

MINISTRY *Of* Health

REPRODUCTIVE HEALTH POLICY



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Republic of the Fiji Islands

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Reproductive Health Policy



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Chapter 1 Introduction

1.1 PURPOSE OF THE POLICY DOCUMENT

The purpose of this Policy & Strategy document is to outline policy statements of the Ministry of Health in support of Reproductive Health including maternal and neonatal health, demonstrating its contribution to the achievement of improved health and well-being in Fiji. It maps out a framework of key strategic areas and activities to be implemented and identifies mechanisms for improving the effectiveness and efficiency of programmes and services. The policy document represents national commitments to support reproductive health care at the highest level and calls for responsive action at all levels of the health care delivery.

The development of the Reproductive Health Policy provides a unique opportunity to redefine common vision and mission, revisit goals and objectives, identify programme priorities, assess emerging issues, reprioritise areas for action; and to establish a roadmap for strengthening the delivery of a results-based programme. The policy reaffirms the need for adequate resources in order to implement an effective programme and deliver quality services. It also emphasizes the importance of strengthening the management and coordinating mechanisms to facilitate the achievement of both curative and preventive aspects of reproductive health as reflected in the vision and mission of the programme.

1.2 BACKGROUND

With a population of over 900,000, Fiji ranks second to Papua New Guinea in terms of population size among Pacific island countries. In the last decade, the net population growth rate has decreased to 1.8 per annum while the total fertility rate has reached 2.7 and crude birth rate has stabilised at 21 per 1000. The total number of annual live births was 18,944 (MOH Annual Report 2008); most of them are born

in hospital facilities.

The contraceptive prevalence rate has remained around 45% while the level of unmet need for family planning remains relatively high. Adolescent fertility rate has slightly decreased in the last five years and has reached 50 per 1000, while births to teenage mothers account for 10% of all births. Maternal morbidity data is high and largely linked to high incidence of diabetes, other NCDs in pregnancy, premature birth, anaemia. Fiji's maternal mortality ratio has stabilised at 30-40 per 100,000 live births in the last decade. Neonatal morbidity and mortality rates are low (15 per 1000 births), largely due to prematurity and severe infection. Infant mortality rate has also remained low below 20 per 1000 live births.

STI rates are high in Fiji and assume a major contributing factor to infertility. Partially treated or untreated syphilis during pregnancy has resulted in increasing numbers of neonatal syphilis. Although the numbers of HIV are small, there is speculation that the recorded diagnosed cases represent only a fraction of the actual numbers. Abortion is not legalised in Fiji; however, cases of unsafe abortion have presented to health facilities indicating the lack of contraceptive use in the context of unmet needs for family planning. Cancer of the Cervix has been the most common cancer in Fiji over the past decade. Annually, there are approximately 109 new cases of cervical cancer with an estimated incidence of 51.3 per 100,000. Cervical cancer is the highest cause of cancer deaths in Fiji. The burden of disease, and mortality attributable to cervical cancer, is higher in Fijian women than Indo-Fijians

Maternity Services in Fiji are fairly well developed. While antenatal care coverage has reached more than 95% and many achieve more than four (4) visits per pregnancy, ensuring better antenatal care quality in terms of early booking (less than 10% of women booking in the first trimester) and more goal oriented antenatal care remains a priority.

1.3 ORGANISATION OF REPRODUCTIVE HEALTH SERVICES

Fiji has a well developed health care system and infrastructure. Reproductive Health (RH) has a well-defined clinical/curative component and a public health/preventive component. Linkages and integration between these sections are clearly supported by the Ministry. The government of Fiji acknowledges the contribution of reproductive health programme in the achievement of MDG's, in particular the health-related MDGs (MDG 4, 5, 6).

Health services and programmes are delivered via a decentralised approach through three health divisions – Central/Eastern, Northern and Western Divisions. The types of health facilities comprise the following:

• Divisional Hospitals	-	3
• Sub-divisional Hospitals	-	16
• Maternity Hospitals	-	2
• Health Centres	-	76
• Nursing Stations	-	102

In addition, RH services are also provided by the private sector comprising Suva Private Hospital and about 75 registered General Practitioners. A few NGOs also provide reproductive health services, such as Family Health Association of Fiji, Fiji Red Cross, Marie-Stopes International, AIDS Task Force of Fiji.

Reproductive health services in Fiji covers a wide area of health care, the main ones include:

- Safe Motherhood – encompasses maternal care and neonatal care
- Infant and child care
- Adolescent health care
- Family Planning and Prevention of Abortion
- STI-HIV prevention and management, and Basic Infertility services
- Management of gynaecological morbidity – including reproductive tract cancers & infections.

The move towards decentralisation of programmes and services under the recent health reform aims to build infrastructure, capacity and resources at

subdivisional level to be able to deliver a wide spectrum of RH services as adequately as possible within the constraints of available resources. However in reality, resources have been stretched and this often compromises quality of health services, resulting in inadequate services.

