxi stands, public toilets and markets.

Reduction of stigma and discrimination towards people living with HIV must remain a priority at the legislative level, and be supported and enforced at all levels of government. At the community and health service delivery level, program initiatives must ensure people living with HIV are afforded the same rights to their civil liberties, including access to health care, as is the rest of the population, and likewise, individuals seeking information and treatment for STIs, regardless of their gender or age, should be encouraged to do so free of discrimination.

KPA6: Gender-based violence and sexual assault

Policy Statement:

Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights.

Communities demonstrate intolerance for gender-based violence and sexual assault through participation in, and leading awareness activities, and through actively supporting victims to access treatment and support services.

Sexual violence is defined as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work’⁵¹.

⁵¹ WHO, 2003; *Guidelines for medico-legal care for victims of sexual violence*; France (sic), WHO.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
the introduction of a comprehensive package of interventions in all hospitals, and appropriate community awareness and messaging	Mothers are breastfeeding their newborns/infants exclusively up to 6 months (OC)	✓	✓	% infants less than 6 mo. old who are exclusively breastfed	72.6% (2013)	78%	VDHS 6 month reports; HIS
	All hospitals delivering comprehensive package of maternal/neonatal care (OP)	✓	✓	% hospitals (#/6 including Sola HC) delivering comprehensive package of maternal/neonatal care	33 (2/6)	tbc	Facility Assessment; 6 monthly reports
	All hospitals certified under baby friendly hospital initiative (BFHI) (OP)	✓	✓	% (or #/6) of hospitals certified under BFHI	0 ⁸¹	4	BFHI certification reports; 6 monthly or annual reports
	Expanded coverage of baby friendly communities initiative (OP)	✓	✓	% (or #/6) of provinces where baby friendly communities initiative is functioning	0	4	6 monthly or annual reports

⁸¹ 2 hospitals were certified in the past (Vila Central Hospital and Lenakel) but certification is now expired.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
PNC.	within 2 days of delivery (OC)			% of newborns receiving PNC within 2 days of birth	Approx. 67% (2013)	80%	National surveys (e.g.: VDHS, MICS)
1.3 To ensure that 95% of deliveries in Vanuatu are attended by a skilled birth attendant from 2016	95% of deliveries in Vanuatu are attended by a skilled birth attendant (OC)	▪	✓	% of deliveries attended by a skilled birth attendant	89.4 (VDHS)	95	National surveys (e.g.: VDHS)
	Communities and young women understand the importance of facility-based birthing (OC)	✓	▪	% of community and young women respondents aware of importance of facility-based birthing			Community-based KAPB survey
1.4 To promote safe motherhood and healthy babies through	Awareness activities to promote skilled attendance at birth conducted in communities (OP)	✓	▪	% communities in health facility catchment areas receiving awareness activities/6 months		85	6 month reports; HIS
	Newborns are breastfeeding within 1 hour of birth (OC)	✓	✓	% babies delivered in health facilities commencing breastfeeding within 1 hr.	85.4 (VDHS)	92	National surveys (e.g.: VDHS) HIS data

Violence against women, including physical, emotional and sexual violence is present across all provinces of Vanuatu in both urban and rural communities; 60% of women report having suffered from physical and/or sexual violence from their intimate partner and 48% have been physically and/or sexually assaulted by someone other than their intimate partner. 41% of women report that their first sexual experience was forced and/or unwanted⁵².

While women have equal rights under Vanuatu law, they are only recently emerging from a traditional culture characterized by male dominance, in which females are under-represented in education and on most community and national-level decision-making bodies, and in which there exists widespread belief that women should devote themselves primarily to childbearing and household chores. Such attitudes, combined with limited opportunities for women to gain employment or engage in the market economy, disempowering them socially, economically and within relationships, and these contribute to their vulnerability to sexual violence.

The Family Protection Act of 2008 criminalizes domestic violence and obligates police and the law to formally act on complaints within 48 hours⁵³. The Public Prosecutor's Office and Family Protection Unit of the Vanuatu Police Force have internal 'no drop' policies to ensure domestic and sexual violence cases are brought to trial (and not withdrawn)⁵⁵, however, the extent to which they proceed through the courts is subject to the complainant's willingness to appear and provide evidence; the long wait for such cases to reach trial, and pressure from families and communities commonly influence complainants not to testify in Vanuatu's courts⁵⁶.

Neither the Ministry of Health nor provincial and health facility managers have established forensic protocols, guidelines or systematic processes for receiving, examining and reporting presenting cases of gender-based violence and sexual assault (including rape), however, these are being developed within the revised *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide*, due for release late in 2015. In practice, these cases do not regularly present to rural health facilities, and often they present to hospitals for medical examination only after some time has lapsed, when the victim is pursuing legal action and is directed to do so by police.

Sexual assault examination and testing kits are not available in provincial hospitals or clinics, but are available within some units of the Vila Central Hospital (children's and general Outpatients Departments, Integrated Women's Health Clinic). Post-exposure prophylaxis for HIV and STIs is available from these facilities.

Vila Central Hospital also has a private and confidential waiting room for women who have experienced gender-based, domestic or sexual violence, and a dedicated nurse for arranging referrals to a select list of trained doctors and counsellors from the Vanuatu Women's Centre.

⁵² Vanuatu Women's Centre, 2011 op cit.

⁵³ Republic of Vanuatu, 2009; *Family Protection Act No. 28 of 2008*; Port Vila, Republic of Vanuatu.

⁵⁴ UNIFEM, 2010; *Ending Violence Against Women and Girls: Literature Review and Annotated Bibliography*; Suva, UNIFEM.

⁵⁵ Human Rights Council, 2013; *National Report submitted in accordance with paragraph 5 of the annex to Human Rights Council Resolution 16/21: Vanuatu*; New York, United Nations General Assembly.

⁵⁶ UNIFEM, 2010; op. cit.

When caring for the victim of sexual violence, the overriding principle must always be the health and welfare of the individual. The provision of quality legal and social services thus assumes secondary importance to that of general health care services, such as the treatment of injuries, assessment and management of pregnancy and STIs. Service providers must be sensitive and sympathetic to the individual's physical and emotional needs and avoid making judgments. Victims should be treated with respect throughout the process of treatment, counselling, referral and legal procedures.

Establishment of (and training for) national guidelines for systematic forensic assessment and reporting of sexual assault cases within health facilities must be prioritised to guide health providers and support the victims of sexual assault. Development of guidelines and tools must be aimed at all potential staffs that are likely to receive emergency cases while on duty, inclusive of doctors, midwives and registered nurses. Designated health facilities must be equipped with sexual assault examination and testing kits, inclusive of emergency contraception and post-exposure prophylaxis for HIV and STIs, and protocols developed and disseminated for their use and regular re-stocking.

The Ministry of Health should establish systems and protocols to ensure the safety and security of staff when reporting cases of violence and abuse to law enforcement authorities. The Ministry must work with other sectors (such as the Justice, Law Enforcement and Community Services, and with provincial Governments) for the development of these protective measures to ensure widespread support and adherence.

Engaging with communities, leaders, women and men about gender-based violence and sexual assault is important for fostering an environment which does not tolerate such behaviour. A number of organisations such as the Vanuatu Women's Centre, Wan Smolbag and CARE International run youth-targeted programs to raise community awareness of the legal ramifications of, and appropriate community responses to, gender based violence and violence against women.

Vanuatu's laws relating to sexual assault have been updated in recent years and provide adequate legal reprisals for perpetrators of sexual violence, assault and rape. While these amended laws are non-gender specific, the laws relating to abduction (Section 92)⁵⁷ remain focused on the female child only, and should be amended to reflect vulnerabilities of young males also.

KPA7: Morbidities of the reproductive system: cancer, infertility, menopause and abortions

Policy Statement:

Women (including girls) and partners in both urban and rural areas of Vanuatu have access to quality, affordable and sustainable reproductive health and gynaecological services, including cervical and prostate screening.

⁵⁷ Government of Vanuatu, 2006b; Vanuatu Penal Code [Cap 135] 1981; <http://www.wipo.int/wipolex/en/...>, accessed 31st July 2015.

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
1.2 To ensure women in Vanuatu access quality antenatal care at least 4 times during pregnancy and women and their newborns receive quality	per MOH role delineation (OP)			and commodities			
	Maternal Deaths Advisory group investigates/reports maternal deaths/near-misses within 2 weeks of incident (OP)	✓	✓	% maternal deaths/near misses investigated/ reported within 2 weeks of incident	~80 (tbc)	100	Formal reporting of maternal deaths to RMNCAH
		✓	✓	% review outcomes formally communicated to provinces/hospitals (quarterly)	0	100	Formal statements to Provinces
	Women are accessing ANC by 17 weeks (OC)	▪	✓	% pregnant women attending ANC presenting ≤17 weeks/yr			Reproductive Health Service Survey
	Women are accessing ANC at least 4 times during pregnancy (OC)	▪	✓	ANC coverage (%): i) 1-3 visits ii) ≥4 visits	i) 75.6 ii) 51.8 (VDHS)	i) 100 ii) tbc	National surveys (e.g.: VDHS, MICS)
	Women and newborns receiving first PNC check	▪	✓	% of mothers receiving PNC within 2 days of delivery	67% (2013)	80%	National surveys (e.g.: VDHS, MICS)

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-Cycle	Details	Baseline	Target	
(ANC) and postnatal care (PNC) through capacity building of staff, and resourcing for essential equipment and outreach	guidelines (OC)	■	✓	% health facilities delivering PNC services as per new national guidelines		100	Supervisory visits and 6 month reports
	Males are accompanying their partners for ANC and PNC visits (OC)	✓	✓	# ANC mothers accompanied by male partner for ≥1 visit during pregnancy/yr.			National survey (DHS) or ANC HIS data (would need to revise current forms and registers)
		✓	✓	# PNC mothers accompanied by male partner for ≥1 visit post delivery			National survey (DHS) or ANC HIS data (would need to revise current forms and registers)
	Staff trained in delivery of ANC and PNC (OP)	✓	✓	# staff trained from 2014		85	Training reports; VCNE, APSP, RH Unit
	Facilities fully equipped for delivery of ANC and PNC as	✓	✓	% facilities stocked with operable, standard equipment		100	Supervisory visits and 6 month reports

As the prevalence of STIs continues to increase in Vanuatu, particularly amongst young, urban women, there may be a corresponding increase in the prevalence of infertility.

Improved socioeconomic status is contributing to greater life expectancy amongst ni-Vanuatu women and men, and with this comes demand for reproductive health services from an increasing number of older people. Greater numbers of women are experiencing the emotional and psychological effects of menopause on their sexual and general wellbeing, and resultant marital disharmony may result.

