

Vanuatu Health Facility Assessment: Sexual and Gender Based Violence services

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Background

The purpose of the Health Facility Readiness and Service Availability assessment was to identify service availability, training and readiness gaps at national, provincial and facility levels to enable targeted approaches in health 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. Children are also affected, with 30% of girls experiencing sexual abuse before the age of 15². In addition, persons with a disability, who represent 12% of the population³, are a targeted vulnerable group prioritized in The People's Plan⁴.

Methods

In October 2020 – January 2021, data collection was undertaken by Ministry of Health (MOH) teams in public, private and non-governmental organization (NGO) facilities, including clinics, dispensaries, health centres and hospitals.

Observations and assessments of physical inventories, tools, reports and records, and an evaluation of staff preparedness through key interviews were undertaken at each facility, entering into Magpi data collection software.

Data was analysed using Excel and Stata 14 software. Data was compared across multiple indicators and disaggregated by Province, facility level and category, managing authority (MOH/Private/NGO).

Results

159 out of 161 facilities were captured, therefore covering 99% of recorded facilities in Vanuatu.

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

53.5% of all facilities (n=85) provide services to survivors of sexual or gender-based violence; 22% of all facilities (n=35) had staff who have been trained to provide these services; 19% of all facilities (n=30) provide emergency contraceptives to survivors of SGBV;

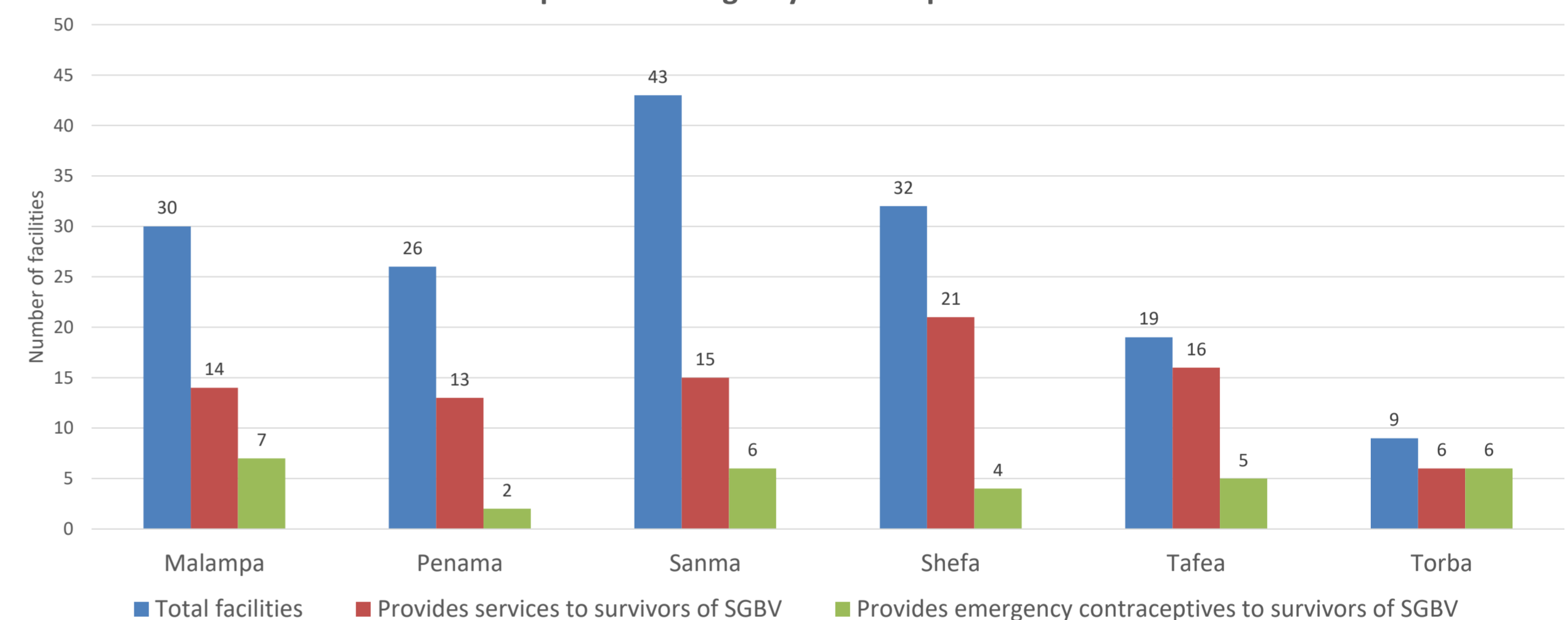
9% of all facilities (n=14) were seen to be meet the following criteria:

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

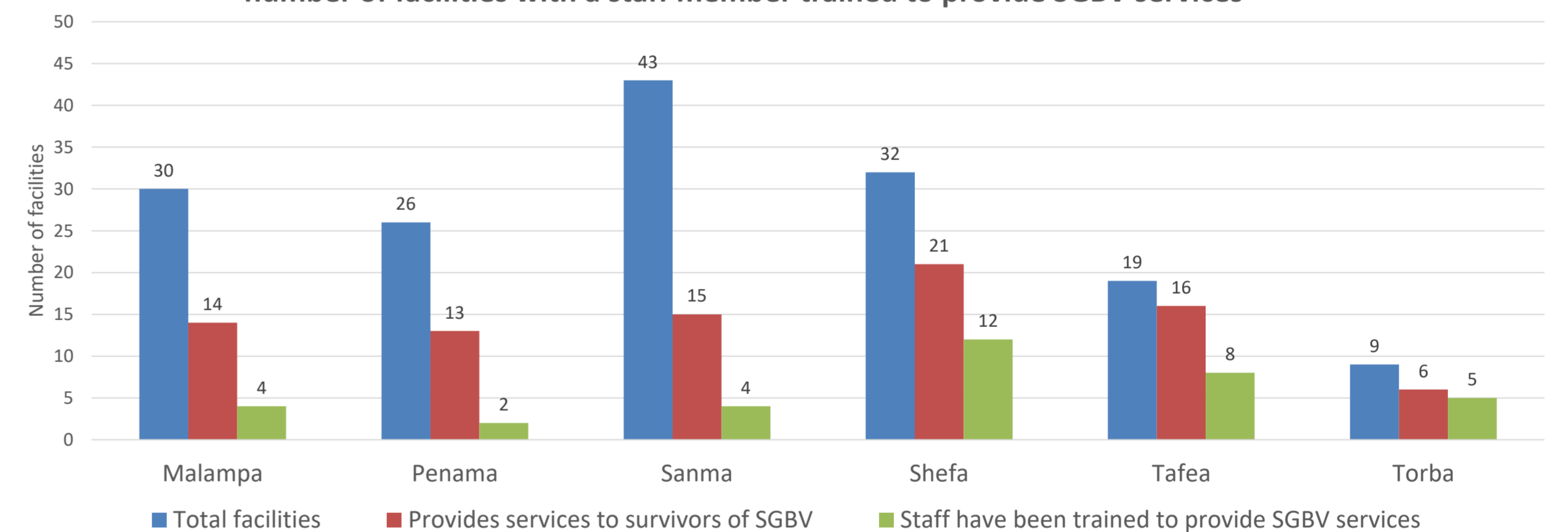
On the day of assessment only 10 of these facilities had the emergency contraceptive in stock (4 were stocked out).

Of the 10 facilities, no MOH facilities and only 1 NGO facility had both a wheelchair ramp and an examination room with wheelchair accessibility.

Comparison of the number of facilities by province providing SGBV services against the number of facilities which provide emergency contraceptives to survivors of SGBV



Comparison of the number of facilities by province providing SGBV services against the number of facilities with a staff member trained to provide SGBV services



Conclusions and Recommendations

Major elements of SGBV clinical services response are missing from the national health system including front line services.

There are training gaps in front line services for a critical element of sexual and reproductive health care.

Barriers for persons with a disability are particularly high, despite higher rates of SGBV among this population group.

The gaps limit Vanuatu's ability to meet national and global health, gender and systems targets.

The assessment identified opportunities for impact, which have informed the upcoming RMNCAH policy, strategy and implementation plan of the Ministry of Health, and could inform system and capacity development and investment at national, provincial and facility levels.

These include:

- Increasing capacity of health workers in responding to SGBV
- Increasing access to the emergency contraceptive as a key component of SGBV response through drugs list expansion and supply chain enhancements
- Increasing access to SGBV response services on evenings and weekends
- Improving accessibility of health facility services including for persons with a disability through key elements of physical infrastructure and opening hours.

References

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