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**ABBREVIATIONS & GLOSSARY**

HR	Human Resources
IUD	Intrauterine Device
MoH	Ministry of Health
MP	Member of Parliament
PCSP	Parliamentary Committee on Social Policy
The Stick	also known as Depo Provera birth control shot
TBA	Traditional Birth Attendant
TRG	Tactical Response Group
UNFPA	United Nations Fund for Population
VBTC	Vanuatu Broadcasting and Television Corporation
VFHA	Vanuatu Family Health Association

## **PREFACE**

In 2011, the Parliamentary Committee on Social Policy was approached by the Vanuatu Family Health Association, in collaboration with the Ministry of Health to conduct study tours to determine whether there is adequate accessibility and service delivery of health services, in particular in relation to family planning and reproductive health.

The Committee has embarked on trips to Santo, Malekula, Efate, Aneityum and Erromango. Unfortunately, due to limited time, the Committee was not able to study other health facilities in other provinces as it would have liked to.

Never-the-less, this report has been produced to present the Committee's findings and recommendations to Parliament for discussion and or debate. It is also hoped that Government will be able to adopt the recommendations made.

For and on behalf of the Committee

.....  
**Hon. Philip CHARLEY, MP**  
**CHAIRMAN**



## ACKNOWLEDGEMENTS

The delegation that embarked on this study tour would like to express their appreciation to the following institutions or individuals that assisted them in one way or another in fulfilling their mission:

- Office of the Speaker of Parliament
- Staff of the Parliamentary Secretariat
- United Nations Population Fund
- Vanuatu Family Health Association & its staff
- Ministry of Health
  
- Staff of the Northern District Hospital
- Staff of the Northern Care Youth Clinic
- Norsup Hospital Staff
- Nguna Health Centre & Malaliu community
- Paungisu Health Centre & Paunagisu community
- Nemo Guest House in Luganville, Santo
- John Roy's Guest House in Lakatoro, Malekula
  
- Tafea Provincial Council & staff
  
- Chiefs and community members of:
  - Anelcauhat
  - Umetch
  - Port Patrick
- Chiefs and community members of:
  - Ipota
  - Port Narvin
  - Dillons Bay
  - Happy Land
  - Cooks Bay
  - Tuwit
  - Ifo
  - South River

### **Special Thank You to:**

- Julius Ssensabulya
- Joseph Lagoiala
- Apisai Tokon
- Arnold Bani
- Kalwat K Pailapa

- Dr Fulguni Basu
- Charlie Harrison
- Eddie Carlo
- Dorinda Mabon of VBTC
- Anthony's Guest House
- William Nejom's Guest House
- Nauta Guest House
- Mr Martin David, Principal of Ipota Junior Secondary School
- Metesons Guest House
- Ms Hinna Annie

**MOTION No. 5 OF 2008**

CONSTITUTION OF THE COMMITTEE ON SOCIAL POLICY

**WHEREAS:**

- A. Article 23 of the Constitution states: “Parliament may establish Committees and appoint Members to them”.
- B. Standing Orders 49, Paragraph (1), provides for the establishment of a Standing Committee of Parliament to examine, enquire or consider any question or matter related to any Ministry, Department or Service of the Government or the Republic of Vanuatu.
- C. Standing Orders 49, Paragraph (4) provides that unless Parliament shall otherwise decide, a Standing Committee shall continue to exist until the dissolution of Parliament;
- D. Standing Orders 49, Paragraph (5) provides that a Standing Committee shall be empowered to examine, enquire into or consider any matter, business or question as may be referred by Parliament from time to time and to report on it.

**NOW THEREFORE, PARLIAMENT HEREBY RESOLVES:**

TO CONSTITUTE A Parliament Standing Committee called “**Committee on Social Policy**” consisting of:

- a. four (4) Members appointed by the Hon. Prime Minister;
- b. three (3) Members appointed by the Hon. Leader of the Opposition; and

**WHOSE DUTY SHALL BE:**

- a. enquire into and examine matters related to health, education, professional association and accreditation;

- b. enquire into and examine matters related to labour relations, culture, leisure, sports and broadcasting;
- c. enquire into and examine matters related to law and order, publicly owned corporations with social vocations and social infrastructure;
- d. report to Parliament as to the results of the enquiry or review on such matters subject to the enquiry or review
- e. recommend to Parliament as to what measures are to be taken under procedural and reform changes in such matters subject to the enquiry or review;

and include such other related matters as may be referred to Committee by Parliament.



