



# Building bridges

*A Joint United Nations Programme to support  
RMNCAH in Vanuatu*

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National Coordinator RMNCAH programme*

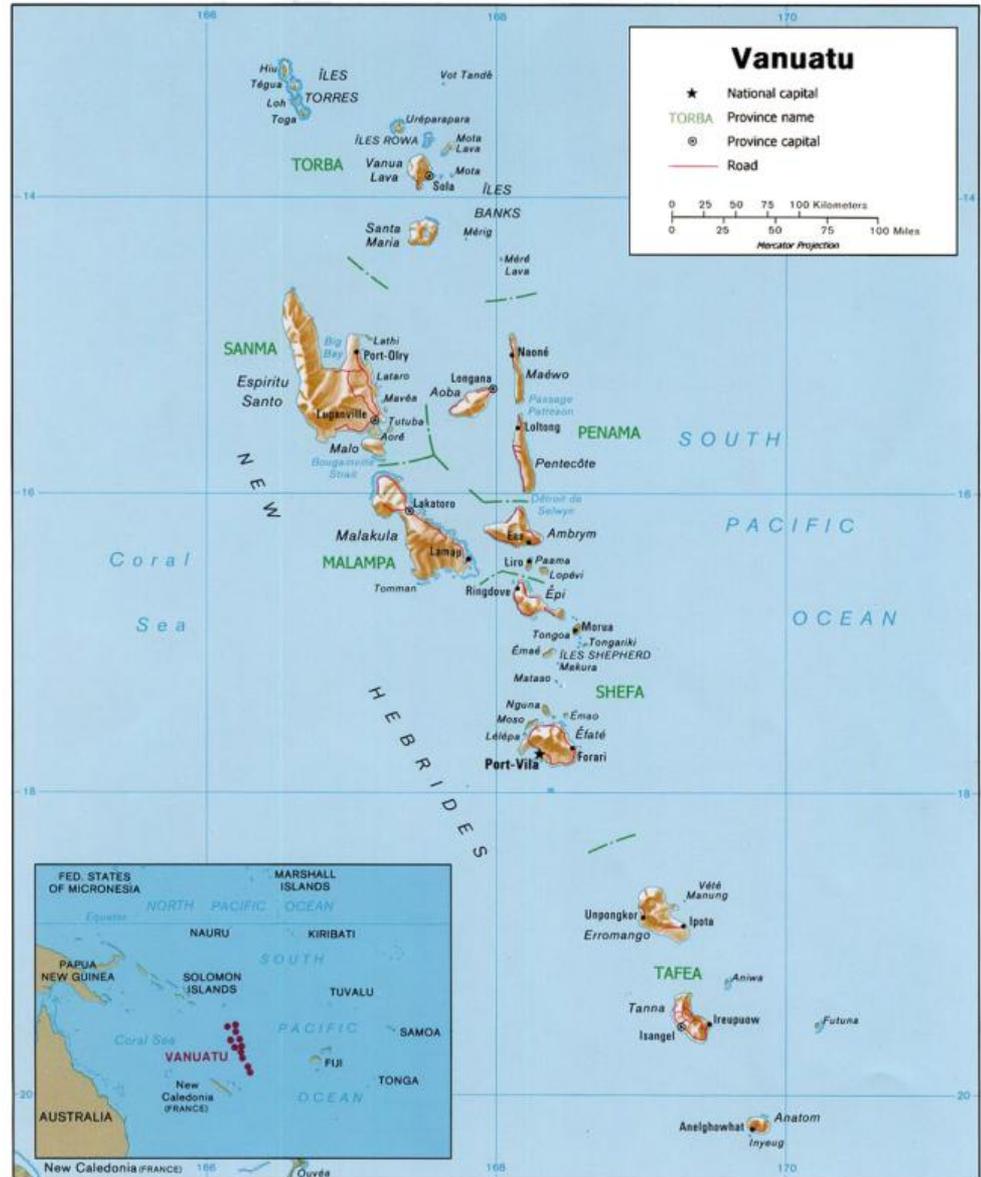
**12<sup>th</sup> PSRH Conference  
Port Vila  
13-19 July, 2017**



# Vanuatu Archipelago

83 islands  
6 provinces

*“So many call it  
paradise -  
We call it  
home”*



# *Country overview - Vanuatu*

*...is the world's **most at-risk country** for natural hazards, with highest vulnerability ranking (World Risk Index Reports 2014/2015)*

*... still is in the list of **least developed countries** (UN Department of Economic and Social Affairs, 2016)  
but in the vision to be **upgraded to MIC status in 2020***

...