1.4 CHALLENGES AND THE ROLE OF POLICY DIRECTION AND SUPPORT

Despite the good intentions of decentralisation, Fiji continues to face significant challenges and constraints that impede the delivery of quality reproductive health services at all levels of the health care system. These are largely related to staffing and human resources shortage, inadequately equipped facilities, weak health systems, and inadequate coordination and management of programmes and services. Lack of consistent on-going reviews and research related to reproductive health contributes to inadequate evidence-based programming and poorly-informed policy formulation. This policy document calls for action to address these challenges and constraints. Two main action areas for policy direction to support the implementation and delivery of RH programmes and services are highlighted:

(1) Provision of Adequate Resources

In order that resources are adequately mapped out to facilitate delivery of quality services, the following statements apply:

- The functions of each category of health facility and services to be provided at each level of facility are clearly defined and communicated.
- The roles of staff assigned to man the facilities are clearly defined and that staff are adequately skilled to deliver these functions and roles.
- The facilities are adequately equipped with supplies, medicines, commodities and equipment to be able to deliver the functions prescribed for each facility.



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- Mechanisms for ongoing capacity building, continuing education and supportive supervision are established and strengthened to maintain staff morale, knowledge and skills, and help retain human resources.

(2) Establishment of effective Management, Coordination and Supervisory systems.

In order to support the functions of each health facility (hospital level to a nursing station), the following need to be established and strengthened:

- Clearly defined management, coordination and supervisory roles are effectively communicated to relevant staff and the health facility team.
- Staff in position of management and supervision are capable of and accountable for the effective delivery of facility functions.
- Clearly defined communication lines are in place to enhance coordination.
- Established patient referral system and continuity of care from one facility to another, and between curative services and preventive/public health services.
- Mechanisms for ongoing reviews & monitoring and management meetings are in place to support effective programme coordination and health care delivery.

1.5 STRUCTURE OF THE POLICY DOCUMENT

This policy document was developed through consultations with senior staff of the Ministry of Health with assistance from UNFPA, UNICEF and WHO. A workshop conducted in Sept 2009 led to the formulation of the first draft. The second draft was produced following a second workshop held in Nov 2009 which allowed staff to review the first draft. The second draft also incorporated the findings of the EmNOC survey, particularly useful in defining the categorical functions of health facilities, necessary technical skills for carrying out these functions, roles and types of health staff necessary to man the facilities, and a mapping of the equipment, supplies and commodities necessary to operationalise the functions of each facility.

The document includes six (6) component areas aligned to the priority RH action areas for Fiji. Each area has a policy statement which translates into a number of key strategic actions. A number of key activities are outlined under each strategic area. The six component areas include:

- 1** Reproductive and Sexual Health
- 2** Safe Motherhood – Maternal and Newborn Care
- 3** Infant and Child Health Care
- 4** Adolescent Health
- 5** Family Planning and Fertility services
- 6** Sexually Transmitted Infections, HIV and Reproductive Tract Cancers

Chapter 2 Policy Statements for Reproductive Health

2.1 VISION, MISSION AND GOAL

VISION

The achievement of optimum reproductive health for all people in Fiji

MISSION

To provide comprehensive and integrated reproductive health services for all people throughout the life cycle (women, men, young people, children and infants)

GOALS

Goal 1 To contribute to the reduction of childhood morbidity and mortality by two thirds between 1990 and 2015, this contributing to the achievements of MDG 4.

Goal 2

To contribute to the reduction of maternal morbidity and mortality by three quarters between 1990 and 2015, thus contributing to the achievements of MDG 5.

2.2 POLICY STATEMENTS

- (1) All women, men, young persons and children have access to promotive, curative and preventative RH services to protect, and improve their reproductive health throughout the life cycle.
- (2) All women have quality services during pregnancy, labour and delivery to ensure successful pregnancy outcomes by making quality maternal and newborn services more available and accessible.
- (3) All infants and children have access to both curative and preventive paediatric services to protect and safeguard their health, with particular reference to the most common causes of infant and childhood morbidity and mortality including respiratory illness, diarrhoeal disease and malnutrition.
- (4) Young people inclusive of adolescents and youth have access to and make use of youth-friendly services to help them make responsible choices that protect and safeguard their health, with particular reference to prevention of unplanned early pregnancy, STIs/HIV and sexual abuse.
- (5) All couples and individuals have access to quality Family Planning services (including fertility services) and post abortion services
- (6) All women, men, young persons and children have access to promotive, curative and preventative services that protect them from STIs including HIV



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2.3 KEY POLICY AREAS OF REPRODUCTIVE HEALTH

SECTION 1 POLICY STATEMENTS ON MOBILISING RESOURCES TO SUPPORT SEXUAL AND REPRODUCTIVE HEALTH

Soliciting policy support in setting the directions for the implementation of the national reproductive health programme is crucial in making progress towards achievement of MDG 4 and 5. To provide comprehensive and integrated reproductive health services for the people of Fiji, it is essential that the necessary resources, including human resources and staffing are available to implement the programmes and services and fulfill the plans of the Ministry. The policy calls for allocation of necessary resources at all levels of the health care system.