Similarly, greater life expectancy is associated with the onset of cancers of the reproductive system in both in women and men. These contribute to high mortality and morbidity in Vanuatu, and are often associated with delayed care-seeking behaviour. Some cancers can be diagnosed early through appropriate screening, and may be treatable.

Cervical cancer is the leading cause of cancer death in ni-Vanuatu women. Although there is no specific reporting system or cervical cancer registry in place, research indicates the prevalence of cervical cancer is in the order of 19.2 per 100,000 women (ranked in the region behind Fiji, Solomon Islands and Papua New Guinea)⁵⁸, and there is growing evidence that cervical cancer is becoming an increasing problem. Screening conducted in 2011-12 indicated that 21.7% of women in Vanuatu (and 31.7% of women under 25 years of age) tested positive for Human Papilloma Virus (HPV), amongst whom there is significant risk of developing cervical cancer⁵⁹. Fortunately, cervical cancer is largely preventable through immunisation to prevent the transmission of HPV. A national HPV vaccination campaign targeting young women aged 9-12 in schools is near completion, and should be repeated over the coming years. Screening for pre-cancer lesions and subsequent treatment may be a useful means for reducing cervical cancer⁶⁰, and safe sex messaging and commodity distribution will help to reduce HPV transmission.

Breast cancer is also rising in Vanuatu, although without appropriate screening programs the true extent of the impact of breast cancer is not yet realised. Public health messages encouraging breast self-examination or examination at a clinic should be more widely promoted and prioritised. The Ministry of Health should establish and maintain a national cancer registry to monitor these significant contributors to national morbidity and mortality.

Prostate cancer in men is also believed to be rising in Vanuatu, although the magnitude of the issue is not well understood at this time. The National Reproductive Health Unit should establish a review of data to accumulate a record of known cases of prostate cancer, and a public awareness campaign launched in conjunction with the National Health Promotion Unit and Provincial Health Promotion Officers to promote attendance of males at health facilities for assessment. Such measures must be accompanied with measures to strengthen clinical and surgical services to examine and treat/prevent prostate cancer.

⁵⁸ Obel J, Souares Y, Hoy D, Baravilala W, Garland S, Kjaer S, & Roth A, 2014; *A Systematic Review of Cervical Cancer Incidence and Mortality in the Pacific Region*, *Asian Pacific Journal of Cancer Prevention*; 15:9433-9437.

⁵⁹ Aruhuri B, Tarivonda L, Tenet V, Sinha R, Snijders, P, Clifford G, Pang J, McAdam M, Meijer C, Frazer, I & Franceschi S, 2012; *Prevalence of Cervical Human Papillomavirus (HPV) Infection in Vanuatu*, *Cancer Prevention Research*, 5:746-753.

⁶⁰ WHO, 2013; *WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention*; South Africa (sic); WHO.

Raising awareness amongst women, men and communities about the signs and symptoms of various cancers, and the importance of presenting early for examination should be prioritised by the Ministry of Health. Services for gynaecological conditions, including infertility problems in couples and breast conditions, are not well established. Vila Central Hospital is currently the only facility that deals with general and complicated gynaecological conditions. Greater numbers of trained doctors and midwives are required to expand coverage of gynaecological services, as well as appropriate diagnostic instruments.

Infertility is defined as inability to become pregnant after 12 to 36 months of regular intercourse. There is little treatment available for infertility in Vanuatu, however, service providers (both clinicians and Health Promotion Officers) have a role to play in communicating the causes of infertility, especially STIs, and promoting access and adherence to treatment, and advising of protective behaviours. The *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide* provides guidance on clinical assessment for the causes of infertility, amongst both the female and male partners, which is inclusive of testing for cancer, STIs and conducting a sperm count. Service providers must be skilled in appropriate counselling for couples assessed to have irreversible infertility.

Changes associated with menopause, both physical and psychological, have the potential to create confusion and misunderstanding amongst women and their partners, and there is potential in Vanuatu for women to seek out *kastom* medicine to manage the symptoms of menopause, which could be harmful to their health and wellbeing. The health sector is responsible for ensuring menopausal women, their partners and communities, are provided with correct, consistent information about the natural process of menopause, and in particular, the signs and symptoms that may be experienced. Treatment of symptoms and counselling services (to support women's understanding and acceptance of the changes they are experiencing) should be provided from all health facilities and service providers should be trained accordingly.

Abortion remains illegal in Vanuatu, unless medically indicated to save the life of the mother⁶¹, however, the law is not specific about the provision of post-abortion care. A rights-based approach to sexual, reproductive and maternal health dictates that women presenting with post-abortion complications have the right to quality care, without fear of discrimination or reprisal. The *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide* provides guidance on the management of threatened, complete, incomplete and septic abortions. Guidelines should be developed into easy-to-follow wall charts, displayed in all health facilities, and communicated to all health facility staff who are likely to receive such cases while on duty, inclusive of doctors, midwives and registered nurses.

⁶¹ Government of Vanuatu, 2006b op cit.

Annex 3: Monitoring and Evaluation Plan⁸⁰

Policy Statement/ Objective	Outcomes (OC) / Outputs (OP)			Indicators			Means of Verification
	Details	Mid-term	End-of-cycle	Details	Baseline	Target	
KPA1	Safe Motherhood: antenatal, perinatal, postpartum and newborn care						
Improved pregnancy outcomes for mothers and newborns: maternal mortality ratio is less than 50 maternal deaths per 100,000 live births per year (equivalent of less than 6 maternal deaths per year) and neonatal mortality rate is less than 10 neonatal deaths per 1,000 live births per year	Maternal mortality is reduced (OC)	■	✓	i) MMR: # mat deaths/100,000 live births/yr. ii) # mat deaths/yr.	i) 86-110 ii) 7- 8 (2014/5)	i) <50 ii) <6	National surveys (e.g.: MICS) HIS data
	Neonatal mortality is reduced (OC)	■	✓	Neonatal mortality rate: # neonatal deaths/1,000 live births/yr.	12	<10	National surveys (e.g.: VDHS) HIS data
1.1	To strengthen quality and accessibility of antenatal care	Health workers are delivering quality ANC and PNC as per new clinical	■	✓	% health facilities delivering ANC services as per new national guidelines	100	Supervisory visits and 6 month reports

⁸⁰ **Additional abbreviations used in Annex 3** - ANC: antenatal care; APSP: an NGO; CMS: Central Medical Stores; ECP: emergency contraceptive pill; KAPB: Knowledge, Attitudes, Practices and Beliefs (survey); MICS: Multi-Indicator Cluster Survey; NPH: Northern provincial Hospital; Santo: O/G; Obstetrics and Gynaecology; PEP: post-exposure prophylaxis (STIs and HIV); PLWH: People living with, and affected by, HIV; SGS: Second Generation Surveillance (survey); VCH: Vila Central Hospital; VDHS: Vanuatu Demographic and Health Survey; VQA: Vanuatu Qualifications Authority

Name	Position/Designation	Organisation	Workshop	
Ellian Sale	Midwife, Hanington Dispensary	ORBA Provincial Health	✓	
Colenso Silas	HIV/STI Officer	TORBA Provincial Health	✓	
Noeline Tari Teilemb	Nursing Services Manager	Norsup Hospital		✓
Rosita Aru	RH Supervisor	Lolowai Hospital		✓
Nadia Ala	Registered Nurse	Aute Dispensary		✓
Manuel Wokeke	Nurse Practitioner	Sarumausi Health Centre, Sanma Province		✓
Pierre Paul	Nurse Practitioner	Tasmalum Health Centre, Sanma Province		✓
Grennethy Tavunwo	Health Promotion Officer	Malampa Province		✓
Ben John Taura	RMNCAH Coordinator	Shefa Province		✓

KPA8: Reproductive, Maternal, Newborn, Child and Adolescent Health Commodity Security

Policy Statement:

All women, men, children and adolescents in Vanuatu have access to essential health commodities when and where they need them.

Commodity security exists when clients can access essential health commodities when and where they need them. This concept is an extension of earlier frameworks that were initially developed for family planning and reproductive health commodities, and later applied to HIV/AIDS commodities.

Good-quality reproductive, maternal, newborn, child and adolescent health services require a continuous supply of essential health commodities. This, in turn, requires action from providers at the service delivery level, pharmacy staff at the provincial and national levels, staff and managers within the Central Medical Stores and the Ministry of Health at the national level. Each of these entities has a role to play in ensuring suitable stocks are procured, ordered, distributed and dispensed. Safe management, storage and ordering of these stocks at each level is vitally important for ensuring good quality commodities are available to women, children and young people when and where they need them.

Vanuatu has an impressive series of policies and guidelines which make particular reference to and which support commodity security (CS). These include the *Evidence-Based Guidelines in Family Planning for Health Workers*, the *Evidence-Based Guidelines for the Management of STIs*, the *PMTCT Policy and Guidelines* and, in particular, the *National Medicines Policy*, which articulates directives to ensure the safety, quality and efficacy of essential health commodities.

Ongoing training for service providers in commodity security (such as logistics management, procurement and storage of commodities) must continue on a regular basis, and all facilities should receive an audit and supervisory visit from the Central Medical Stores and/or Provincial Pharmacy at least once each year to identify CS issues and provide mentoring and support to field personnel.

Vanuatu's experience of the devastation of Tropical Cyclone Pam in March 2015 has highlighted the need to have pre-positioned health commodities in a number of separate locations in-country. The Ministry of Health is currently working on establishing a satellite warehouse of the Central Medical Stores at the Northern Provincial Hospital Pharmacy on Santo. This will be reflected in the Ministry of Health's revised emergency preparedness plan.

Implementation Strategy and Plan.

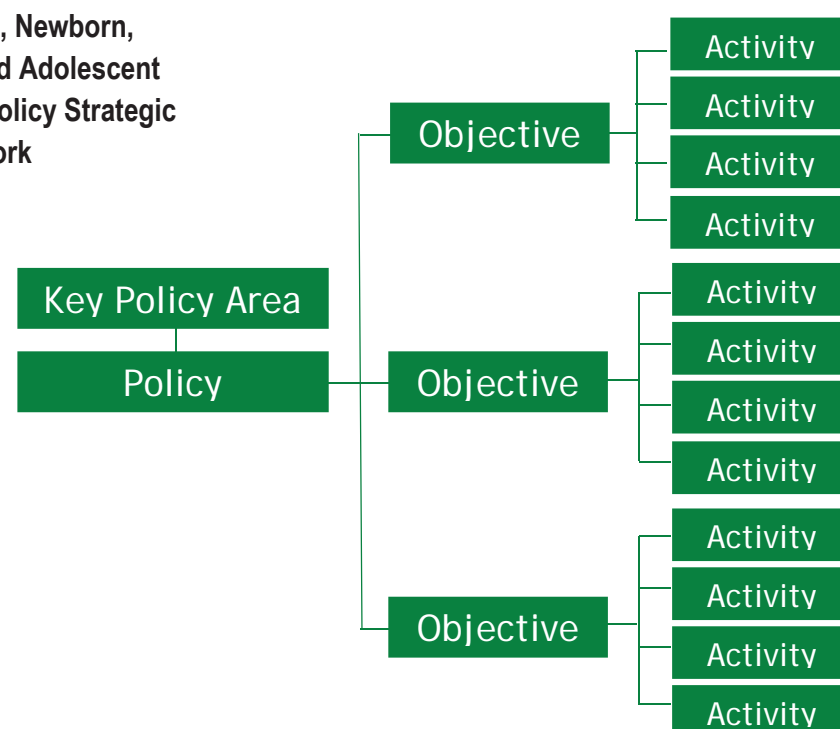
An important lesson learned from the 2006 Reproductive Health Policy was that the strategic framework was not clearly linked to the Ministry of Health's annual business planning and reporting mechanisms, or the Government's PAA. This made it difficult for managers at the national and the provincial levels to use the old Reproductive Health Policy and Strategy to inform their annual business plans, and to report against the Health Sector Strategy and PAA.