Aneityum is a malaria free zone. At Mystery Island Airport, new arrivals are tested for the disease. Here MoH's Reproductive Health Coordinator, Mrs Apisai Tokon grimaces with pain as the microscopist draws blood from her finger.

## **CHAPTER 1**

### ***1.0 THE COMMITTEE METHOD OF OPERATION***

#### **COMPOSITION**

- 1.1 Following the formation of a new Legislature, a motion will be adopted by Parliament to establish the Committee on Social Policy. Members of the Committee are appointed by the Prime Minister and the Leader of the Opposition in Parliament, in proportion to the political parties represented in Parliament.
- 1.2 Members of the Committee will then elect a Chairman from amongst their members.
- 1.3 Committee members hold office for a period of four (4) years, or until the dissolution of Parliament.
- 1.4 If there is a change in Government during the life of Parliament, the Parliamentary Budget and Management Board shall reconstitute the Committee after the new Government has assumed office.

#### **SELECTION OF SUBJECT FOR EXAMINATION**

- 1.5 In 2011, the Parliamentary Secretariat was approached by the Ministry of Health (MoH) and the Vanuatu Family Health Association (VFHA), in an effort to involve members of the Parliamentary Committee on Social Policy (PCSP) to gain a more hands on approach to tackling family planning and reproductive health issues at the national level. It was acknowledged that there is a need for political will in addressing the social policy issues in this area.
- 1.6 With funding support from the United Nations Population Fund (UNFPA), members of the PCSP, the VFHA and the MoH launched a series of study tours.

#### **STUDY TOUR**

- 1.7 This report highlights the group's tour to the islands of Santo, Malekula, Efate Aneityum and Erromango between mid October 2011 and mid March 2012.

- 1.8 The issues raised by the various communities will be brought to light, including some preliminary recommendations that the Parliamentary Committee on Social Policy believes may resolve some of these issues.
- 1.9 It should be noted that there were also other issues raised that were not directly linked to family planning and reproductive health, but could affect them.

### **ACTION FOLLOWING REPORT**

- 1.10 The Committee Chairman will table this report in Parliament for debate on the findings and recommendations made in this report.
- 1.11 The Committee requires a written response from the Government within **30 days** from the day the report is tabled in Parliament.



Travel between stations is normally by boat as the group embarks on a three hour boat ride to Umej from Anelcauhat (Aneityum).

## CHAPTER 2

### 2.0 *INTRODUCTORY REMARKS*

#### PURPOSE

- 2.1 The purpose of the study tours is to determine whether there is adequate accessibility and service delivery of health services, in particular in relation to family planning and reproductive health. The Committee intends to present its findings and recommendations to Parliament for debate and to obtain a response from Government within the given time frame.
- 2.1 The aim of the study tours coincides with the VFHA and MoH strategic plans as well as the mandate of the PCSP. The idea behind the tours is also to obtain an all inclusive approach towards achieving the Millennium Development Goals 4, 5b, 6 and 7 (see **Annex 1**).
- 2.2 Instigated by the VFHA under the Family Planning Advocacy Project, members of the PCSP were privy to consultative and dialogue meetings with the VFHA, prior to embarking on the study tours.

#### ORGANISATION

- 2.3 With funding assistance from the United Nations Fund for Population (UNFPA) and the Parliamentary Secretariat, the Chairman of the PCSP, Honourable Member of Parliament, Philip Charley, Mr Joseph Lagoiala, the Family Planning Advocate from the VFHA and MR Arnold Bani, the Assistant Reproductive Health Coordinator in the MoH visited the health facilities in Santo and Malekula. On Efate, they were accompanied by other Honourable Members of the PCSP which included Honourable Members of Parliament; Raphael Worwor, Louis Etap, Isaac Hamariliu, and Bakoa Kaltonga. Other officials included in that tour were Dr Faluguni Basu, Mr Léon Teter, Mr Charlie Harrison, Mr Eddie Carlo, Ms Dorinda Mabon of the VBTC and Mr Julius Ssensabulya, Advocacy and Network Adviser of the VFHA. In fact, a rapid assessment on family planning services was then compiled and produced in a booklet by Mr Julius Ssensabulya of the VFHA,

which included elements of the study tours conducted on the three islands aforementioned.<sup>1</sup>