# Country overview

*( The State of the World Children Report 2016)*

- Total population: 265,000
- GNI per capita - 3160 (US\$)
- Life expectancy at birth, years – 72;
- Annual number of births – 7000
- Total adult literacy rate - 84%
  
- Low birth weight rate - 10% ( 2009 -2013);
- Early initiation of BF – 85%
- Exclusive breastfeeding < 6 months - 73%
- Introduction of solid, semi-solid or soft foods(6-8 m)-72%
- Breastfeeding at age 2 - 49%

# Country overview

*(The State of the World Children Report 2016)*

- U5MR 36 (1990) – 28 (2015)
- IMR - 29 ( 1990) 23 ( 2015)
- NMR - 12 ( 2015)
  
- Stunting - 29%
- Underweight - 11%
- Wasting 4%
- Overweight - 5%

# *Country overview - Key points*

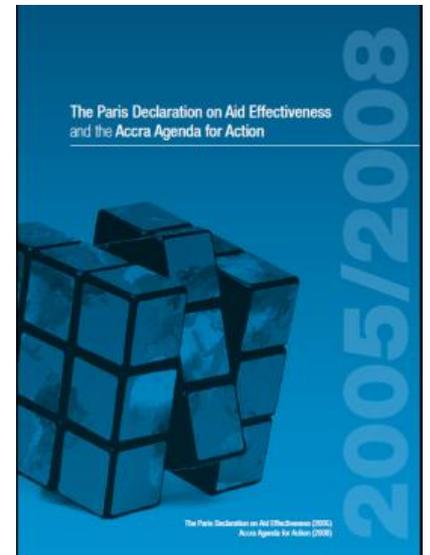
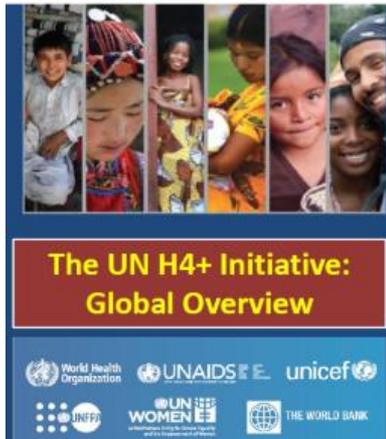
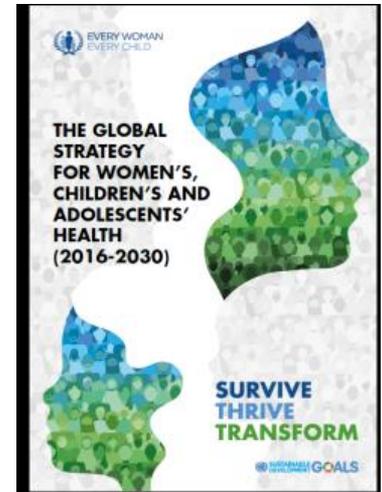
- Half of population is under age of 24; three quarters living in rural areas;
- Population growth rate of 2.2 per cent, fertility rate is 3.35 birth per woman (2014);
- 29% of pregnancies are reportedly unplanned (17% mistimed and 12 % unwanted).
- one of the highest adolescent birth rates in the Pacific region; women aged 15–19 reported the highest proportion of unplanned births at 40%;
- Prevalence of sexual abuse against young girls is also high;
- Low density of frontline health workers to population at 1.7 per 1,000 population – well below the WHO’s current recommended rate of 2.1;
- Country met MDG6 related target on HIV/AIDS, malaria and other diseases, while failed to progress on MDG4 (to reduce child mortality) and MDG5 (to improve maternal health). Similar to other countries in the region, faces a “double burden of disease” situation