The 2016 Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy is therefore being designed so that it is aligned with the government's annual business planning and reporting processes. It incorporates a simple, useful Strategic Framework and Implementation Strategy and Plan to assist managers and service providers to plan, implement, monitor and report RMNCAH interventions and outcomes over the next three years.

Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Strategic Framework for 2017-2019

The Strategic Framework of the 2016 Reproductive, Maternal, Newborn, Child and Adolescent Health Policy is presented below in Figure 2.1. It mirrors the terms and concepts of the Ministry of Health's Annual Business Plans, and links directly to the Policy Objectives and Strategies of the PAA and can easily be updated to show the linkages with the new National Strategic Development Plan.

Figure 2.1:
**2017 Reproductive,
Maternal, Newborn,
Child and Adolescent
Health Policy Strategic
Framework**



Name	Position/Designation	Organisation	Workshop	
	Nursing Manager	Health		
Rosita Aru	Reproductive Health Supervisor	PENAMA Provincial Health	✓	
Dr Selwyn Bage	Medical Superintendent, Lolowai Hospital	PENAMA Provincial Health	✓	
Mandre Natnaur	TB/Leprosy Officer (for HIV and STIs)	PENAMA Provincial Health	✓	
Peter Malisa	Provincial Health Manager	SANMA Provincial Health	✓	
Netty Elton	Reproductive Health Supervisor	SANMA Provincial Health	✓	
Edna Iercet Iavro	TB/Leprosy Officer (for HIV and STIs)	SANMA Provincial Health	✓	
Dr Thomas Sala Vurobaravu	Senior Registrar Obstetrics & Gybaecikigyt	Northern Provincial Hosp (NPH)	✓	
Dr. Wilma Luan Kasso	Paediatrician	NPH	✓	
Anna Maria Salmakan	Midwife Maternity Ward	NPH	✓	
Robson Joe	STI/HIV Officer	SHEFA Provincial Health	✓	
Janet Eric	Acting Provincial Health Manager	SHEFA Provincial Health		✓
Simon Saika	Acting Provincial Health Manager	TAFEPA Provincial Health	✓	
Ruth Moise	Reproductive Health Supervisor	TAFEPA Provincial Health	✓	
Dr Robert Vocor	Acting Medical Superintendent	TAFEPA Provincial Health	✓	
Andrew Williams	HIV/STI Officer	TAFEPA Provincial Health	✓	
Henry Wetul	Provincial Health Manager	TORBA Provincial Health	✓	
Nerry Isom	RH Supervisor	TORBA Provincial Health	✓	

Name	Position/Designation	Organisation	Workshop	
Dr Annette Garae	Pediatrician Registrar Pediatric Ward	VCH		✓
Dr Walesi Natuman	Pediatrician Registrar	VCH	✓	
Dr Margaret Tarere	Senior Registrar	VCH	✓	
Marie Angela Mento	Midwife, Antenatal Clinic	VCH	✓	
Annie Margaret Serel	Midwife, Maternity Ward	VCH	✓	✓
Leitangis Mathias	Nurse in Charge, Maternity	VCH	✓	
Elty Malili	Registered Nurse, Child Outpatient Dept.	VCH		✓
Marie J.B. Willy	Midwife, ANC and RH Clinic	VCH		✓
Kim Nakou	Registered Nurse, Paediatric Ward	VCH		✓
Etienne Ravo	Vital Statistics	Civil Status Department		✓
Civil Society				
Siula Bulu	Program Manager	Wan Smolbag	✓	
Julius Ssenabulya	Program Strengthening Adviser	VFHA	✓	
Caroline Hilton	Health Program Manager	Save the Children	✓	
Elise Youm	Health Officer, Volunteer	Peace Corps/Save the Children	✓	
Provincial Level				
Kepoue Andrew	Interim Provincial Health Manager	MALAMPA Provincial Health	✓	
Sophie Morris	Reproductive Health Supervisor	MALAMPA Provincial Health	✓	
Susie Joe	Midwife Maternity Ward	MALAMPA Norsup Hospital	✓	
Colette Kaku	Midwife	MALAMPA Provincial Health	✓	
Melody Wai	Acting Provincial Health /	PENAMA Provincial	✓	

The Strategic Framework will assist national and provincial managers to develop their annual Business Plans; they can take Activities directly from the Strategic Implementation Plan, and place them into Business Plans. The scheduling within the Strategic Implementation Plan helps to clearly indicate the year of intended implementation (2017, 2018, 2019 and/or 2020).

When reporting against Business Plans, particularly for the annual report, the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Strategic Implementation Plan also provides a clear link between Activities and the Strategies of the PAA (and Health Sector Strategy – see Table 2.1), so reporting against these is simplified.

Table 2.1: Health-related Policy Objectives and Strategies of the PAA.

Policy Number	Policy Objectives	Strategy Number	Strategies
PO 5.1	Improve the health status of the population	S5.1.1	Strengthen integrated interventions at all levels for reducing illness and deaths in mothers, newborns, infants and children (Maternal, neonatal, child and adolescent health strategy of MNCAH)
		S5.1.2	Strengthened integrated interventions at all levels for reducing morbidity and mortality due to communicable diseases, including neglected and emerging communicable diseases (e.g. yaws, filariasis)
		S5.1.3	Strengthened integrated interventions at all levels for reducing morbidity and mortality due to non-communicable diseases (NCDs) and its major risk factors at all levels of the health system.
PO 5.2	Ensure equitable access to health services at all levels of services	S5.2.1	Provide individual, family, community and population oriented services using the Primary Health Care (PHC) approach in the context of the Health Islands (HI) Vision
		S5.2.2	To improve community health-seeking behaviour leading to better utilisation of health services
PO 5.3	Improve the quality of services delivered at all levels	S5.3.1	Develop and maintain adequate Human Resources for health to manage, coordinate and deliver quality health services
		S5.3.2	Upgrade and equip health Facilities at all levels of health care from dispensaries, health centres, provincial hospitals and referral hospitals
		S5.3.3	Strengthen the capacity of the Health Information System (HIS) to support evidence based policy and programming, and optimise the use of ICT technology
PO 5.4	Promote good management and the effective use of resources	S5.4.1	Strengthen effective governance, management and coordination of the Health Sector
		S5.4.2	Ensure efficient mobilisation, allocation, utilisation and management of financial resources through development of improved financial, accounting, procurement and audit systems.

*Note: The PAA will soon be replaced by the **National Sustainable Development Plan 2017-2023** revised **Health Sector Strategy** is expected. At that time, the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Strategic Framework can be easily amended to reflect linkage to the newly developed Strategies (or equivalent) presented in these new documents.*

M&E Plan and Framework

The Strategic Framework has also been structured to feed directly into an easy to follow M&E Plan (Annex 3), which will assist managers and supervisors to monitor and assess progress towards the Objectives presented under each KPA.

The M&E Plan identifies the **Outcomes** which we would expect to see as a result of our work, and lists the **Indicators** we will use to measure these. Outcomes are presented as **Mid-term Outcomes** (which we should see from Year 2 onwards) and **End-of Cycle Outcomes** (which we should see at the end of 3 years). **Outputs** are also presented to enable managers to monitor the progress of planned interventions.

Indicators are presented to assist national and provincial Reproductive Health Programs to measure, monitor and report progress towards delivery of Outputs and achievement of Outcomes. Where available, data is presented to indicate the current situation in-country (**Baseline**) and to identify the desired situation at the end of the Program cycle (**Target**).

Note: Currently there are a number of gaps against the Baseline and Target data for some indicators (see Annex 3 – yellow-shaded cells). In order to ensure the National Reproductive Health Program can monitor its progress over the three years from 2017-19, it is recommended that these gaps be addressed as soon as possible. .

It is the responsibility of the National Reproductive Health Unit (Ministry of Health) to oversee M&E of the RMNCAH Health Policy and Strategic Implementation Plan.

The M&E Plan will assist provincial-level data collection and reporting, and guide the National Reproductive Health Coordinator in their periodic assessment of progress (ideally every six months, following submission of provincial reports to the Ministry of Health).

Results of twice-yearly M&E reviews will be submitted to the Ministry of Health Executive Committee, and once approved, presented to the RMNCAH Committee. The reviews, complete with specific feedback, will also be disseminated to Provincial Health Managers and Hospital Managers.

Risks and Assumptions

The Strategic Implementation Plan articulates the Activities through which the Reproductive Health Program and service providers will work to achieve the Objectives within each KPA. These activities are largely related to RMNCAH information and service provision, and there is an expectation that the Ministry of Health will continue to support basic operations and implementation of services and programs as per its mandate.

Specifically, the following Assumptions underpin the Objectives and Activities outlined in the Strategic Implementation Plan. Failure of the Ministry of Health to fulfil these Assumptions poses a Risk to the delivery of many of the Activities, and could delay or prevent the achievement of Objectives.