- 2.4 Some of the challenges reported included high transport costs, high and immediate expectations from the health facilities visited due to their many needs, and some Honourable Members of Parliament were not able to participate in the program.
- 2.5 For the tour to the Tafea region, the PCSP intended to travel to all the islands in the Tafea region; which included Aniwa and Futuna. However, due to time constraints, the Chairman of the Committee moved, during one of its meetings prior to departure that the team travel to Aneityum and Erromango alone and treat them as sample islands as it was believed that the concerns that would be raised would be similar in nature all around. A draft schedule was then drawn up (refer to **Annex 2**) and with the assistance of then Clerk Assistant Corporate Services (Mr. Charlie Harrison) and Principal Parliamentary Officer, Patricia Kalpokas-Tari, logistical arrangements were made for the trip.
- 2.6 The group that travelled to Aneityum and Erromango were:  
 Chairman, PCSP – Honourable Member of Parliament, Mr. Philip Charley  
 Vice Chairman – Honourable Member of Parliament, Mr. Issac Hamaraliu  
 Member – Honourable Member of Parliament, Mr. Donna Browney  
 Member – Honourable Member of Parliament, Mr Raphael Worwor  
 Clerk Assistant, Parliamentary Committees – Mr Léon Teter  
 Principal Parliamentary Officer, Parliamentary Committees - Ms Patricia Kalpokas-Tari  
 Family Planning Advocate (VFHA) - Mr Joseph Lagoiala  
 Family Planning and Reproductive Health Coordinator (MoH)– Mrs Apisai Tokon  
 Police Officer (TRG) – Mr David Bong  
 Police Officer (TRG) – Mr Kalpat Edward
- 2.7 Other Honourable Members of the PCSP; Tae Voyasusu, Bakoa Kaltonga and Louis Etap were not able to travel with the group due to other commitments.
- 2.8 The team travelled by plane from Efate to Aneityum on 25 February, 2012. The group resided in guest houses at Anelcauhat and travelled by boat from there to Umej and Port Patrick.

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<sup>1</sup> Refer to Ssenabulya, Julius, September 2011, *Improving Access to Family Planning Services: A rapid assessment and response on Family Planning services in Vanuatu*, Vanuatu Family Health Association & United Nations Population Fund

Unfortunately, only one Honourable Member of Parliament did not participate, Mr. Raphael Worwor, due to his fear of rough sea swells at the time.

- 2.9 On 28 March 2012, the entire group set off to depart Aneityum for Erromango. However, due to the pilot's unease about excess weight and fuel shortage, the group was asked to drop a member of the group to which Police Officer Kalpat Edward volunteered to remain on Aneityum and to return to Efate on 3 March, 2012, like the rest of the group. The group departed Aneityum, transiting at White grass Airport on Tanna, before reaching Ipota on Erromango.
- 2.10 At Ipota, the group resided in a locally owned guest house for the majority of the time spent there. Again, Honourable Member of Parliament, Raphael Worwor did not travel with the group to the different ports, due to his fear of the rough sea swells. Further, the full delegation did not travel to Dillons Bay. In fact, after Port Narvin, Honourable Member of Parliament, Isaac Hamariliu, Honourable Member of Parliament Dona Brown and Clerk Assistant Leon Teter returned to Ipota whilst Joseph Lagoiala, Apisai Tokon, Honourable Member of Parliament Philip Charley, Principal Parliamentary Officer Patricia Kalpokas-Tari and Police Officer David Bong proceeded on to Dillons Bay where they spent the night.
- 2.11 Honourable Member of Parliament, Mr. Philip Charley and at the same time the Chair of the Committee remained on Ipota after the rest of the group returned to Port Vila on 3 March 2012. He then visited other places on Erromango by boat, which included the Aid Posts on Ifo, Happy Land and South River. He also conducted public awareness on family planning at Cooks Bay and Tuwit. Honourable Member of Parliament, Philip Charley only returned to Efate on 13 March, 2012
- 2.12 On the group's return to Efate, it was learned that during the time spent on Erromango, there had been a tropical depression in the southern part of Vanuatu, which had not been known to the group the whole time due to the poor telecommunication system.