POLICY STATEMENT All women, men, young persons and children have access to health promotive, curative and preventative RH services to protect, (safeguard) and improve their reproductive health throughout their lives.

STRATEGIC AREA 1 A highly trained, up-to-date, sensitive and effective RH workforce delivering to all sectors of the community.

STRATEGIC AREA 2 The provision of comprehensive and integrated RH services, with emphasis on linkages with HIV/STI services, including cancer prevention and treatment, fertility services and other emerging areas.

STRATEGIC AREA 3 Gender issues in the RH sector are adequately catered for and staffs are appropriately trained to provide sensitive, responsive services.

STRATEGIC AREA 4 RH Health Supplies and commodities

ACTIVITIES UNDER STRATEGIC AREA 1 Workforce Development and Support

- 1 Review of current RH services in all major hospitals through the EmONC survey with identification of areas for workforce improvement
- 2 Adequate staffing of all health facilities with appropriately trained personnel, supported by fair and transparent working conditions and remuneration
- 3 Capacity building and in-service training for all clinical and RH staff in hospitals, health centres and clinical settings with a view to establishment of a process for periodic recertification (e.g. in EmONC skills)
- 4 Dissemination of standard protocols and treatment guidelines on the common RH / Obstetric /Gynaecology conditions and problems to ensure staff are consistent in the (service delivery)
- 5 Establishment of an effective referral and follow-up system to enhance continuity of care
- 6 Development of a practical Monitoring and Evaluation plan – including regular review of RH service data for informed decision making and evidence-based programming.



ACTIVITIES UNDER STRATEGIC AREA 2 Comprehensive and Integrated RH Services

- 1 Train RH personnel in various settings on the necessary skills to integrate HIV/STI with other SRH services.
- 2 Review of current RH cancer preventative and curative services with a focus on incorporating low technology based strategies to facilitate extension of these services to marginalized population.
- 3 Greater partnerships and coordination with the Fiji Cancer Society and similar NGOs in the advocacy for greater awareness of RH cancers.
- 4 Establishment and advocacy of fertility services to be set up in each Divisional Hospital, with emphasis on confidential and technology appropriate services.
- 5 Development of a practical Monitoring and Evaluation plan – including regular review of RH service data for informed decision making and evidence-based programming.

ACTIVITIES UNDER STRATEGIC AREA 3 Gender Issues

- 1 Review of current Gender Based Violence (GBV) response services and programmes for men to identify areas for improvement
- 2 Advocacy for the importance of gender equality in the health and development of Fiji
- 3 Capacity building and in-service training for all staff involved in the care of victims of GBV, including training on the forensic role of health workers
- 4 Establishment of a network for the care and support of women and girls who experience violence of GBV
- 5 Provision of effective and responsive RH services for men in selected settings
- 6 Development of a practical Monitoring and Evaluation plan



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ACTIVITIES UNDER STRATEGIC AREA 4 RH Health Supplies and Commodities

- 1 Identification of a minimum package of essential SRH interventions, the level at which these services will be provided and the list essential RH commodities that will be provided at each levels of health care.
- 2 Establish realistic lead times during the planning cycles from forecasting to the receipt of RH supplies
- 3 Develop multi-year culture of planning with (2- 3 years) forecasting budgets for the provisions of key RH essential supplies and commodities
- 4 Strengthen the procurement process at FPBS through Capacity Building, procurement mainstreaming and integration of procurement work with finance work
- 5 Finalise an annual RH procurement plan aligned to the findings of the 2010 EmONC assessment findings
- 6 Explore long term procurement options with UN agencies using the third part procurement mechanisms or UN web buy mechanisms.
- 7 Strengthen warehousing management business practices through appropriate accreditation of warehousing standard operating policy and procedures.
- 8 Conduct Warehouse Capacity building with key Warehouse staff at FPBS.
- 9 Ensure proper inventory control procedures are in place at all service delivery points.
- 10 Establish a reliable ordering standard operating procedure of replenishment from FPBS that is simple, practical that encourages regular, accurate stock counting at ALL service delivery points.
- 11 To develop process, structural and impact indicators as a framework of assessing RH Services and Commodities.