- **Provincial Health Infrastructure and Equipment:** The Strategic Implementation Plan assumes that the Ministry of Health will continue its work to renovate, repair and maintain health facilities to required standards per its mandate and facility role delineation guidelines. Infrastructure standards should include appropriate private and confidential consulting areas for antenatal clinics and family planning services, protected waiting areas, running/potable water and basic, essential equipment such as suitable lighting to support emergency deliveries, and working

Annex 2: List of Participants: National Consultation Workshops

Name	Position/Designation	Organisation	Workshop	
National Level			1	2
Jean-Jacques Rory	Acting Director of Public Health	Ministry of Health (MOH)	✓	
Len Tarivonda	Director of Public Health	MoH		✓
Apisai Tokon	National Reproductive Health Coordinator	MOH	✓	✓
Angella Tari	Reproductive Health Assistant	MOH	✓	✓
Sangeeta Robson	Support Officer, Reproductive Health	MOH	✓	✓
Caleb Garae	National HIV/STI Coordinator	MOH	✓	
Agnes Mathias	Acting Principal Pharmacist	MOH	✓	
Virisila M. Raitamata	Assistant Regional Program Representative	UNFPA	✓	
Gideons Mael	Program Analyst	UNFPA	✓	
Pulane Tlebere	Reproductive Health Adviser	UNFPA	✓	
Shafag Rahimova	RMNCAH Coordinator	UNICEF		✓
Ridwan Gustiana	EPI Specialist	UNICEF		✓
Shyam Pathak	Health and Nutrition Specialist	UNICEF	✓	
Michael Buttsworth	HIS Specialist	WHO		✓
Dr Silina V. Motufaga	SRH Adviser	SPC	✓	
Evelyne Emile	Principal Nurse Educator	VCNE	✓	
Renata Buleban	Midwifery Tutor	VCNE	✓	
Dr Tony John Harry.	Consultant, Obstetrics and Gynaecology	Vila Central Hospital (VCH)		✓
Dr Boniface Damutalau	Consultant, Obstetrics and Gynaecology	VCH		✓

Policy recognises the specific water supply and sanitation needs of communities (and women in particular) in relation to reproductive health, and provides direction and guidance in support of this.

communications infrastructure to support technical assistance and referral. The Strategic Implementation Plan makes the assumption that Provincial Health Managers and Hospital Managers will ensure regular assessments of facilities and communicate infrastructure and equipment needs/requests to the Ministry of Health via established channels.

- **Staffing:** It is the mandate of the Ministry of Health to ensure suitable staffing of nurse aides, registered nurses, midwives, nurse practitioners and doctors in accordance with facility role delineation guidelines for Hospitals, Health Centres and Dispensaries. This Policy and Strategic Implementation Plan articulates capacity building, training and support activities to maintain reproductive, maternal, newborn, child and adolescent health skills, under the assumption that the staff are in place in all facilities.
- **Mentoring and Supervisory Support:** The Strategic Implementation Plan articulates the importance of ongoing mentoring and support of clinical staff in all health facilities to the maintenance of quality care. Ongoing, structured supervision and support will assist the conducting of clinical, service and facility audits, and facilitate skills and knowledge development of staff. Resourcing for supervision and mentoring support is an important assumption of this Strategic Implementation Plan; failure to provide this support poses a significant risk to quality of care.
- **Financial Resourcing:** The detailed Implementation Strategy and Plan assumes that the Ministry of Health has in place the systems for procurement and timely dissemination of financial resources with which to obtain commodities and equipment, and to deliver activities. Underlying this assumption is that Provincial Health Managers, Hospital Managers and program implementers understand how to make appropriate, timely requests for finances and acquittal and retirement of expenditure.
- **Data collection, analysis and reporting:** It is imperative for effective planning, monitoring, reporting and re-planning of RMNCAH programs and services that appropriate data is collected and reported to the national level, and that there is capacity at the facility and provincial levels to analyse and interpret data to inform service delivery and planning. It is assumed under this Policy and Strategic Implementation Plan that such capacity exists (or will be supported by WHO, VCNE and the National Reproductive Health Unit) in accordance with national guidelines for family planning, obstetrics and gynaecology and child health (for facility level) and Health Information Systems and practices (at the provincial, hospital and national levels).

(Note: Top Priorities for 2017 for KPA1, KPA2 and KPA8 are noted by a yellow box)

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible		Implementation							
			2017	2018	2019	2020			National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
KPA1: Safe Motherhood: antenatal, perinatal, postpartum and newborn care																
Policy Statement 1			Improved pregnancy outcomes for mothers and newborns: maternal mortality ratio is less than 50 maternal deaths per 100,000 live births per year (equivalent of less than 6 maternal deaths per year) and neonatal mortality rate is less than 10 neonatal deaths per 1,000 live births per year													
1.1	To strengthen quality and accessibility of antenatal and postnatal care through capacity building of staff, and resourcing for essential equipment and outreach	1.1.1	✓					National RH Unit	✓							
		PO 5.1 S5.1.1 S5.1.2														
		1.1.2	✓	✓	✓		✓	RH Supervisors VCNE, NGOs (TBC)		✓	✓	✓	✓	✓	✓	✓
		PO 5.3 S5.3.2														
		1.1.3	✓	✓	✓		✓	National RH Unit National HP Unit	✓		✓	✓	✓	✓	✓	✓
		1.1.4		✓	✓		✓	Prov'l Health Mngr Assets Team, MOH	✓		✓	✓	✓	✓	✓	✓
		1.1.5		✓	✓		✓	National RH Unit, PHM, RH supervisory.	✓							
		1.1.6	✓	✓	✓		✓	RH Supervisors Ward Managers		✓	✓	✓	✓	✓	✓	✓
		1.1.7		✓	✓		✓	National RH Unit UNFPA/UNICEF/RAMNCAH	✓	✓					✓	
		1.1.8	✓	✓	✓		✓	Ministry of Health Prov'l Health Mngr	✓							✓
		1.1.9		✓	✓		✓	Prov'l Health Mngr RH Supervisor			✓					
		1.1.10	✓	✓	✓		✓	National RH Unit, EPI Programme, RH Supervisors	✓		✓	✓	✓	✓	✓	✓

The *National Disability Policy and Plan of Action 2008-2015*⁷⁴ advocates for equal access to health and other services for people with disability, and directs providers to ensure their services are accessible and inclusive for people with disability. The Policy also recognises the particular vulnerability of people (and women in particular) with disability to physical and sexual abuse, and provides guidance to ensure protection from such abuses.

The *National Strategic Plan on HIV and STIs 2014-2018 (DRAFT)* is due to be endorsed in 2015, and will guide the national, cross-sectoral response to prevention, management and advocacy for HIV and STIs, with particular focus on key vulnerable groups such as women and adolescents.

The Ministry of Health's *Evidence-Based Guidelines in Family Planning for Health Workers 2015*⁷⁵ has been developed to provide comprehensive, detailed guidance to government and non-government health workers and support staff for the promotion and delivery of, and informed referral for family planning services at all levels of the health system. The guidelines provide detailed information for family planning counselling, commodity use and monitoring and reporting. *Evidence-Based Guidelines for the Management of STIs*⁷⁶ provide more detailed guidance on this aspect of reproductive health service delivery. Both of these resources are supported by the *Health Worker's Manual: Standard treatment Guidelines*⁷⁷, which provides detailed information on the dispensing and management of essential medicines, including reproductive health commodities.

Operational Guidelines for Voluntary Counselling and Confidential Testing Centers in Vanuatu, 2012-16 (sic)⁷⁸ guide practitioners in the delivery of counselling and testing for HIV and some STIs, and includes operational guidance for trainers and supervisors. The *PMTCT Policy and Guidelines*⁷⁹ details the meaning and purpose of PMTCT for Vanuatu, and the national minimum standards for PMTCT services. Detailed guidance for health workers is provided for the delivery of services.

The *Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide* is currently being finalised for release late in 2015. It provides the detailed clinical guidance to medical officers, midwives, reproductive health nurses and other relevant service providers in the delivery of emergency obstetric care including neonatal resuscitation.

The *National Medical Waste Policy* (currently under development within the Ministry of Health) will guide health facilities in the construction and management of water and sanitation systems, and provide direction to health workers delivering community education for improved health and hygiene. The

⁷⁴ Government of Vanuatu, 2008; *National Disability Policy and Plan of Action 2008-2015*; Port Vila; Ministry of Justice and Social Welfare and The National Disability Committee.

⁷⁵ Government of Vanuatu, 2015; *Evidence-Based Guidelines in Family Planning for Health Workers*; Port Vila; Ministry of Health.

⁷⁶ Government of Vanuatu, 2008; *Evidence-Based Guidelines for the Management of STIs in Vanuatu*; Port Vila; Ministry of Health.

⁷⁷ Ministry of Health, 2013; *Health Worker's Manual: Standard Treatment Guidelines: 3rd Edition*; Port Vila; Republic of Vanuatu.

⁷⁸ Government of Vanuatu, 2012; *Operational Guidelines for Voluntary Counseling and Confidential Testing Centers in Vanuatu, 2012-2016 (sic)*; Port Vila; Ministry of Health, SPC, WHO, VSO, AusAID, UNICEF.

⁷⁹ Government of Vanuatu, 2009; *PMTCT Policy and Guidelines*; Port Vila; Ministry of Health, UNICEF.

pregnancy', and in conjunction with the *Health Sector Strategy 2010-16*⁷⁰, identifies reproductive health specific indicators through which to measure development performance, including maternal and child mortality, antenatal care coverage, skilled attendance at birth, adolescent fertility, family planning use and incidence of sexually transmitted infections (STIs).

The *Family Protection Act 2008* dictates the elimination and legal response to domestic and gender-based violence (inclusive of physical, psychological and sexual violence and abuse), including the issuing of protection orders and other forms of assistance for victims.

The legal age of consent for sexual intercourse is 15 years for both females and males, (but of, or over the age of 13 years). Despite the Constitution and associated legislative and legal frameworks espousing to uphold individuals' human rights, commercial sex work and same sex intercourse remain illegal (although the latter is reportedly tolerated by law enforcement authorities). Abortion remains illegal unless medically indicated to save the life of the mother; as such there are few services within the health system to respond to complications arising from unsafe (and illegal) abortions⁷¹.

The *National Population Policy 2011-20*⁷² seeks to operationalise national commitments under the ICPD Plan of Action and the MDGs and to harmonize population and development through effective planning which upholds the rights and freedoms reflected in the Constitution. While a cross-sectoral policy, specific references to reproductive health relate to: reducing fertility and unintended pregnancy; reducing infant, child and maternal mortality and morbidity; promoting gender equality and reducing gender based violence.

The *National Gender Equality Policy 2015-2019*⁷³ was released in July 2015, and is the first such Policy in Vanuatu. It calls for a cross-sectoral, mainstreaming approach to promotion of gender equality across all areas of society, including at the community and political levels. The Policy prioritises reduction of gender based and sexual violence, enhancing women's economic empowerment, and promotion of women's leadership and political engagement. The Policy makes explicit reference to women's and girls' right to sexual and reproductive health.

⁷⁰ Government of Vanuatu, 2010; *Health Sector Strategy 2010-2016: Moving Health Forward*; Port Vila; Government of Vanuatu.

⁷¹ Government of Vanuatu, 2015; *Sexual and Reproductive Health and Rights Needs Assessment Vanuatu*; Port Vila, Ministry of Health, UNDP, UNFPA.

⁷² Government of Vanuatu, 2011; *National Population Policy 2011-2020*; Port Vila; Department of Strategic Policy, Planning and Aid Coordination, Ministry of the Prime Minister.