## **BUDGET**

- 2.13 A total sum of VT903,500 was spent on the study tour conducted in Santo, Malekula, and Efate. From this amount, VT255,356 was spent on transport costs, whilst VT321,710 was used for meals and accommodation, VT17,434 on communication and printing, VT96,000 for living allowances and VT213,000 was spent on external facilitator' allowances.

- 2.14 An estimated sum of VT2,010,300 was expended for the Tafea study tour. Of this amount, VT1,320,000 was spent on accommodation, daily subsistence allowance, transport and contingencies, whilst VT690,300 was spent on air travel tickets. The person nominated to be the imprest holder was the Chair of the Parliamentary Committee on Social Policy, Honourable Member of Parliament, Mr. Philip Charley.



Dillon's Bay Dispensary has a small boat which is no longer used as it has been deemed unsafe for usage in the waters of Erromango. A larger boat is needed.

## **CHAPTER 3**

### **3.0 FINDINGS FROM THE STUDY TOURS IN SANTO, MALEKULA & EFATE<sup>2</sup>**

- 3.1 The following findings were made from positive observations made and concerns raised to the study group.

#### **NORTHERN DISTRICT HOSPITAL (SANTO)**

- 3.2.1 Of the 886 births from January to September 2011, 50% were borne by teenagers. There were 29 home births and 1 maternal death
- 3.2.2 There are only eight midwives managing this regional referral hospital, as well as a shortage of man power in the family planning, ante-natal clinic and pharmacy; thereby contributing to poor service delivery.
- 3.2.3 The Maternity Ward and Ante-natal Clinic are too small to accommodate the population of Sanma Province and other surrounding provinces.
- 3.2.4 The current organization structure of the hospital is a stumbling block to service delivery.

#### **NORTHERN CARE YOUTH CLINIC (SANTO)**

- 3.3.1 There is a need for programs to enable increased knowledge and involvement of men in Family Planning.
- 3.3.2 There is a need for Government to support peer educator programs

#### **NORSUP HOSPITAL (MALEKULA)**

- 3.4.1 The hospital has only one Doctor

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<sup>2</sup> Chapter 3 and 4 of this report and were adapted from a "Progress Report" which was prepared by Julius Ssensabulya, Advocay and Network Advisor of the VFHA

- 3.4.2 There is a laboratory but no laboratory technician
- 3.4.3 There is an X-rays Section but no qualified staff to man it
- 3.4.4 The Pharmacy, Maternity Ward and Ante-natal section are understaffed.
- 3.4.5 There is no waiting room for the Ante-natal and Family Planning sections so clients sit in the open air, outside.

#### **VANUATU FAMILY HEALTH ASSOCIATION (VFHA) CLINIC**

- 3.5.1 Not enough nurses to provide services to the large number of clients (2 nurses to 600 clients per month on average)
- 3.5.2 Not enough funds and space to provide quality sexual reproductive health services to their clients.

#### **NGUNA HEALTH CENTRE**

- 3.6.1 There is only 1 nurse serving a population of about 2000 people on Nguna.
- 3.6.2 There is no running water, light nor electricity. The rain water catchment needs repair.
- 3.6.3 Transport to and from the facility is hard due to no service truck.
- 3.6.4 Transportation of supplies to the center is also difficult.
- 3.6.5 Communication with the center is difficult as it is not covered under the telecommunications system.
- 3.6.6 Lack of a waiting room means clients have to sit outside on the grass and wait to be served.
- 3.6.7 Supervisory visits from the Ministry of Health are irregular.

