

Vanuatu Health Facility Assessment: Sexual and Reproductive Health Services for Adolescents and Youth

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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.

In the 2020 preliminary census analysis, age groups 10-24 make up 29% of the population, with an annual population growth rate of 2.3%¹.

Teenage pregnancy is a recognized challenge across Vanuatu. In 2013, the Demographic Health Survey demonstrated a rate of 81 per 1,000 women ages 15-19, with estimations based on 2018 data suggesting an increase to 85.3/1000². In addition, 30% of girls experience sexual abuse before the age of 15². Persons with a disability, who represent 12% of the population³, are a particularly vulnerable group, prioritized in The People's Plan³.

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).

Adolescents were classed as age 10-19 and youth were classed as 15-25 in the evaluation of services in line with international classifications. Global standards for adolescent and youth friendly health services were set by WHO in 2015⁴, and key facility indicators were incorporated in this assessment.

Results

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

58% of all facilities (n=92) reported providing SRH services to youth and adolescents, however no facilities were providing adolescent and youth friendly SRH services according to global standards;

35% (n=56) of all facilities have at least 1 staff member trained on providing SRH services to adolescents and youth;

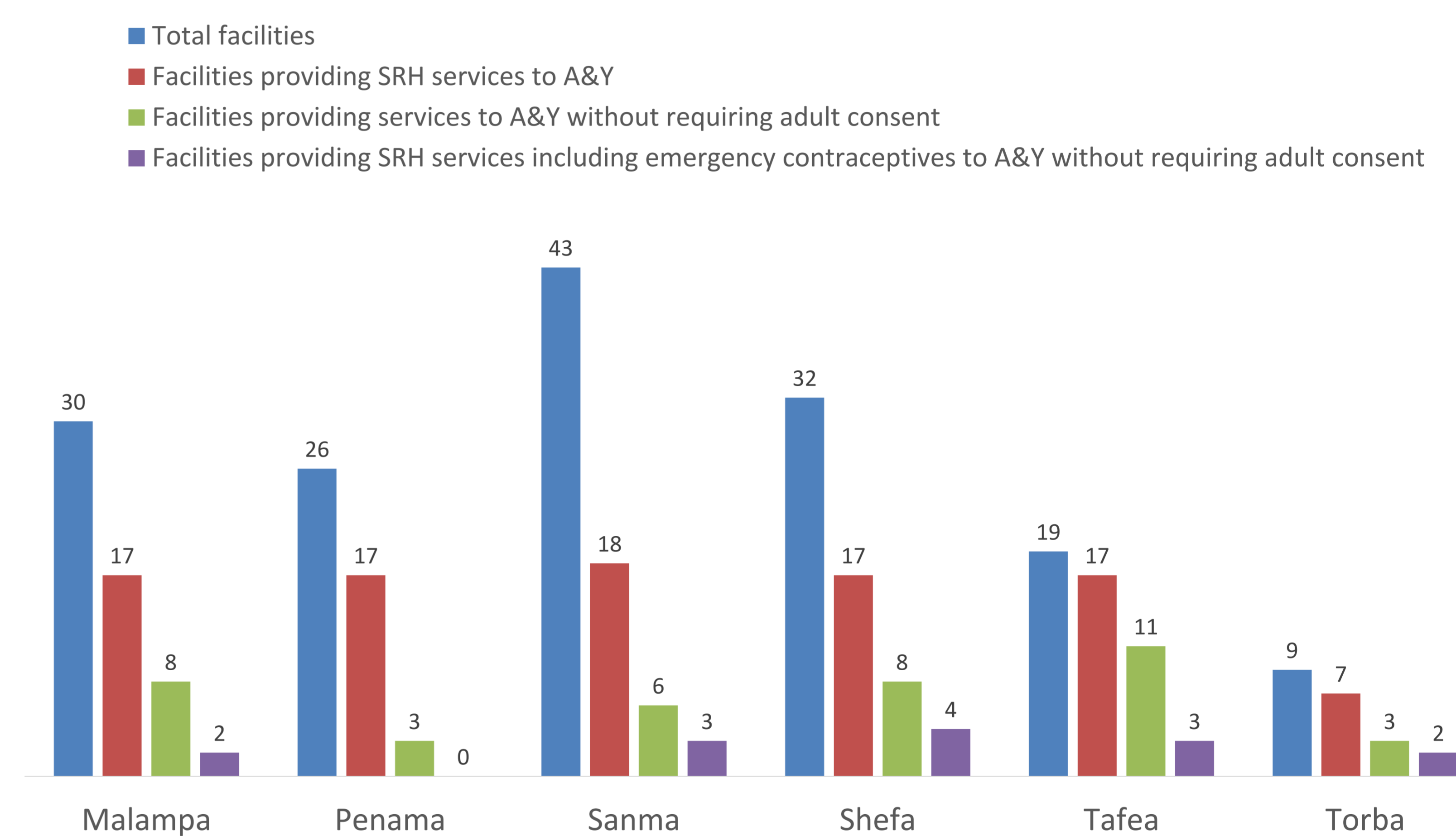
25% of all facilities and 42% of facilities offering SRH services to adolescents or youth do not require adult consent (n=39);

11% (n=17) of all facilities reported providing SRH services to adolescents and youth, and provide short term contraceptives to adolescents and youth without requiring parental consent;

36% (n=58) of all facilities provide SRH services to adolescents and youth and are open at weekends (at least 1 day);

3 MOH facilities (total 6 including MOH and NGO) offer SRH services to adolescents and youth that have a wheelchair accessible examination room.

Number of facilities by province providing SRH services and emergency contraceptives to Adolescents and Youth (A&Y)



Conclusions and Recommendations

Adolescents and youth have significant barriers in accessing sexual and reproductive health services in Vanuatu.

Barriers for young people and adolescents with a disability are particularly high. This has a significant impact on the ability to meet national and global health, gender and systems targets, and leaves gaps in front line services for a critical element of sexual and reproductive health care.

The assessment identified opportunities for impact, which have informed the upcoming Reproductive, Maternal, Newborn, Child and Adolescent Health 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:

- Ensuring access to family planning for adolescents and youth without additional consent requirements and removing fees for those unable to pay;
- Increasing capacity of health workers in the provision of adolescent and youth friendly health services;
- Increasing access to the emergency contraceptive as a key component of family planning and SGBV response for adolescents and youth through drugs list expansion, supply chain enhancements, and enhanced capacity of health workers;
- Increasing access to SRH services on evenings and weekends, particularly outside of school hours, and consider the impact of providing services in schools;
- Improving accessibility of health facility services for youth and adolescents with a disability through key elements of physical infrastructure improvements.

References

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