⁷³ Government of Vanuatu, 2015; *National Gender Equality Policy 2015-2019*; Port Vila; Department of Women's Affairs of the Ministry of Justice and Community Services.

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanna	Shefa	Tafea	Torba
1.2 To ensure women in Vanuatu access quality antenatal care at least 4 times during pregnancy and mothers and their babies		1.1.11 Immunisations delivered to all newborns as per national immunisation schedule.	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
		1.1.12 Develop standard operating procedures for sexual and reproductive health, antenatal, intrapartum and postnatal care		✓	✓	✓	Nurse managers RMNCAH Committee National RH Unit	✓		✓	✓	✓	✓	✓	
		1.1.13 Establish MDSR system including adaptation of Guideline and tools for notification and review of maternal deaths around the country. Train all health providers in how to report and review maternal death and activate surveillance response accordingly.	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
		1.1.14 Register all births and deaths (i.e. if births or deaths occurred in the village or at home must go to the nearest health center or hospital to be registered by person or by phone.) When there is a maternal death refer to algorithm for maternal death which will be provided to the nearest health facility and send it to the PHO, HOD O&G and HIS.	✓	✓	✓	✓	All Health Facilities	✓	✓	✓	✓	✓	✓	✓	✓
		1.1.15 Maternal Deaths /neonatal / child Advisory group to investigate, register and report maternal deaths and near-misses to MOH Executive within 48 hours of the incident. Outcomes and directives of Maternal Death/ reviews to be formally communicated to all provinces/hospitals on quarterly basis.	✓	✓	✓	✓	Maternal Death Advisory Group	✓							
		1.1.16 Develop and progressively roll-out perinatal death review system and ensure that death certificate record book and verbal autopsy questionnaire form are available in all hospitals, health centres and selected dispensaries/aid posts.	✓	✓	✓	✓	RAMNCAH Committee, HOD O&G, HOD Peds.	✓							
		1.1.17 Train health providers to identify high risk mothers and refer to the 2 main hospitals	✓	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓	✓
		See also 1.5.4, 1.7.1 and 1.7.2													
		1.2.1 Promotion and awareness to facilitate early booking and multiple attendance at antenatal and postnatal care.	✓	✓	✓	✓	National RH Unit National HP Unit	✓							
		1.2.2 Community (and in-school) health education and awareness to promote messages as per 1.2.1.	✓	✓	✓	✓	Provincial HPO Midwives/nurses			✓	✓	✓	✓	✓	✓
		1.2.3 Ward-based health education and awareness to promote messages as per 1.2.1.	✓	✓	✓	✓	Ward Managers								
		1.2.4 Appropriate stocks of IEC materials available in province to support 1.2.2 and 1.2.3 – Priority 2.	✓	✓	✓	✓	National RH Unit National HP Unit	✓							
		1.2.5 Capacity building program established for improved data collection, analysis and programmatic response at the facility	✓	✓	✓	✓	National RH Unit VCNE	✓	✓	✓	✓	✓	✓	✓	✓

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
1.3	To ensure that 95% of deliveries in Vanuatu are attended by a skilled birth attendant from 2016	level. Training and ongoing support to health facility staff to improve data collection, analysis and programmatic response at the facility level. Health facilities to conduct monthly outreach antenatal and postnatal care services to communities in all catchment areas. As per 1.2.7, with NPH Obstetrics Team Nurses/midwives to conduct home visits for early PNC for mothers and newborns. Annual refresher training of health facility staff in emergency obstetric and newborn care and birth preparedness. Resourcing for 1.3.1, including mannequins and training manuals/tools. All health facilities are fully (per provincial workforce phased plans) staffed as per designation (inclusive of doctors). Community (and in-school) education and awareness to promote facility-based birthing (with 1.2.2) Establishment of MWH at Sola/Loh Health Centre and Hanington Dispensary (should include all health facilities + Hospitals), develop operational guidelines for the MWHs Development and establishment of a comprehensive, holistic package of services to promote maternal and newborn care in all hospitals. Resourcing of healthy mother-newborn hospital package (Inclusive of guidelines, training resources and equipment). Roll-out of training of comprehensive package for mother and newborn care in hospitals. Implementation of comprehensive package for mother and newborn care in hospitals. Revival/re-establishment of hospital-based committees in support of comprehensive package for mother and newborn care.													
			1.2.6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
			1.2.7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
			1.2.8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
			1.2.9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.3	To ensure that 95% of deliveries in Vanuatu are attended by a skilled birth attendant from 2016	PO 5.1 S5.1.1	✓	✓	✓	✓	✓	r/h/obs/gynae/paediatrician/senior m/w	✓	✓	✓	✓	✓	✓	✓
		PO 5.3 S5.3.1	✓	✓	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	Ministry of Health	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	Provincial HPO Midwives/nurses, SCA	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	Ministry of Health Prov'l Health Mngr, CSO's	✓	✓	✓	✓	✓	✓	✓
1.4	To promote safe motherhood and healthy babies through the introduction of a comprehensive package of interventions in all hospitals, and appropriate community	PO 5.1 S5.1.1		✓	✓	✓	✓	National RH Unit RMNCAH Committee	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓
			✓	✓	✓	✓	✓	Prov'l Health Mngr Ward Managers	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	Obs.gynae,paed, senior m/w	✓	✓	✓	✓	✓	✓	✓

rights-based sexual and reproductive health (including family planning) and the rights of women to live free from discrimination and all forms of violence.

The *Pacific Sexual Health and Well-being Shared Agenda 2015-2019*⁶⁷ provides guidance and strategic direction to strengthen the sexual health response in the Pacific region in the post-2015 development agenda by shifting the focus from a single disease to a comprehensive, rights-based approach to sexual health which includes integration of HIV and other STIs with broader, coordinated sexual and reproductive health programming which is grounded in equality, equity and respect for diversity; which is driven by ownership, partnership and collaboration; and which is informed and led by rights and evidence-based policy.

National Policy and Legislative Context.

The Reproductive Health Policy is informed by, and makes reference to a number of Government of Vanuatu policies, plans, legislation and guidelines which direct the health sector and cross-sectoral partners to establish and maintain supportive environments for the delivery of rights-based sexual and reproductive health interventions. Current documents with relevance to reproductive health include:

- Constitution of the Republic of Vanuatu.
- Priorities and Action Agenda 2006-2015.
- Health Sector Strategy 2010-2016.
- Family Protection Act No. 28, 2008.
- National Population Policy 2011-2020.
- National Gender and Women's Empowerment Policy 2013-2023
- National Disability Policy and Plan of Action 2008-2015
- National Strategic Plan on HIV and STIs 2014-2018 (DRAFT).
- Evidence-Based Guidelines in Family Planning for Health Workers 2015.
- Evidence-Based Guidelines for the Management of STIs in Vanuatu 2008.
- Operational Guidelines for Voluntary Counselling and Confidential Testing Centres in Vanuatu, 2012-16 (*sic*).
- Prevention of Mother-to-Child Transmission of HIV (PMTCT) Policy and Guidelines.
- Standard Guidelines for Emergency Obstetrics and Neonatal Care: A Health Worker's Guide 2015 (DRAFT).
- National Medical Waste Policy (DRAFT).

The *Constitution of the Republic of Vanuatu* is the highest legislative document in the country, under which all national and sub-national laws, legislature and policy exist. The document enshrines the protection of all people, and specifically directs efforts towards the "...advancement of females, children and young persons, members of under-privileged groups or inhabitants of less developed areas"⁶⁸.

The *Priorities and Action Agenda 2006-15* (PAA)⁶⁹ articulates the national development priorities including improved reproductive health through 'promoting child spacing and reducing teenage

⁶⁷ SPC, 2014; *Pacific Sexual Health and Well-being Shared Agenda 2015-2019*, Suva: SPC.

⁶⁸ Parliament of the Republic of Vanuatu, 2012; *Constitution of the Republic of Vanuatu*, source: parliament.gov.vu/Constitution.html, accessed 6/1/15.

⁶⁹ Government of Vanuatu, 2006; *Priorities and Action Agenda 2006 – 2015*, Port Vila; Ministry of Finance and Economic Management

While reproductive health impacts all *MDGs*, Table A1 below outlines those with particular relevance to SRHR. In 2012, the Government of Vanuatu identified MDG5 - Target 5B (*achieve by 2015, universal access to reproductive health*) as requiring significant additional technical support and resourcing to accelerate progress ahead of the 2015 deadline. A UNDP-supported initiative known as the MDG Acceleration Framework (MAF), commenced with a detailed, multi-sectoral needs assessment in 2012, followed by implementation of a comprehensive, rights-based program in 2014-15.

Table A1: MDGs with particular relevance to SRHR.

MDG3	MDG4	MDG5	MDG6
Promote gender equality and empower women	Reduce child mortality	Improve maternal health 5A: Reduce by ¾ ... the maternal mortality ratio 5B: Achieve ... universal access to reproductive health	Combat HIV/AIDS, malaria and other diseases

CEDAW directs state partners to eliminate discrimination against women in all its forms and in all its areas (private and public) including to ‘eliminate discrimination against women in the field of health care in order to ensure on a basis of equality of men and women, access to health care services including those related to family planning’, and specifies that ‘rural women must have access to adequate health care services including family planning’. CEDAW General Recommendation 19 (1992) under Violence Against Women, provides detailed guidance for states to effectively address violence against women, inclusive of acts that inflict physical, mental and sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It also directs states to establish or support services comprising specially trained health workers, rehabilitation and counselling for victims of family violence, rape, sexual assault or other forms of gender-based violence⁶².

Agreement from the *Conference on Women in Beijing* states that nations should work to ensure ‘a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system’. The Government of Vanuatu has pledged support and commitment to these principles⁶³.

The *Convention on the Rights of the Child*⁶⁴ obligates signatories (including the Government of Vanuatu) to respect and ensure the rights of every child, to promote access to health services and to eliminate violence and abuse, including sexual violence and abuse, against children.

The *Convention on the Rights of Persons with Disabilities*⁶⁵ obligates signatory states to ‘provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs’.

The *Moana Declaration*⁶⁶ is the Outcome Statement of Pacific Parliamentarians for Population and Development, which reinforces national commitments to the ICPD Plan of Action and to ensure its core issues remain relevant in the post-2015 development framework. The Declaration upholds promotion of Human Rights and positive behaviour change throughout the life cycle, with particular emphasis on

⁶² Ministry of Health, 2009; *Reproductive Health Policy 2008: Reproductive Health Strategy 2008-2010*, Port Vila, Government of Vanuatu.

⁶³ Ibid.

⁶⁴ United Nations, 1990; *Convention of the Rights of the Child*; United Nations General Assembly.