#### **PAUNAGISU HEALTH CENTRE**

- 3.7.1 Is understaffed and needs more space for proper program administration

## VILA CENTRAL HOSPITAL (VCH) AND CENTRAL MEDICAL STORES (CMS)

- 3.8.1 There have been budget cuts despite the increase in number of patients
- 3.8.2 There is not enough space to accommodate visiting patients who are then forced to wait outside
- 3.8.3 Due to insufficient space, ante-natal clients and post natal clients are often mixed up.
- 3.8.4 The consultation rooms do not guarantee client privacy.
- 3.8.5 There is only 1 serologist for the whole of Vanuatu to examine and read pap smear tests.
- 3.8.6 In 2010, of 2612 antenatal bookings, 707 were unwanted pregnancies and 324 were teenage pregnancies.
- 3.8.7 From January to July 2011, 213 were teenage pregnancies whilst 527 were unwanted pregnancies
- 3.8.8 90% of pregnancies attended at VCH are unplanned
- 3.8.9 VCH has only one mid-wife who can administer an Intrauterine Device (IUD).
- 3.8.10 There is only 1 gynecology consultant and 15 midwives at the VCH. Most of these midwives are soon to retire.



Most of the Aid Posts on Aneityum are built from local materials and need repair, as well as lack proper waiting rooms. At Port Patrick, the study tour group met with members of the Health Committee and the Nurse Aid, Daisy, pictured here with Mrs Apisai Tokon of the MoH, and two members of the various Health Committees on the island.

visitors, first priority is given to first pregnancies and c

## CHAPTER 4

### ***4.0 RECOMMENDATIONS FOR SANTO, MALEKULA & EFATE HEALTH FACILITIES***

- 4.1 Government to improve the capacity and skills of nursing staff
- 4.2 Government to provide proper/sufficient operation space
- 4.3 Continue with progress on review and implementation of the current hospital structure to reduce the human resource gap
- 4.4 Members of Parliament should make regular visits to health facilities in order for them to monitor their progress
- 4.5 There must be increases in budgetary allocations to enable sustainability of family planning supplies, outreach activities and new staff
- 4.6 The therapeutic committee draft a policy to mandate them to control the standard and flow of supplies as well as collect revenue from drug sales to private practitioners.
- 4.7 When given an opportunity, Members of the PCSP should participate in talking about the benefits of family planning and encourage their constituents to utilize modern family planning contraceptives
- 4.8 Members of Parliament should advocate for mandatory contact tracing for sexually transmissible infections, apart from HIV when the respective bill reaches Parliament for debate and adoption.
- 4.9 Members of Parliament in the PCSP should support increased budgetary allocations as a strategy to improve maternal health
- 4.10 Ministry of Health and NGO partners should develop a plan to provide annual updates to policy makers on Family Planning issues so as to enable them to support and monitor progress in this area.
- 4.11 a plan should be developed to mobilize resources to support renovation and improvement of family planning facilities, including infrastructure, utilities (water and electricity) and transport.

- 4.12 Ministry of Finance and Health Department should allocate adequate funds to enable the CMS to purchase required levels of contraceptives stock and other logistical supplies
- 4.13 The CMS should ensure a continuous supply of a variety of contraceptives including emergency pills, IUDs to promote clients' right to choice.
- 4.14 Health service providers and community leaders should promote community awareness on the benefits and availability of services, to improve grassroots support and create demand for the services.



Old and rusty hospital beds are a common sight in Ipota and Dillons Bay Dispensary. This delivery bed at Ipota Dispensary is a health risk to a delivering mother.

## CHAPTER 5

### **5.0 FINDINGS FROM THE STUDY TOUR OF ANEITYUM & ERROMANGO**

#### **YORIN DISPENSARY, ANELCAUHAT (ANEITYUM)**

- 5.1.1 Shortage of contraceptive supplies
- 5.1.2 Lack of regular shipping services for supplies to be shipped
- 5.1.3 High population rate, therefore the Dispensary cannot cope with so many patients
- 5.1.4 Two other aid posts on the island, lack of infrastructure means health services needed from the Dispensary cannot be obtained quickly, thereby resulting in deaths
- 5.1.5 Equipment used not properly sterilized due to lack of proper facilities such as medol concentrated solution.
- 5.1.6 The building needs maintenance
- 5.1.7 No proper lighting
- 5.1.8 Dresser needs further training to be able to double up as mid-wife and dental therapist
- 5.1.9 Urgent cases have to be airlifted to Tanna and this is expensive
- 5.1.10 Aneityum is an international port of entry and its health facilities must be upgraded
- 5.1.11 Poor forecasting by Provincial Health Managers has meant that medical supplies are delayed from reaching the island
- 5.1.12 Poor telecommunications and tele-radio service
- 5.1.13 The community is taking the initiative to be self sufficient and not rely so much on outside help, they have been making attempts to refurbish the dispensary on their own