CROSS-CUTTING ISSUES

- 1 Resources are secured to facilitate the implementation of the activities under each key strategic area in order to realise the policy statement. Resources include: human resources and related HR issues, facilities and equipment, supplies and commodities
- 2 Reproductive Health Commodities and Supplies (RHCS): ensuring all facilities are adequately resourced through well established ordering, transportation, storage and delivery processes
- 3 Integration and linkages between MOH, NGOs and development partners for stronger partnership at all levels of implementation engaging sector-wide approaches
- 4 Apply the principles of results-based approach in Monitoring & Evaluation frameworks
- 5 Document lessons learned and best practices as a tool for evidence-based programming
- 6 Partner agencies and donor community to engage in more effective coordination at national level.

SECTION 2 POLICY STATEMENTS ON MATERNAL AND NEONATAL HEALTH

“Making Pregnancy Safer (MPS)” or Safe Motherhood aims to protect the health of mothers during pregnancy, childbirth and postpartum period and to ensure healthy neonates. The policy calls for action and allocation of necessary resources to provide services in a comprehensive and integrated manner. This will help reduce maternal and neonatal morbidity and mortality, thus contributing towards the achievement of MDG 5.

POLICY STATEMENT Improve Pregnancy and Neonatal Outcomes by making quality Maternal and Newborn services more available and accessible.

STRATEGIC AREA 1 Ensure every pregnant woman is provided with quality antenatal care

STRATEGIC AREA 2 Ensure every woman has skilled professional at delivery

STRATEGIC AREA 3 Provide access to basic and comprehensive emergency obstetric care

STRATEGIC AREA 4 Facilitate Access and Availability of Effective Neonatal Care and Post-natal care

ACTIVITIES UNDER STRATEGIC AREA 1

- 1 Promote the early booking of mothers before 12 weeks with emphasis on most at-risk populations, e.g. poor, adolescents, single mothers, women in remote rural areas
- 2 Promote that mothers attend at least 4 ANC clinics before delivery
- 3 Prevent transmission of syphilis, HIV, and other STIs, etc; from parent to child during pregnancy
- 4 Promote increased male participation in antenatal, intra-partum and postnatal care
- 5 Standardise quality of antenatal care at all facilities
- 6 Revise policy for Pap smear screening in antenatal clinics
- 7 Provide basic laboratory and radiology services at all subdivisional hospitals



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ACTIVITIES UNDER STRATEGIC AREA 2

- 1 Promote deliveries at health facilities with skilled health professionals
- 2 Facilitate prompt referrals of high risk cases to divisional hospitals;
- 3 Ensure the presence of a skilled birth attendant at delivery for those deliveries not at fully equipped health facilities;
- 4 Provide clean delivery kits to skilled birth attendants for use in remote areas;
- 5 Provide incentives to keep skilled birth attendants (SBA) in rural and remote areas;
- 6 Review current regulations and policies on MNCH (Maternal and Neonatal Child Health) and develop coordinated MNCH framework;
- 7 Facilitate networking amongst health facilities in upskilling health care workers through clinical attachments at divisional hospitals and outreach programmes;
- 8 Ensure that all health centres are staffed with a SBA in providing skilled obstetric and neonatal care.

ACTIVITIES UNDER STRATEGIC AREA 3

- 1 Develop a system for the ongoing upskilling of primary health care personnel in emergency obstetric and neonatal competency and skills;
- 2 Develop subdivisional hospitals to meet basic and/or comprehensive obstetric care standards,
- 3 Review and strengthen communication and referral strategies amongst all levels of the health system in view of high-risk cases;
- 4 Conduct annual national audits of maternal and perinatal morbidity and mortality
- 5 Review PHIS/PATIS to ensure collection of minimum core data for RH indicators
- 6 Review and standardise clinical guidelines and protocols

ACTIVITIES UNDER STRATEGIC AREA 4

- 1 Provide regular upskilling for staff working at postnatal and newborn units in newborn resuscitation and clinical assessment to recognize danger signs
- 2 Develop appropriate post natal and newborn care package for the care of newborns and post natal mothers
- 3 Develop policies for strengthening postnatal clinic and MCH attendance at regular 1 week and 6 week intervals
- 4 Revise Pap smear policy to account for women attending PNC or MCH clinics

SECTION 3 POLICY STATEMENTS ON INFANT & CHILD HEALTH

Protecting the health of infants and children from common illnesses will support their survival, growth and development to full potential. The policy calls for action and allocation of necessary resources to provide comprehensive and integrated services for infant and child health. This will help to reduce neonatal, infant and childhood morbidity and mortality by two thirds between 1990 and 2015, thus contributing towards the achievement of MDG 4.

POLICY STATEMENT All infants and children have access to both curative and preventive paediatric services to protect and safeguard their health, with particular reference to the most common causes of infant and childhood morbidity and mortality including respiratory illness, diarrhoeal disease and malnutrition.

STRATEGIC AREA 1 Development of a well-functional Neonatal Services.

STRATEGIC AREA 2 Development of a well-functional Paediatric Service that provides optimal continuity of care and links in-patient with out-patient paediatric care.