⁶⁵ United Nations, 2006; *Convention of the Rights of Persons with Disabilities: Optional Protocol*; United Nations General Assembly.

⁶⁶ Pacific Conference of Parliamentarians for Advocacy on ICPD beyond 2014, 2013; *Moana Declaration: Outcome Statement of Pacific Parliamentarians for Population and Development*; Suva; UNFPA, AFPPD and IPPF.

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
1.5	To strengthen midwifery care through the establishment and ongoing capacity building and support of 67 midwives	1.4.6 Construction and resourcing for a separate nursing room (at Lenakel Hospital).		✓	✓	✓	Ministry of Health Prov'l Health Mngr	✓						✓	
		1.4.7 New/ Renewed certification of Hospitals under Baby Friendly Hospital Initiative (BFHI).		✓	✓	✓	Nutrition Coordinator.	✓	✓						
		1.4.8 Develop/finalize code of conduct for breast milk substitutes.		✓	✓	✓	Nutrition Coordinator.	✓							
		1.4.9 Workshops for nurses on breastfeeding.	✓				RH Supervisor		✓						
		1.4.10 Expand baby friendly communities initiative/awareness to breastfeeding mothers.		✓	✓	✓	Nutritionist-coordinator								
		1.5.1 Recruitment and training of new midwives.	✓	✓	✓	✓	VCNE Ministry of Health	✓							
		1.5.2 Selection and nomination of staff to attend midwifery training as per 1.5.1.	✓	✓	✓	✓	Prov'l Health Mngr Hospital Manager		✓						
1.6	To ensure that pregnant women in Vanuatu have access to quality emergency obstetric care by 2017 (comprehensive in VCH and NPH; basic in all other hospitals)	1.5.3 Annual refresher training of health facility staff in emergency obstetric and newborn care and birth preparedness (As per 1.3.1).	✓	✓	✓	✓	VCNE/obs/gynae/senior m/w NGO partners (TBC)	✓	✓						
		1.5.4 Supervisory visits and support to all midwives/RH nurses at least once each year.	✓	✓	✓	✓	RH Supervisor								
		1.6.1 All Provincial Hospitals to be fully staffed (and with at least one doctor permanently located - as per 1.3.3).	✓		✓	✓	Ministry of Health	✓							
		1.6.2 Emergency obstetrics guidelines to be finalised and tools/training package delivered to all relevant staff.	✓		✓	✓	National RU Unit RMNCAH Committee	✓							
		1.6.3 Obstetric emergency response teams identified, trained and drilled 2x/yr to respond to referrals.	✓		✓	✓	National RU Unit RMNCAH Committee	✓	✓						
		1.6.4 Emergency obstetric referral protocols and contact details developed, displayed in clinics and regularly reviewed/updated.	✓	✓	✓	✓	National RH Unit RH supervisors	✓	✓						
		1.6.5 Annual refresher training of health facility staff in emergency obstetric and newborn care and birth preparedness (as per 1.3.1).	✓	✓	✓	✓	VC r/hobs gynae/paed/senior m/w	✓	✓						
1.6		1.6.6 Establish emergency protocols which ensure old theatre building (VCH) resourced and available for emergency obstetric procedures.	✓	✓	✓	✓	VCH Management O/G Manager		✓						
		1.6.7 Establish communication mechanism between VCH and health centres, dispensaries, provincial hospitals through service providers such as TVL or Digicel to facilitate reporting and teleconferencing for cases that need urgent assistance	✓				MOH, 3 Directors								

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
		1.6.8	✓	✓	✓	✓	MoH	✓	✓	✓	✓	✓	✓	✓	✓
1.7	To support skills development and mentoring of TBAs and VHWs to identify new pregnancies, promote early (and often) attendance at antenatal care, , to promote births in health facilities and to promote PNC and early and exclusive breastfeeding	1.7.1	✓	✓		✓	National RH Unit	✓							
		1.7.2	✓	✓	✓	✓	RH Supervisors VHW Program		✓	✓	✓	✓	✓	✓	✓
		1.7.3	✓	✓	✓	✓	RH Supervisors VHW Program	✓		✓	✓	✓	✓	✓	✓
		1.7.4	✓	✓	✓	✓	RH Supervisors VHW Program	✓		✓	✓	✓	✓	✓	✓
		1.7.5	✓	✓	✓	✓	RH Supervisor Zone nurses		✓	✓	✓	✓	✓	✓	✓
		1.7.6	✓	✓	✓	✓	RH Supervisor Zone nurses VHW Program								
KPA2: Child Survival: Immunization, nutrition and prevention and management of childhood illness															
Policy Statement 2			Improved health outcomes for children: the child mortality rate is less than 25 per 1000 live births per year and stunting in children under five is less than 20%.												
2.1	To increase immunization coverage through strengthening fixed site and outreach services	P.O. 5.1 S5.1.1.	2.1.1	x			✓	National EPI	x	x	x	x	x	x	x
		P.O. 5.3 S5.3.3.	2.1.2	x	x	x	✓	Provincial and National EPI	x	x	x	x	x	x	x
			2.1.3	x	x	x	✓	Provincial and National EPI	x		x	x	x	x	x
			2.1.4.	x			✓	National EPI	x	x	x	x	x	x	x
			2.1.5	x	x	x	✓	Provincial EPI	x	x	x	x	x	x	x

Annex 1: International and National Context

Context of International Commitments.

The Government of Vanuatu has committed to the following international conventions/treaties with relevance to rights-based reproductive, maternal, newborn, child and adolescent health:

- ICPD Plan of Action.
- MDGs.
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- 4th World Conference on Women, Beijing 1995.
- Convention on the Rights of the Child.
- Convention on the Rights of Persons with Disabilities.
- Moana Declaration.
- Pacific Sexual Health and Well-being Shared Agenda 2015-2019.

The *ICPD Plan of Action* commits to reducing poverty and hardship and promoting economic and social development through multi-sectoral engagement which upholds the rights of couples and individuals (women in particular) to make informed, voluntary decisions about the number, spacing and timing of planned pregnancy.

The ICPD Plan of Action provides guidance on appropriate, holistic sexual and reproductive health interventions, including:

- Family planning counselling, information, education, communication and services.
- Education and services for pre- and postnatal care, and safe delivery.
- Prevention and appropriate treatment of infertility.
- Prevention and management of the consequences of abortion.
- Treatment of reproductive tract infections, STIs and other reproductive health conditions.
- Information, education and counselling, on human sexuality, reproductive health and responsible parenthood.
- Prevention and management of harmful practices that impact sexual health.
- Prevention, treatment and care of victims of sexual violence and violence against women.

Importantly, the ICPD Plan of Action extends beyond recommendations for access to services and family planning information and commodities, to uphold gender equality as the key element for improved health, including reproductive health, of a nation. It advocates for cross sectoral engagement beyond the health sector, to include interventions to:

- Advance gender equality and empowerment of women.
- Eliminate violence against women (also referred to as gender-based violence).
- Eliminate discrimination.
- Achieve full, equal participation of women in civil, cultural, economic, political and social life.
- Enable women to control their fertility.

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Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanna	Shefa	Tafea	Torba
2.2 To strengthen immunization service capacity through improving cold chain and supply chain management	P.O.5.3. S5.3.2	2.1.6 Support routine integrated supportive supervision of staff (nurses) delivering immunization services	x	x		✓	National EPI coordinator	x	x	x	x	x	x	x	x
		2.1.7 Support succession plan for provincial and national EPI staff	x			✓	National and Provincial EPI Coordinator	x	x	x	x	x	x	x	x
		2.1.8 Support training of provincial and national EPI successors on EPI mid-level management	x			✓	National and Provincial EPI Coordinator	x	x	x	x	x	x	x	x
		2.1.9 Support Provincial Health Manager to undertake analysis of staffing at health facility level and develop human resource plan prioritising dispensary and health centre	x	x		✓	Provincial Managers	x		x	x	x	x	x	x
		2.2.1 Maintenance of cold chain equipment	x	x		✓	National and Provincial coordinator	x	x	x	x	x	x	x	x
		2.2.2 Strengthen supply chain management (see KPA 8)	x	x		✓	National and Provincial Coordinator	x	x	x	x	x	x	x	x
		2.2.3 Strengthen cold chain system for disaster resilience	x			✓	National EPI Coordinator	x		x	x				
		2.2.4 Improve staff capacity in vaccine management	x	x		✓	National and provincial coordinator	x	x	x	x	x	x	x	x
		2.2.5. Activity – Introduce MR second dose, pneumococcus, rotavirus into National EPI schedule		x		✓		x	x	x	x	x	x	x	x
2.3 To prevent childhood malnutrition through improving infant and young child feeding practices and increasing Vitamin A supplementation and deworming	P.O. 5.1 S5.1.1. P.O. 5.3 S5.3.1	2.3.1 Develop and disseminate guidelines for infant and young child feeding (IYCF) practices	x			✓	Nutrition, MOH	x	x	x	x	x	x	x	x
		2.3.2 Train health providers on nutrition counselling and use of new IYCF guidelines	x	x		✓	Nutrition, MOH	x	x	x	x	x	x	x	x
		2.3.3 Support demonstrations of IYCF practices (including food preparation)	x	x		✓	Nutrition, MOH	x	x	x	x	x	x	x	x
		2.3.4 Support regular implementation of 6 monthly child health weeks in all provinces throughout the country (including Vit A supplementation and de-worming)	x	x		✓	Ministry of Health	x	x	x	x	x	x	x	x
		2.3.5 Strengthen and train VHW and nurse aids to be breastfeeding counsellors	x	x		✓	Nutrition, MOH		x	x	x	x	x	x	x
2.4 To increase availability of high quality curative care	P.O. 5.1 S5.1.1. P.O. 5.3	2.3.6. Strengthen supply chain management of nutritional commodities (Refer TO KPA8)				✓									
		2.4.1. Review and integrate guidelines for the integrated management of childhood illness (IMCI) / WHO Pocket Handbook of Common Childhood illnesses into pre-service training	x	x		✓	MOH								x

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation								
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba	
services for children (IMCI and SAM/MAM)	S5.3.1 S5.3.2															
		2.4.2.	X			✓	MOH	X								
		2.4.3	X			✓	MOH	X	X	X	X	X	X	X	X	X
		2.4.5.	X	X	X	✓	MOH	X								
		2.4.6.	X			✓	MOH	X								
		2.4.7.	X			✓	MOH	X								
		2.4.8.	X				MOH	X								
		2.5	To increase awareness and uptake of positive child care practices	P.O. 5.2 S5.2.2	2.5.1.	X	X	X	National and Provincial Health offices	X	X	X	X	X	X	X
		2.5.2.	X	X	X	National and Provincial Health offices	X	X	X	X	X	X	X	X	X	