## UN JP on RMNCAH

- 2.5-year programme to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH) systems and outcomes, with core funding provided by Australian DFAT ;
- In Vanuatu, the UNJP for RMNCAH was launched in 2015;
- Start of the programme coincided with TC Pam and peak of political instability and related turmoil in senior leadership positions in the country.
- Those conditions delayed real onset of implementation process till early 2016.
- Full implementation of all three components of the UNJP started in 2016.

# UNJP on RMNCAH in Vanuatu

Aligned with global strategies and initiatives





Government of the Republic Of  
Vanuatu



*Health Sector Strategy 2010 -2016*

MOVING HEALTH FORWARD

# UN JP ON RMNCAH

## *Supports national priorities*

### **Organizational re-structuring :**

- *Delegation of planning and management of health services to the Provincial level (decentralisation)*
- *Strengthened financial management and health financing, transparency and accountability at all levels.*

### **Better coordination with partners**

*Strengthening of international, regional and sub-regional partnerships*

### **Development of operational and strategic planning processes**

# UNJP ON RMNCAH

## Three Programme components :

### **Component 1: Improve selected RMNCAH services and outcomes**

- support to address critical gaps in services based on needs and gaps analysis

### **Component 2: Health Systems Strengthening through RMNCAH**

- Improving policy, planning, budgeting and monitoring systems both at national and decentralised level

### **Component 3: Developing an improved UN business model**

- increase efficiency and effectiveness of UN support ;
- Integrate UN-supported plans into government plans and budgets

## Component One: Improve selected RMNCAH services and outcomes

- Focus on addressing critical gaps in services based on needs and bottleneck analysis conducted in 4 pilot provinces, and nationwide.
- Support provided mostly at the decentralized level, through channeling DCT to the PHM office and using government implementation modalities in line with PFM system.
- Priority intervention areas : ASRH, FP, MNH, Child health and nutrition;
  - ASRH – 5 pronged approach;
  - FP - TOT on updated FP package and introduction of long-lasting modern methods;
  - MNC - death audits in priority provinces and establishment of MCDSR committee at MOH ;
  - Child health and nutrition - EPI and linking WASH, health and nutrition priorities at the community level.

## Measuring progress: Component One

- 2 out of 4 performance indicators exceeded annual targets –on number of users of modern FP methods and on EPI ( 81% measles coverage);
- Adolescent fertility rate-related indicator has shown good progress in 4<sup>th</sup> quarter of year, when actual impact of UNJP activities, which started in 2016, could be measured (49 against annual target of 57).
- The annual target on number of ANC visits were not met, while the concern was not only the numbers, but also quality of services provided during those visits which the UNJP/Government collaboration attempted to resolve through component 2 interventions.

# Sanma



## Component Two:

### Improving RMNCAH policy, planning, budgeting and monitoring systems at national and provincial levels

RMNCAH/health coordination have been strengthened at the national level and provincial committees established in the four pilot provinces;

- RMNCAH strategy for 2017–2020 finalized and approved with with four-year implementation plan, aligning with the National Strategic Development Plan for Vanuatu for 2017–2030 and SDGs 2030.
- Major priorities of the RMNCAH strategy incorporated into the 2016 health sector business plan.
- FP national guidelines developed followed by delivery of national ToT in preparation for scale-up in 2017.
- national YFHS guidelines developed and ToT capacity built in line with new guidelines at the national level and covering all six provinces in partnership with the UNDP Millennium Development Goal (MDG) Acceleration Framework project .
- Development of comprehensive national maternal and newborn health guidelines is underway that incorporate ANC, intrapartum care, including emergency obstetric and neonatal care (EmONC), postpartum care, prevention of mother-to-child transmission (PMTCT) and maternal and child nutrition, as well as related waiting homes policy.