STRATEGIC AREA 3 Development of a well functional Preventive Paediatric Service to protect neonates, infants and young children from common illnesses through the EPI programme and other preventive health programmes such as HIV-PPTCT.

STRATEGIC AREA 4 Development of a well functional programme on “Integrated Management of Childhood Illnesses (IMCI)” that aims to reduce the incidence and prevalence of the most common causes of childhood illnesses.

STRATEGIC AREA 5 Development of an Infant Nutrition/Feeding programme, including the promotion of Breastfeeding to reduce the incidence and prevalence of nutrition-related causes of childhood illnesses.



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ACTIVITIES UNDER STRATEGIC AREA 1 Neonatal Services

- 1 Review current neonatal services in all subdivisional hospitals to harmonise with Clinical Service Plan (CSP)
- 2 Provide ongoing training for maternal and neonatal care staff in all subdivisional hospitals
- 3 Develop/review standard protocols and treatment guidelines for the most common neonatal conditions.
- 4 Establishment of an effective referral and follow-up system to facilitate continuity of care
- 5 Establishment of mechanisms for on-going Monitoring and Evaluation of neonatal services – including a regular analytical review of neonatal service data for informed decisions and evidence-based programming.

ACTIVITIES UNDER STRATEGIC AREA 2 Clinical Paediatric Services

- 1 Review of current Paediatric Services in all hospitals, health centres and facilities; and identify areas for improvement and resources required.
- 2 Capacity building and in-service training for clinical staff in all hospitals and clinical settings
- 3 Review and dissemination of standard protocols and treatment guidelines on the most common Paediatric conditions
- 4 Establishment of an effective referral and follow-up system to enhance continuity of care
- 5 Establishment of mechanisms for on-going Monitoring and Evaluation of Paediatric services – including a regular analytical review of paediatric service data for informed decisions and evidence-based programming
- 6 Conduct outreach clinics to subdivisional hospitals

ACTIVITIES UNDER STRATEGIC AREA 3 Preventive Paediatric Services

- 1 Develop a checklist to ensure a child's vaccination and development status is assessed at every encounter with a child/caregiver
- 2 Develop a checklist to ensure every pregnant mother is screened and treated early for infections like syphilis, HIV, Chlamydia, etc.
- 3 Conduct continuing training to health care workers on vaccine preventable diseases in terms of prompt recognition and management
- 4 Ensure that partners of women with confirmed STI are counselled and treated to prevent reinfection
- 5 Ensure that mothers of children are fully informed of the importance of breastfeeding and healthy nutritional status of children in preventing common childhood infections

ACTIVITIES UNDER STRATEGIC AREA 4 Integrated Management of Childhood Illnesses

- 1 Review/develop policies and guidelines relating to IMCI and wellbeing
- 2 Provide ongoing training for health care workers in the delivery of IMCI and wellbeing
- 3 Strengthen referral and follow-up system to improve IMCI and wellbeing
- 4 Review of medicines and other commodities required for an effective IMCI programme
- 5 Establishment of mechanisms for on-going practical Monitoring and Evaluation

ACTIVITIES UNDER STRATEGIC AREA 5 Infant Feeding & Nutrition and Breastfeeding

- 1 Review of current Breastfeeding and Infant Feeding/Nutrition policies and practices
- 2 Capacity building and in-service training for staff involved in the implementation of the Breastfeeding and Infant Feeding programme
- 3 Establishment of an effective referral and follow-up system to enhance continuity of care and integration of services to support Infant Feeding
- 4 Establishment of mechanisms for on-going practical Monitoring and Evaluation to support delivery of Infant Feeding and Nutrition
- 5 Develop guidelines for the management of children with specific nutritional needs, e.g. HIV positive children and HIV negative infants (HIV positive mother).

CROSS-CUTTING ISSUES

- 1 Resources are secured to facilitate the implementation of the activities under each key strategic area in order to operationalise the policy statement. Resources include adequate staffing, facilities and equipment, supplies and commodities
- 2 Integration and linkages for stronger partnership at all levels of implementation and engaging sector-wide approaches
- 3 Plans for Integration of Paediatric services into primary health care facilities as a long-term sustainable approach
- 4 Apply the principles of primary health care to engage parent, families and communities in infant and child care
- 6 Document lessons learned and best practices as a tool for evidence-based programming
- 7 Partner agencies and donor community to engage in more effective coordination at regional and national level



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PERFORMANCE INDICATORS

Input indicators

- Infant and Child Health is integrated with national Reproductive Health policy and locally adapted guidelines are in place.
- Availability of skilled providers – nurses and doctors to provide the services.
- Availability of medicines and drugs

Process and output indicators

- Number of hospitals with well-equipped and adequately staffed neonatal units and paediatric wards.
- Number of health facilities with trained staff to provide IMCI services
- Number of health facilities with trained staff to provide Infant Nutrition and Immunization
- Number of health facilities with trained staff to provide PMTCT services
- Establishment of referral mechanisms for an integrated program providing continuity of care.
- Increase in number of trained service providers
- Increase in number of health facilities equipped to provide optimal infant and child health