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Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
stocked with an appropriate range of quality reproductive, maternal, newborn, child and adolescent health commodities (as per the facility's designation and staffing levels)	S5.3.2														
		8.2.3	✓	✓	✓		CMS NPH Pharmacy	✓							
		8.2.4	✓	✓	✓	✓	CMS Provincial Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓
		8.2.5.	✓	✓	✓	✓	CMS, EPI, MOH	✓							
		8.2.6	✓		✓		Provincial Pharmacy RH Supervisor	✓	✓	✓	✓	✓	✓	✓	✓
		8.2.7	✓	✓	✓	✓	MOH/NPH Pharmacy CMS		✓	✓	✓	✓	✓	✓	✓
		8.2.8	✓	✓	✓	✓	MOH/NPH Pharmacy CMS	✓	✓	✓	✓	✓	✓	✓	✓
		8.2.9	✓	✓	✓		National RH Unit CMS, Pharmacy	✓		✓	✓	✓	✓	✓	✓
		8.2.10	✓	✓	✓	✓	CMS, MOH	✓							
		8.2.11	✓	✓	✓	✓	RH UNIT, MOH, CMS	✓	✓	✓	✓	✓	✓	✓	✓

Objective		Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible		Implementation						
				2017	2018	2019	2020			National	VCH/NPH	Malampa	Penama	Shefa	Tafea	Torba
KPA3: Family Planning																
Policy Statement 3			All people in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information													
3.1	To improve delivery of quality, rights-based family planning services in Vanuatu through ensuring evidence-based guidelines and training, supervision and support are accessible to all service providers	PO 5.1 S5.1.1 PO 5.3 S5.3.1	3.1.1	✓				National RH Unit	✓							
			3.1.2	✓				National RH Unit	✓							
			3.1.3	✓	✓			National RH Unit VCNE	✓	✓	✓	✓	✓	✓	✓	✓
			3.1.4	✓	✓	✓		RH Supervisor			✓	✓	✓	✓	✓	✓
			3.1.5	✓	✓	✓		Zone nurses VHW Program	✓		✓	✓	✓	✓	✓	✓
			3.1.6	✓				Nurse Managers	✓	✓						
			3.1.7	✓	✓	✓		Midwives/nurses			✓	✓	✓	✓	✓	✓
3.2	To improve access to quality, rights-based family planning services and commodities through outreach and provision of a suitable method mix (both long- and short-acting)	PO 5.2 S5.2.1	3.2.1	✓	✓	✓		Facility managers Midwives/nurses			✓	✓	✓	✓	✓	
			3.2.2		✓	✓	✓	✓	RH Supervisors Provincial Pharmacy				✓	✓	✓	✓
3.3	To increase awareness and	PO 5.1 S5.1.1	3.3.1	✓			✓	National RH Unit National HP Unit	✓							

Objective		Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible		Implementation							
				2017	2018	2019	2020			National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
uptake of family planning services through comprehensive, standardised community participatory awareness activities		PO 5.2 S5.2.2	family planning														
			3.3.2	Training of provincial HPOs (Training of Trainers) on delivery of participatory processes for promotion of family planning (as per 2.3.1)	✓	✓	✓	✓	National RH Unit National HP Unit	✓							
			3.3.3	Training of all health workers (including school nurses) on community participatory processes for promotion of family planning (as per 2.3.1)	✓	✓	✓	✓	Provincial HPO		✓	✓	✓	✓	✓	✓	✓
			3.3.4	Targeted promotion and awareness to facilitate uptake of family planning services, especially for young people, males and leaders	✓	✓	✓	✓	Provincial HPO Midwives/nurses			✓	✓	✓	✓	✓	✓
			3.3.5	Appropriate stocks of IEC materials developed and available in province to support 2.2.1	✓			✓	National RH Unit National HP Unit	✓							
			3.3.6	Quarterly male partner awareness on family planning to be delivered from each health facility (including info for accessing vasectomy)	✓	✓	✓	✓	Provincial HPO Midwives/nurses		✓	✓	✓	✓	✓	✓	✓
3.4	To ensure a supportive legislative environment and regulatory system which promotes rights-based family planning interventions		3.4.1	Monitoring of cross-sectoral policy and strategies at the national level to ensure these support and enable rights-based family planning	✓	✓	✓	National RH Unit	✓								
			3.4.2	Reproductive health personnel and issues represented on planning and policy committees at national and provincial levels	✓	✓	✓	National RH Unit Prov'l Health Mngr	✓	✓	✓	✓	✓	✓	✓	✓	
			3.4.3	Promotion and sharing of relevant cross-sectoral policies and reports to health sector personnel via Ministry of Health intranet	✓	✓	✓	National RH Unit	✓								
3.5	To explore and enact (if appropriate) increased coverage of family planning commodities through training and supervision of Village	PO 5.1 S5.1.1	Feasibility assessment and proposal developed to support VHWs to deliver expanded family planning services under clinical supervision	✓			✓	National RH Unit	✓								
		PO 5.2 S5.2.1	Submission of proposal for VHWs to deliver expanded family planning services under clinical supervision		✓		✓	RMNCAH Committee Ministry of Health	✓								
			If approved, development of a comprehensive training and supervisory package to facilitate expanded family planning services from VHWs		✓		✓	National RH Unit VHW Program	✓								
			Selection of appropriate VHWs in remote locations to undergo training for expanded family planning services		✓		✓	Prov'l Health Mngr VHW Program	✓	✓	✓	✓	✓	✓	✓	✓	✓

Objective	Link to PAA Policies Strategies	Activity	Complete in Year					Person Responsible	Implementation							
			2017	2018	2019	2020	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
			2017	2018	2019	2020	2020									
the effects and management of menopause through systematic and consistent messaging campaigns and 1:1 counselling		7.3.2	✓	✓	✓	✓	✓	Provincial HPO Midwives/nurses		✓	✓	✓	✓	✓	✓	✓
		7.3.3						RH Supervisors		✓	✓	✓	✓	✓	✓	✓

Objective		Link to PAA Policies Strategies	Activity	Complete in Year					Person Responsible	Implementation							
				2017	2018	2019	2020	2		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
KPA8: Reproductive, Maternal, Newborn, Child and Adolescent Health Commodity Security																	
All women, men, children and adolescents in Vanuatu have access to essential health commodities when and where they need them.																	
Policy Statement 8																	
8.1	To ensure all women, girls and couples have timely access to quality reproductive health commodities without fear of stigma or discrimination	PO 5.1 S5.1.1	8.1.1	✓	✓	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓	✓
		PO 5.2 S5.2.2	8.1.2	✓	✓	✓	✓	✓	National RH Unit		✓	✓	✓	✓	✓	✓	✓
			8.1.3	✓	✓	✓	✓	✓	Provincial HPO Midwives/nurses			✓	✓	✓	✓	✓	✓
8.2	To ensure all formal health facilities in Vanuatu are	PO 5.1 S5.1.1	8.2.1	✓	✓	✓	✓	✓	CMS, EPI, RH unit	✓	✓						
		PO 5.3	8.2.2	✓	✓	✓	✓	✓	National RH Unit CMS, Pharmacy	✓							

Objective	Link to PAA Policies Strategies	Activity	Complete in Year					Person Responsible	Implementation									
			2020	2020	2020	2020	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba		
KPA7: Morbidities of the reproductive system: cancer, infertility, menopause and abortions																		
Policy Statement 7			Women (including girls) and partners in both urban and rural areas of Vanuatu have access to quality, affordable and sustainable reproductive health and gynaecological services, including cervical and prostate screening															
7.1	To improve the quality of care provided to women and partners with gynaecological or other reproductive health conditions	PO 5.1	Finalisation of national O/G Guidelines	✓				National RH Unit	✓									
		S5.1.1																
		S5.1.3		✓	✓		✓	National RH Unit	✓									
				✓	✓	✓	National RH Unit Medical labs	✓	✓	✓	✓	✓	✓	✓	✓			
				✓	✓	✓	Ministry of Health National RH Unit	✓	✓					✓				
				✓	✓	✓	National RH Unit VCNE	✓	✓	✓	✓	✓	✓	✓	✓	✓		
7.2	To increase coverage of cervical, breast and prostate cancer screening for girls, women and men of articulated age ranges		Training of all health workers (including school nurses) on community participatory processes for promotion of cancer checks	✓	✓			Provincial HPO			✓	✓	✓	✓	✓	✓		
		PO 5.1																
		S5.1.1		✓	✓	✓	✓	Provincial HPO VHWs, health workers			✓	✓	✓	✓	✓			
				✓	✓	✓	✓	Provincial HPO VHWs, health workers			✓	✓	✓	✓	✓			
				✓	✓	✓	✓	National RH Unit	✓									
				✓	✓	✓	✓	National HP Unit										
7.3	To improve awareness of		Appropriate stocks of IEC materials developed and available in province to support 6.2.2 and 6.2.3	✓	✓	✓	✓	Facility managers Midwives/nurses			✓	✓	✓	✓	✓	✓		
		PO 5.2																
		S5.2.1		✓	✓	✓	✓	National RH Unit		✓	✓	✓	✓	✓	✓			
				✓	✓	✓	✓	National RH Unit										
				✓	✓	✓	✓	National RH Unit										
				✓	✓	✓	✓	National RH Unit										

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation								
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba	
	Health Workers to administer contraceptives	3.5.5		✓		✓	VHW Program Provincial HPOs	✓		✓	✓	✓	✓	✓	✓	✓
3.6	To increase coverage of vasectomy through engagement and service promotion amongst males and their partners	3.6.1	✓	✓		✓	Provincial HPO Midwives/nurses			✓	✓	✓	✓	✓	✓	✓
		3.6.2	✓			✓	National RH Unit RMNCAH Committee	✓								
		3.6.3		✓	✓	✓	Surgeons/Doctors		✓	✓	✓	✓	✓	✓	✓	✓
		3.6.4		✓		✓	National RH Unit CMS, Donors	✓								
		3.6.5		✓	✓	✓	Surgeons/Doctors Midwives/nurses		✓	✓	✓	✓	✓	✓	✓	✓
		3.6.6	✓			✓	Prov'l Health Mngr Ministry of Health	✓								✓