**UMEJ AID POST (ANEITYUM)**

- 5.2.1 The village health worker and nurse aid can only prescribe some medication and not all
- 5.2.2 Limited contraceptive method usage as only condoms are available.
- 5.2.3 Young people are not comfortable with obtaining contraceptives
- 5.2.4 Family planning clashes with church & cultural beliefs
- 5.2.5 More complex cases have to be referred to Yorin Dispensary (Anelcauhat) which is about a 3 hour boat ride away and about half a day's walk from Umej
- 5.2.6 Transport costs often have to be met by the sick patient due to lack of sufficient funding to support the aid post
- 5.2.7 Medical supplies are often received late, so patients are often referred to local custom remedies
- 5.2.8 The aid post building is not safe and is run down
- 5.2.9 The aid post's services have become insufficient as there has been a rise in population, therefore the aid post should be upgraded to a dispensary
- 5.2.10 Some vaccine programs are conducted at Yorin Dispensary and this is a strain on babies and mothers in terms of travel costs
- 5.2.11 They depend on Yorin's medical supply orders and this can take time
- 5.2.12 There has been a decline in community support for the aid post, no health committee
- 5.2.13 There is no bed for sick patients
- 5.2.14 Tools are not properly sterilized
- 5.2.15 The health workers need public relations skills
- 5.2.16 Poor telecommunications
- 5.2.17 Infrastructure is needed, including boats and trucks for transport

5.2.18 the island is a malaria free zone, there are hardly any NCDs such as diabetes

### **PORT PATRICK AID POST (ANEITYUM)**

- 5.3.1 Patients from neighbouring villages have to walk a long distance to get to the aid post. Sometimes, only one person will visit the aid post to get medication for others
- 5.3.2 Poor telecommunications network means communication with others can be a hindrance to receiving service
- 5.3.3 There is a high demand for medical attention due to the increasing population size of the area and its surroundings
- 5.3.4 The Nurse Aid has to pay her own way to visit neighbouring villages
- 5.3.5 The aid post is only made of bamboo and is therefore not safe for keeping medical supplies and is not hurricane proof.
- 5.3.6 Limited use of contraceptives as they only give out condoms and other contraceptive methods can only be obtained from the Dresser at Anelcauhat. The Nurse Aid is not authorized to give some treatments due to her limited training.
- 5.3.7 Vaccination programs are only carried out at Anelcauhat (Yorin Dispensary) and the Nurse Aid will often fund trips at her own cost; (accessibility is the issue)
- 5.3.8 They have a tele-radio but its fuse was burnt out
- 5.3.9 There seems to be a lack of post natal checks for expectant mothers due to the long distance that they will travel from Port Patrick to Yoring Dispensary in Anelcauhat.
- 5.3.10 The Nurse Aid's sterilizing chemicals have expired so she only uses rain water and soap to keep her tools clean.
- 5.3.11 The Nurse Aid thinks that may be she is a female, so it is hard to get the community to support her work.
- 5.3.12 Members of the Committee for Port Patrick Aid Post are no longer together

- 5.3.13 The Nurse Aid is paying someone at her own expense to look after the aid post yard.
- 5.3.14 Water supply is lacking and the nearby spring water which is used can often be dirty when there is bad weather