Outcome indicators

- Reduction in neonatal morbidity and mortality
- Reduction in infant morbidity and mortality
- Reduction in below 5 morbidity and mortality
- Reduction in Paediatric admissions – respiratory, diarrhoeal diseases and malnutrition
- Increased EPI coverage
- Proportion of women booking after 16 - 20 weeks
- Proportion of deliveries by Skilled Birth Attendant (SBA)
- Proportion of high-risk cases referred in a timely manner

SECTION 4 POLICY STATEMENTS ON ADOLESCENT HEALTH AND DEVELOPMENT

Protecting the health of adolescents and young people in relation to sexual and reproductive health will support their growth and development and work towards achieving their full potential. The policy calls for action and allocation of necessary resources to provide gender-responsive and life-skills based information and education programmes, counseling services and youth-friendly services in a comprehensive and integrated manner. This will help reduce morbidity and mortality related to sexual and reproductive practices; in particular the reduction of sexual abuse, unplanned pregnancy and STIs including HIV among young people, thus contributing towards the achievement of MDG 5.

POLICY STATEMENT Young people inclusive of adolescents and youth have access to and make use of youth-friendly services to help them make responsible choices that protect their health; especially sexuality, reproductive health and mental health, with particular reference to prevention of unplanned early pregnancy, STIs/HIV and high risk sexual behaviour.

STRATEGIC AREA 1 Development of a formal youth-friendly ASRH educational programme that offer school-based and teacher-facilitated information for different age groups, including younger adolescents and the most at risk young people (MARYP). The delivery of educational packages should be gender-sensitive and apply a life skills based approach.

STRATEGIC AREA 2 Development of a non-formal youth-friendly Peer Education programme that offer gender-sensitive and life skills based ASRH information in a non-formal setting, that target most-at-risk young people, both in-school and out-of-school.

STRATEGIC AREA 3 Development of youth-friendly services that address the needs of young people.

ACTIVITIES UNDER STRATEGIC AREA 1 Family Life Education (FLE)

- 1 Develop/revise Family Life Education (FLE)/curriculum
- 2 Provide ongoing capacity building/training for FLE teachers
- 3 School orientation in preparation of implementation of FLE in schools
- 4 Develop implementation plan to scale-up FLE to all schools
- 5 Incorporate FLE into pre-service teacher education in teacher training institutions
- 6 Develop and provide teaching/learning resource materials
- 7 Develop Monitoring and Evaluation plan
- 8 Develop policy on parental consent for FLE in primary schools



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ACTIVITIES UNDER STRATEGIC AREA 2 Peer Education (PE)

- 1 Review of current Peer Education programme and identify areas for improvement
- 2 Implementation of Recommendations of Review of Peer Ed programme
- 3 Application of MARYP approach in Peer Education and Mapping of MARYP populations
- 4 Plans for in-school Peer Education
- 5 Plans for out-of-school or community-based Peer Education
- 6 Develop Monitoring and Evaluation plan

ACTIVITIES UNDER STRATEGIC AREA 3 Youth-friendly Services (YFS)

- 1 Review of current modalities for provision of youth-friendly services to identify gaps and the way forward for YFS
- 2 Develop a plan for expanding and scaling up of YFS with reference to the findings and recommendations of "review" in item (1)
- 3 Plans for Integration of YFS into primary/secondary health care facilities as part of the continuum of care in reproductive health services
- 4 Establish an effective referral mechanism and continuity of care with other specific services, e.g. social, law enforcers
- 5 Create demands for increasing service utilisation by young people, particularly by most at risk young people. Develop specific plans for reaching MARYP groups.
- 6 Develop Monitoring and Evaluation plan – especially plans for regular review of health services data for informed decisions and evidence-based programming.

CROSS-CUTTING ISSUES

- 1 Resources are secured to facilitate the implementation of the activities under each key strategic area in order to operationalise the policy statement. Resources include: staffing, facilities and equipment, supplies and commodities
- 2 Integration and linkages for stronger partnership at all levels of implementation engaging sector-wide approaches
- 3 Plans for Integration of YFS into primary health care facilities
- 4 Apply the principles of rights-based approach, youth participation, community participation
- 5 Apply the concepts of youth-friendliness, gender-sensitive and life-skills based approach in all intervention programmes
- 6 Apply the principles of results-based approach in M & E frameworks
- 7 Document lessons learned and best practices as a tool for evidence-based programming
- 8 Partner agencies and donor community to engage in more effective coordination at regional and national level

PERFORMANCE INDICATORS

Input indicators

- Adolescent Health and Development is integrated with national Reproductive Health policy and locally adapted guidelines are in place.
- Availability of skilled providers – nurses and doctors to provide the ASRH services.
- Availability of facilities and commodities to provide YFS

Process and output indicators

- Number of schools teaching FLE
- Number of teachers trained to teach FLE
- Number of health facilities equipped and adequately staffed to provide YFS services
- Establishment of referral mechanisms for an integrated AHD program and continuity of care.
- Well-defined mapped-out groups of Most At Risk Young People (MARYP).