Objective	Link to PAA Policies Strategies	Activity		Complete in Year						Person Responsible	Implementation								
				2017	2018	2019	2020	2021	2022		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba	
KPA4: Adolescent Sexual and Reproductive Health (ASRH)																			
Policy Statement 4			Improved sexual and reproductive health of adolescents and young people in Vanuatu through reduction of teenage pregnancy and STI cases, and strengthened HIV prevention																
4.1	To increase access to, and utilisation of youth friendly services through establishment in all government health facilities	PO 5.2	Review and assessment of YFS to inform development and finalisation of YFS Guidelines (see 3.1.2)	✓				✓	National RH Unit MAF partners	✓							✓		
		S5.2.1		✓															
		PO 5.3		Development/finalisation of YFS Guidelines	✓				✓	National RH Unit	✓								
		S5.3.2		Establishment of a standards checklist to monitor delivery of YFS against Guidelines (3.1.2)	✓				✓		National RH Unit	✓							
				Training of trainers in new YFS Guidelines - inclusive of NGO partners (as per 3.1.2)	✓				✓	National RH Unit VCNE		✓	✓	✓	✓	✓	✓	✓	✓
	Training of health workers in new YFS Guidelines - Inclusive of NGO partners (as per 3.1.2)	✓				✓	RH Supervisor		✓		✓	✓	✓	✓	✓	✓	✓	✓	

Objective	Link to PAA Policies Strategies	Activity	Complete in Year					Person Responsible	Implementation						
			2017	2018	2019	2020	2021		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea
4.2		4.1.6	✓	✓		✓	✓	National RH Unit CMS, Donors	✓						
		4.1.7	✓	✓			✓	RH Supervisor Zone nurses		✓	✓	✓	✓	✓	
		4.1.8	✓	✓	✓	✓	✓	RH Supervisor Zone nurses		✓	✓	✓	✓	✓	
		4.2.1	✓	✓	✓	✓	✓	Provincial HPO RH Supervisor		✓	✓	✓	✓	✓	
		4.2.2	✓	✓	✓	✓	✓	Provincial HPO		✓	✓	✓	✓	✓	
		4.2.3	✓	✓		✓	✓	National RH Unit National HP Unit	✓		✓	✓	✓	✓	
		4.2.4	✓	✓	✓	✓	✓	CMS Provincial Pharmacy	✓	✓	✓	✓	✓	✓	
4.3	To create increased awareness and acceptance of youth friendly services through systematic, coordinated community engagement activities (including peer-led initiatives)	4.2.5	✓	✓	✓	✓	Provincial Health Manager			✓	✓	✓	✓	✓	
		4.2.6	✓	✓			✓	Provincial HPO Zone nurses		✓	✓	✓	✓	✓	
		4.2.7	✓	✓	✓	✓	✓	National RH Unit National HP Unit	✓						
		4.3.1	✓				✓	National RH Unit MAF partners	✓						
		4.3.2	✓			✓	Provincial Health Manager		✓	✓	✓	✓	✓	✓	
		4.3.3	✓	✓	✓	✓	Prov'l Health Mngr Zone nurses			✓	✓	✓	✓	✓	

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation								
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba	
appropriate awareness and responses to gender-based and/or sexual violence within communities in each province	S5.2.2				✓		National HP Unit									
		6.3.2	✓	✓		✓	Prov'l HPO, NGOs Midwives/nurses		✓	✓	✓	✓	✓	✓		
		6.3.3	✓	✓	✓	✓	National RH Unit National HP Unit	✓								
	6.4		6.4.1	✓	✓	✓	National RH Unit Ministry of Justice	✓								
		6.4.2														
			✓	✓	✓											

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
Policy Statement 6			Victims of gender-based violence and sexual assault, including rape and incest, in Vanuatu have access to quality medico-legal services in a manner which is consistent with maintaining confidentiality and privacy and is respectful of their individual rights. Communities demonstrate intolerance for gender-based violence and sexual assault through participation in, and leading awareness activities, and through actively supporting victims to access treatment and support services.												
6.1	To ensure promotion and protection of the rights of victims of sexual violence, including access to quality medical, legal and social support services, through establishment and adherence to referral and management protocols	PO 5.1 S5.1.1	6.1.1	✓	✓	✓	National RH Unit RMNCAH Committee	✓							
			6.1.2	✓	✓	✓	National RH Unit		✓	✓	✓	✓	✓	✓	✓
			6.1.3	✓	✓	✓	National RH Unit	✓	✓	✓	✓	✓	✓	✓	✓
			6.1.4	✓	✓	✓	National RH Unit Prov'l Health Mngr	✓	✓	✓	✓	✓	✓	✓	✓
			6.1.5	✓	✓	✓	National RH Unit	✓							
6.2	To ensure quality, rights-based protection and care of victims of sexual violence, through skills development training of service providers		6.1.6	✓	✓	✓	National RH Unit Hospital Managers	✓	✓	✓					
			6.1.7	✓	✓	✓	Nurse Managers	✓	✓						
		PO 5.2 S5.2.1	6.2.1	✓	✓	✓	National RH Unit VCNE	✓	✓	✓	✓	✓	✓	✓	✓
			6.2.2	✓	✓	✓	National RH Unit NGO partners	✓							
			6.2.3		✓	✓	Prov'l Health Mngr Nat'l Mental Health Coord'r	✓			✓				
6.3	To promote	PO 5.2	6.3.1	✓		✓	National RH	✓							
Awareness campaign to inform communities of service															

Objective	Link to PAA Policies Strategies	Activity	Complete in Year					Person Responsible	Implementation							
			2017	2018	2019	2020	2021		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
2016)																
4.4	To promote and support youth participation and representation in ASRH service delivery and program planning	PO 5.2 S5.2.1		✓		✓		✓	National RH Unit	✓						
		4.4.1														
		4.4.2														
		4.4.3														
		4.4.4														

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation																
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba									
KPA5: STIs, including HIV																								
Policy Statement 5																								
Halt the spread of HIV and reduce the prevalence of STIs, and improve the quality of life of people living with HIV in Vanuatu																								
5.1	To strengthen counselling and testing services for HIV and STIs through service maintenance and mentoring and support of staff in 11 existing VCCT	PO 5.1	✓	✓	✓	✓	National HIV/STI Unit	✓																
		S5.1.2																						
		PO 5.3							✓	✓	✓	National HIV/STI Unit	✓	✓	✓	✓	✓	✓						
		S5.3.1																						
		5.1.1																	Refresher training of Provincial HPOs and HIV/STI FP (Training of Trainers) on HIV/STI guidelines eg: PMTCT, VCCT, STI syndromic Mx					
5.1.2	Establishment of an agreed, minimum standard for VCCT sites in Vanuatu in accordance with national guidelines	✓	✓	✓	✓	National HIV/STI Unit	✓																	
5.1.3	Resourcing and support to maintain operation of all VCCT sites	✓	✓	✓	✓	National HIV/STI Unit Provincial HIV/STI FP	✓	✓	✓	✓	✓	✓	✓	✓	✓									
5.1.4	Feasibility assessment for training and staffing VCCT sites with non-clinical counsellors to ease workload of clinical staff	✓	✓	✓	✓	National HIV/STI Unit	✓																	
5.1.5	If appropriate (see 4.1.4), recruitment and training of non-clinical counsellors to staff VCCT sites	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓									

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation							
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea	Torba
sites, and through establishment of a further 18 sites (3/province) in 2016		5.1.6	✓	✓	✓	✓	Provincial Health Manager			✓	✓	✓	✓	✓	✓
		5.1.7	✓	✓	✓	✓	National HIV/STI Unit	✓							
		5.1.8	✓		✓	✓	National HIV/STI Unit Provincial HIV/STI FP	✓	✓	✓	✓	✓	✓	✓	✓
		5.1.9	✓	✓	✓	✓	Provincial HIV/STI FP Zone nurses			✓	✓	✓	✓	✓	✓
		5.2.1	✓	✓	✓	✓	National HIV/STI Unit Prov'l Health Mngr	✓	✓	✓	✓	✓	✓	✓	✓
5.2 To strengthen the provincial-level response to HIV through the re-establishment and support of Provincial Core Teams in 2016	PO 5.1 S5.1.2	5.2.2	✓	✓	✓	✓	National HIV/STI Unit Prov'l Health Mngr	✓	✓	✓	✓	✓	✓	✓	✓
		5.2.3	✓	✓	✓	✓	Provincial HIV/STI FP Core Team			✓	✓	✓	✓	✓	✓
		5.2.4	✓	✓	✓	✓	Core Team			✓	✓	✓	✓	✓	✓
		5.2.5	✓	✓	✓	✓	National HIV/STI Unit	✓							
		5.2.6	✓	✓	✓	✓	Provincial HIV/STI FP Core Team			✓	✓	✓	✓	✓	✓
		5.2.7	✓	✓	✓	✓	Provincial HIV/STI FP Core Team			✓	✓	✓	✓	✓	✓
		5.2.8	✓	✓	✓	✓	Provincial HIV/STI FP Core Team			✓	✓	✓	✓	✓	✓
		5.3.1	✓	✓	✓	✓	National HIV/STI Unit	✓							
		5.3.2	✓	✓	✓	✓	National HIV/STI Unit	✓							
		5.3.3	✓	✓	✓	✓	Provincial HPO & HIV FP , Mid wives/nurses			✓	✓	✓	✓	✓	✓
5.3 To increase coverage of HIV and STI prevention and treatment interventions through contact tracing of infected partners		5.3.4	✓	✓	✓	✓	Provincial HPO Midwives/nurses			✓	✓	✓	✓	✓	✓

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation						
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea
5.4	To support the health and well-being of people living with, and/or affected by HIV through comprehensive treatment, care and support services	5.4.1	✓	✓	✓	✓	National HIV/STI Unit	✓						
		5.4.2	✓	✓	✓	✓	National HIV/STI Unit Prov'l Health Mngr	✓	✓	✓	✓	✓	✓	✓
		5.4.3	✓	✓	✓	✓	National HIV/STI Unit	✓						
		5.4.4	✓	✓	✓	✓	National HIV/STI Unit Facility managers	✓	✓	✓	✓	✓	✓	✓
		5.4.5	✓	✓	✓	✓	National HIV/STI Unit	✓						
5.5	To reduce community vulnerability to the spread of STIs and HIV through targeted, comprehensive key messaging for awareness and prevention	5.5.1	✓				National HIV/STI Unit National HP Unit	✓						
		5.5.2	✓	✓	✓	✓	National HIV/STI Unit	✓						
		5.5.3	✓	✓	✓	✓	Provincial HPO Provincial HIV/STI FP		✓	✓	✓	✓	✓	✓
		5.5.4	✓	✓	✓	✓	Prov'l HPO & HIV/STI FP, Midwives/nurses		✓	✓	✓	✓	✓	✓
		5.5.5	✓	✓	✓	✓	National HIV/STI Unit National HP Unit	✓						
		5.5.6	✓	✓	✓	✓	RH Supervisors VCNE, NGOs (TBC)		✓	✓	✓	✓	✓	✓

Objective	Link to PAA Policies Strategies	Activity	Complete in Year				Person Responsible	Implementation						
			2017	2018	2019	2020		National	VCH/NPH	Malampa	Penama	Sanma	Shefa	Tafea
		KPA6: Gender-based violence and sexual assault												