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Research Summary

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Title Vanuatu Health Facility Assessment: Sexual and Gender Based Violence services

Abstract

Background:

The Health Facility Readiness and Service Availability assessment in Vanuatu was undertaken to identify service availability, training and readiness gaps to enable targeted approaches in system and service improvement to impact sexual and reproductive health. Gender based violence in Vanuatu is widespread, with 60% of women who have ever been married, lived with a man, or had an intimate sexual relationship with a partner having experienced physical and/or sexual violence in their lifetime¹. 30% of girls experience sexual abuse before the age of 15². In addition, persons with a disability, who represent 12% of the population³, are a targeted group prioritized in The People's Plan⁴.

Methods:

Facility assessments were undertaken by Ministry of Health (MOH) teams across clinics, dispensaries, health centres and hospitals. Observations, assessments and an evaluation of staff preparedness through interviews were undertaken.

Results:

99% of recorded facilities nationwide were assessed.

No facility met full 'service readiness' criteria for sexual and gender-based violence (SGBV) response services, inclusive of availability of services, job aids, trained staff, post-exposure prophylaxis (for prevention of HIV transmission), and a dedicated room with auditory privacy.

Of all facilities,

53.5% (n=85) provide services to survivors of SGBV;

22% (n=35) had staff trained to provide these services;

19% (n=30) provide emergency contraceptives to survivors of SGBV;

9% (n=14) met all the following criteria:

- providing SGBV services,
- have staff trained on SGBV based at the facility,
- managing the emergency contraceptive.

On the day of assessment 10 of these facilities had the emergency contraceptive in stock (4 were stocked out). Of these, no MOH facilities and 1 NGO facility had both a wheelchair ramp and examination room with wheelchair accessibility.

Conclusion and recommendations:

Major elements of SGBV clinical services response are missing across the health system.

Barriers to SGBV services for persons with a disability are higher. The gaps limit capacity to meet health, gender and systems targets.

Opportunities for impact to inform system and capacity development and investment include:

- Increasing capacity of health workers responding to SGBV
- Increasing access to emergency contraceptives as a key component of SGBV response through drugs list expansion and supply chain enhancements
- Increasing service access on evenings and weekends
- Improving accessibility for persons with a disability through key elements of physical infrastructure.