#### **IPOTA DISPENSARY (ERROMANGO)**

- 5.4.1 The dispensary is manned by a Nurse Aid due to staff shortages and this means that there are limits to what services can be expected of the Nurse Aid.
- 5.4.2 The Nurse Aid sleeps in the maternity room due to lack of staff housing
- 5.4.3 There is often a shortage and also a delay of medical supplies reaching the dispensary
- 5.4.4 The dispensary also services other neighbouring villagers who have to walk a long distance to get there.
- 5.4.5 There is no water supply at the dispensary, they use water tanks instead.
- 5.4.6 There are not enough rooms for sick patients due to the high number of demand; eg. The dispensary must service neighbouring villages as well as the schools like Ipota Junior Secondary School.
- 5.4.7 There is no immunization program being followed
- 5.4.8 Telecommunications is a problem as there is no mobile network coverage and villagers have to travel 8 to 9 km up the hill to make a call
- 5.4.9 There are no delivery sets for delivering babies
- 5.4.10 The imprest obtained for the dispensary is often not sufficient
- 5.4.11 There is a new maternity ward being built
- 5.4.12 The dispensary has a boat to support its work

#### **PORT NARVIN DISPENSARY (ERROMANGO)**

- 5.5.1 Lack of properly trained health staff for the dispensaries in Erromango
- 5.5.2 Lack of infrastructure to support emergency cases

- 5.5.3 Need for locally based, indigenous health staff, compared to health staff from other islands who are not always willing to work on the island
- 5.5.4 Lack of HR planning in overall Tafea outer islands
- 5.5.5 MP's allocations are limited this year and cannot assist health facility here
- 5.5.6 Shipping service is not very regular
- 5.5.7 Delay in medical supplies getting to Port Narvin as it has to go through Tanna first, comment that they get the left overs.
- 5.5.8 Also shortage of medical supplies, and contraceptive users only have access to condoms, and "the stick" but there are no pills
- 5.5.9 There is no lighting
- 5.5.10 Need piping of water to supply the facility
- 5.5.11 Malaria is quite common here
- 5.5.12 Lost two children on the boat on the way to Ipota for medical attention
- 5.5.13 Transport cost on the boat to Ipota is very dear, VT12,000 one way
- 5.5.14 There is no properly qualified nurse manning the dispensary, both are trainees
- 5.5.15 Teenage pregnancy was quite high last year (2011)
- 5.5.16 The building is new but still under construction, with need for further improvements.

### **DILLONS BAY DISPENSARY**

- 5.6.1 Effectiveness of parliamentary committees was questioned, whether the people's concerns would indeed be addressed as this is election year.
- 5.6.2 No nurse in the area for the last four years, so deaths can and have occurred
- 5.6.3 No immunization program effective due to lack of a nurse
- 5.6.4 No ante natal checks for expectant mothers done

- 5.6.5 No family planning being practiced, therefore traditional methods are relied upon
- 5.6.6 There is a Traditional Birth Attendant (“TBA”), but mothers will often travel to Port Vila or Tanna to bear their new borns and also remain for 3 months until their baby has been immunized
- 5.6.7 Community’s negative attitude often causes hindrances to functioning of the health facility
- 5.6.8 Health committee is inactive and needs to be revived
- 5.6.9 Currently, the fibre-glass boat is too small and a larger one is needed
- 5.6.10 The building is in bad need of repair
- 5.6.11 There are a lot of teenage pregnancies here
- 5.6.12 Water supply is not easily come by as the piping still needs to be done
- 5.6.13 New building funds were diverted elsewhere due to politic interference.
- 5.6.14 There will soon be a new nurse posted to the dispensary, so the community needs to work together to clean and repair the health facility
- 5.6.15 The dispensary was marked by then Minister of Health, Hon. Morkin Stephens to become a health centre and a place has already been cited for a new building. Materials have also started to be stocked for this new facility.

#### **IFO AID POST (ERROMANGO)**

- 5.7.1 The community recommended that the village health workers, Seule Taffo & his female counterpart undertake Nurse Aid training
- 5.7.2 The aid post is in need of repair and the community requested 10 sheets of iron roofing for this purpose.
- 5.7.3 The community obtain medical treatment from nearby Ipota, but need a water tank for their aid post.

#### **HAPPY LAND AID POST (ERROMANGO)**

- 5.8.1 They urgently need another room built to store their drugs/commodities.