Outcome indicators

- Increased utilisation rate of YFS by young people
- Increased use of contraceptives among young people
- Increased uptake of condoms among young people
- Reduction in STIs among young people
- Reduction in unplanned adolescent pregnancy



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SECTION 5 POLICY STATEMENTS ON FAMILY PLANNING AND POST ABORTION SERVICES

Effective family planning is an effective way of reducing maternal morbidity and mortality, thus contributes to achievement of MDG5. Family planning aims to protect and safeguard the health of mothers by ensuring that individuals and couples are able to conceive, postpone or prevent pregnancy; and that they have the means to act on their decisions. Family planning is also an effective way of preventing abortion. The policy calls for allocation of necessary resources to provide family planning services and post-abortion services.

POLICY STATEMENT Provision of Quality Family Planning (including Fertility services) and Post Abortion Services

STRATEGIC AREA 1 Ensure availability of a wide range of contraceptive methods

STRATEGIC AREA 2 Ensure counselling of clients to utilize effective and appropriate methods of contraception thereby facilitating informed choice.

STRATEGIC AREA 3 Ensure the provision of family planning services together with post abortion and post partum care

STRATEGIC AREA 4 Ensure the adequate supply of contraceptives at all facilities as well as at the community level

STRATEGIC AREA 5 Making Quality Post Abortion Services more Available and Accessible

ACTIVITIES UNDER STRATEGIC AREA 1

- 1 Strengthen a reliable resource for contraceptive supplies, including use of routine government funds, international support and funds from NGOs while moving towards increasing use of routine governments funds;
- 2 Promote social marketing and commercial outlets such as pharmacies and shops to provide quality and affordable contraceptives;
- 3 Build public-sector capacity for forecasting, procurement, supply management, distribution and storage capacity of contraceptives at the national and local level to ensure all clients' needs are met;
- 4 Strengthen logistics and distribution system of contraceptives to avoid being out of stock; and
- 5 Develop specific policy on providing a wide range of contraceptive methods (at least 5 kinds of methods at the facility level and 3 at the community distribution level), including emergency contraception (access and Scope of Practice [SOP]), Jadelle (SOP for nurses) and condoms (supply);
- 6 Overcome barriers to family planning use by under-served and marginalised groups by instituting programmes that focus on making information and services accessible to them;
- 7 Identify and direct public resources to the poor and other underserved groups who have unmet needs for family planning and provide family planning information and services free or at low cost; and
- 8 Increase service providers' capacity for providing sterilization, IUD insertion and injectable/implant at the community and facility level, (including increasing service providers' capacity to prevent, detect and respond to gender based violence, including referrals).



ACTIVITIES UNDER STRATEGIC AREA 2

- 1 Strengthen counselling of clients in selecting appropriate contraceptive methods;
- 2 A range of methods, including emergency contraception and condoms should be made available; new methods could be introduced in order to attract new users and raise overall frequency of use;
- 3 Strengthen providers' capacity on technical knowledge and counselling skills to ensure that clients can freely exercise their personal preferences in selecting a contraceptive method;
- 4 Improve quality of service to increase access to existing methods;

ACTIVITIES UNDER STRATEGIC AREA 3

- 1 Develop health education material on family planning services and contraceptives for antenatal care and for counselling on post abortion complications;
- 2 Ensure that women who had undergone an abortion receive accurate information on the most appropriate contraceptive method to meet their needs, including emergency contraception and condoms, before they leave the health facility;
- 3 Ensure that providers are able to counsel and promote dual protection, or the use of methods to protect against both pregnancy and STIs;
- 4 Post Abortion care service delivery sites should be able to provide most contraceptive methods of a woman's choice. If the method chosen cannot be provided, she should be given information about where and how she can get it and offered an interim method, such as emergency contraception or the condom;
- 5 Family planning counselling and referrals should be linked to post partum care; and
- 6 All women should be informed about the condom and emergency contraception and consideration should be given to providing it to women who choose not to start using routine contraceptive methods immediately.