## Component Two ( cont'd):

### **Improving RMNCAH policy, planning, budgeting and monitoring systems at national and provincial levels**

- National maternal and child death surveillance and response (MCDSR) committee established at MoH to improve systematic analysis of and reporting on causes of maternal, newborn and child deaths.
- Nutrition policy finalized and approved ; maternal nutrition and IYCF guidelines developed and validated, TOT conducted on this basis for further capacity building at provincial levels; IMAM guidelines are under revision for provincial rollout as well.
- National RMNCAH coordination committee meets monthly to discuss critical issues related to health system bottlenecks and service quality with the involvement of key government officials from the Prime Minister Office, Department of Strategic Planning Policy and Aid Coordination and development partners that included UN agencies and NGOs. Provincial coordination committees established in pilot provinces bridging community needs with provincial and national health management.
- RMNCAH UNJP supported human resources gaps assessment followed by the submission to MOH recommendations for short- and long-term solutions.
- Needs- and gaps-based RMNCAH supply inventory conducted in partnership with bilateral DFAT support to MoH.



## Measuring progress: Component Two

All three indicators met and exceeded annual targets:

- One national and four provincial plans compared with a target of two provincial plans were developed, costed and budgets reflected in the health sector business plan for 2016–2017.
- More than 50 per cent of gap analysis actions, compared with a target of 30 per cent, were prioritized and actioned in health sector business plan.
- The RMNCAH coordination committee chaired by government/ MOH met more frequently than planned (10 times compared with a target of 4 meetings), to set the national strategic direction for RMNCAH.

## Component Three: **Developing an improved UN business model**

- Joint work around the shared RMNCAH agenda among the three UN agencies was strengthened using joint programme funding, planning and implementation and monitoring;
- “One plan, one budget, one system” principle applied increasing effectiveness of MOH work with UN partners ;
- National and decentralized planning and micro-budgeting on RMNCAH improved;
- Regular consultations through face-to-face and virtual meetings were held between UNJP partners and RMNCAH coordinators at the national and provincial levels to address system bottlenecks and support to programme implementation;
- Quality assurance standards were established that aligned with UN and GoV planning, reporting and financing procedures.
- Linkages within MOH and with related government institutions strengthened around RMNCAH agenda. Annual review meeting on RMNCAH UNJP to define strategic directions held in Dec 2016 the was a good example of that being chaired by PMO representatives and MoH directors, represented by provincial tams from all six provinces, including managers, RH focal points, hospital staff and RMNCAH coordinators, as well as nursing school; NGOs, UN agencies and donor agencies.

# Shefa



## Measuring progress: Component Three

All 2016 targets for Component 3 are met:

- All UNJP for RMNCAH activities for 2017 were incorporated into the health sector business plan;
- Ad hoc activities not-reflected in health sector business plan minimized ( only one in 2016 );
- All TA agreements related to the UNJP for RMNCAH were processed as planned while 67 per cent completed and 33 % (long-term assignments) are currently ongoing.

# Malampa



# So what is being bridged by RMNCAH UNJP ?

- ...generations/ target groups - applying life cycle approach to programming;
- ... different levels of health system - ensuring continuum of care;
- ...national level with provinces; provinces with area councils and communities;
- ....UN agencies with government –bringing together comparative advantages of each to meet the country needs;
- ....UN agencies among themselves - around the shared agenda – avoiding duplications and gaps in support;
- ...Different sectors of the MOH - RH, Child health, EPI, Nutrition, WASH, NCDs – talking to each other to have stronger impact;
- ...MOH with other government sectors responsible for social determinants of health/ RMNCAH ( geographic and financial access, safe drinking water and sanitation facilities, food security, community resilience to emergencies etc)
- ...and NGOs reaching the hard to reach communities...

# Annual Review Meeting RMNCAH 2016



## ANNUAL REVIEW MEETING RMNCAH 2016



ACKNOWLEDGEMENT TO THE RMNCAH TEAM OF VANUATU  
NATIONAL GOVERNMENT/SECTORS/PROVINCES/COMMUNITIES  
UN JOINT & PARTNERS

**TANK  
YU  
TUMAS**