- 5.8.2 There is a high demand for services due to the large population size and the aid post is not sufficient to accommodate the patients.
- 5.8.3 They need a boat to transport sick patients between the different stations.
- 5.8.4 They feel they need proper road access, because they are on the centre of the island, and live far from the beach and to bring patients down is difficult.
- 5.8.5 The community was thankful to the Government for providing the relevant training program to their village health workers.

### **SOUTH RIVER AID POST (ERROMANGO)**

- 5.9.1 Did not approve that a State Minister had committed the Vanuatu Government to building a dispensary in July 2008 (by handing over a key), but since then, no building has been erected.
- 5.9.2 The community feels that there is a need for a boat to help the village.
- 5.9.3 The community wants their Village Health Worker to attend the Nurse Aid course.

Members of the delegation wait to meet with the community of Port Patrick: seated from left to right: Clerk Assistant Léon Teter, Chairman Hon. MP Philip Charley, Hon.MP Donna Browny; standing: Vice Chairman Hon. MP Isaac Hamariliu



## CHAPTER 6

### **6.0 RECOMMENDATIONS FOR ANEITYUM & ERROMANGO HEALTH FACILITIES**

- 6.1 Government to reconsider criteria to qualify aid posts to becoming dispensaries, and dispensaries to becoming health centres
- 6.2 Upgrade Umetch and Port Patrick Aid Posts to Dispensaries with proper infrastructure and skillful human resources
- 6.3 The Provincial Health Office must link up with the medical dispensaries and aid posts to devise and implement their Human Resource plans as well as their Assets plans.
- 6.4 Upgrade Yorin (Anelgauhat), Port Narvin and Dillons Bay Dispensaries to Health Centres with proper infrastructure and skillful human resources
- 6.5 Ministry of Health through Tafea Provincial Health Office to ensure Registered Nurses are providing health services in the dispensaries and not Nurse Aids.
- 6.6 Increase the number of pharmacists at Lenakel Hospital to address the shortage/late arrivals of drugs to Tafea Outer Island health service delivery points
- 6.7 Funding to be allocated to the Health Centres to facilitate the dissemination of services to the remote communities
- 6.8 Parliament to increase the budget allocated to the PCSP so as to allow them to better carry out their responsibilities.
- 6.9 Medical doctors must make regular visits to health centres

## CHAPTER 7

### 7.0 CONCLUSION

- 7.1 The purpose of the study tours is to determine whether there is adequate accessibility and service delivery of family planning and reproductive health services in the health facilities visited.
- 7.2 With the experiences of rough weather and the individual circumstances of the communities in the various islands, the group was able to gain a firsthand experience on the challenges faced by individuals and communities on the islands visited. They were also privy to the concerns raised by not only individual members of the community, but existing health staff and health committees. Some issues were noted and have been raised in this report as Findings, and following on from them, Recommendations have been made to the Government to address. However, the group also found that some issues could be better dealt with on the spot and this was done, as in the case of Happy Land Aid Post's request for funds to complete a storage room, where the Chairman of the PCSP was able to make a monetary donation to the Aid Post. The team also acknowledged the efforts made by communities to take matters into their own hands and make a difference, as was the case in Anelcauhat Dispensary's building renovations.
- 7.3 On its part, the team feels that it has achieved what it has set out to do. It can be noted from the islands visited that the same underlying issues of accessibility, inadequate human resources, poor planning, inadequate infrastructure and telecommunications, to name a few, exist.
- 7.4 Even though the team experienced bad weather, rough seas, and sometimes lacked in numbers, it did not deter them from proceeding with the tour and completing their mission.
- 7.5 It must be noted that the funds of the tour were insufficient and additional funds had to be drawn to complete the study tours.
- 7.6 Overall, the program went well and the team was well taken care of, all thanks to the efforts of the delegation members and all who provided support in one way or another.

- 7.7 It is the intention of the PCSP to bring this report to the attention of Parliament, and that the recommendations made be adopted and or implemented where possible.



Port Narvin Dispensary is manned by two youth trainees who are assisted by a retired nurse and a Traditional Birth Attendant.

## **ANNEXURE**

**Annex 1                      Millenium Development Goals**

**Annex 2                      Tour Program of Aneityum & Erromango**