ACTIVITIES UNDER STRATEGIC AREA 4

- 1 Develop national and local basic contraceptive supply list for facilities and communities, (at least 5 kinds of methods at health centres & 3 at community level);
- 2 Ensure government/MOH has a specific budget line for contraceptive supply; and
- 3 Strengthen family planning supplies and monitoring system.
- 4 Conduct training on FP – including EmCPs, Jadelle, T/L and vasectomy
- 5 Provide equipment, drugs and clinical governance structure to facilitate and sustain the provision of Family Planning surgical procedures at sub-divisional hospitals
- 6 Build capacity of subdivisions to use LMIS (Logistics Management Information System) and RHCS
- 7 Conduct outreach clinics through mobile caravan



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ACTIVITIES UNDER STRATEGIC AREA 5

- 1 Provide family planning information and services (counselling, etc), especially among the vulnerable populations such as adolescents, unmarried women, and girls and women who are victims of sexual abuse;
- 2 Clinical care should be upgraded to include the use of appropriate technology for safer removal of post abortion products, and for prevention of post abortion complications
- 3 Provide pre- and in-service training in provision of manual vacuum aspiration and medical therapy of incomplete abortion for all providers, including pretreatment and post treatment counseling.
- 4 Staff of all facilities must be trained to provide or refer women to prompt care when a woman has complications due to abortion;
- 5 Inform public and policy makers about the magnitude and consequences of unsafe abortion for an informed discussion on laws, policies and services;
- 6 Ensure the availability of pre- abortion and post abortion family planning counseling and
- 7 Improve the quality of counseling on use of contraceptive methods to reduce failure rates, including the mention of emergency contraception as back-up for missed pills, condom failure or unprotected sex.

CROSS-CUTTING ISSUES

- 1 Resources are secured to facilitate the implementation of the activities under each key strategic area in order to realise the policy statement. Resources include: human resources and related HR issues, facilities and equipment, supplies and commodities
- 2 Integration and linkages for stronger partnership at all levels of implementation engaging sector-wide approaches
- 3 Plans for Integration of YFS into primary health care facilities
- 4 Apply the principles of rights-based approach, youth participation, community participation
- 5 Apply the concepts of youth-friendliness, gender-sensitive and life-skills based approach in all intervention programmes
- 6 Apply the principles of results-based approach in Monitoring & Evaluation frameworks
- 7 Document lessons learned and best practices as a tool for evidence-based programming
- 8 Partner agencies and donor community to engage in more effective coordination at regional and national level.

SECTION 6 POLICY STATEMENT ON INTEGRATION AND LINKAGES OF STI-HIV WITH SRH SERVICES

STIs and HIV contribute to reproductive morbidity and mortality and affects all age groups. Delivering services for both STI-HIV and SRH target the same population. Clients seeking SRH services and those seeking STI-HIV services share many common needs and concerns. Therefore, by linking and integrating STI-HIV and SRH services, clients have access to both services and providers are able to efficiently and comprehensively provide them.

The policy calls for allocation of necessary resources to facilitate linking of SRH and STI-HIV processes at policy, programme and service levels, thus enhancing improved care and outcomes and contributing to the reduction of reproductive ill-health.

Integration. In sexual and reproductive health, “integration” is referred to various types of administrative and service integration. Undertaking sexual and reproductive health service delivery requires improved understanding of the conceptual and practical linkages between administration and service delivery to best utilize a limited pool of resources yet maximise its impact on those accessing it.

Two main rationales have been offered for integrated delivery of sexual and reproductive health services: integrated services may better meet clients’ needs, and it may improve the efficiency and effectiveness of services.

Linkages. In sexual and reproductive health, “linkages” is referred to ensuring continuity and sustainability of various types of sexual and reproductive health services where “integration” is not feasible, available or existing.

POLICY STATEMENT

Improved client-oriented SRH and STI-HIV services through strengthened linkages and integration between SRH and STI/HIV services

STRATEGIC AREA 1

Strengthening existing STI/HIV and reproductive health services to provide efficient and effective services through integration.

ACTIVITIES

- 1 Review of current EmOCN Services in all health facilities – and identify areas for integration and linkages



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- 2 Development of specific protocols (or guidelines) to support integration and linkages of STI/HIV to existing RH services (and vice versa)
- 3 Dissemination of standard protocols and guidelines on integration and linkages between two programmes
- 4 Conduct training and awareness on integration and linkages between STI/HIV and RH services
- 5 Establishment of an effective referral and follow-up system to strengthen linkages
- 6 Provide adequate resources to ensure health facilities offering integrated services are fully resourced
- 7 Build capacity of individuals and institutions so that quality and quantity of integrated and linked services are maintained

STRATEGIC AREA 2

Development of strong linkages where reproductive health and STI/HIV services integration is not feasible, both at programmatic and implementation levels.

ACTIVITIES

- 1 Review of current referral protocols and guidelines to identify areas for improvement and strengthening on linkages
- 2 Provide adequate resources to ensure health facilities with no integrated services are supported by strong linkage mechanisms
- 3 Develop policies, guidelines/procedures for the integration between FLE, Peer education and Youth-friendly services

STRATEGIC AREA 3

Development of a robust strategic health information structure and system to collect, report and manage essential data related to RH and STI/HIV integration and linkages.

ACTIVITIES

- 1 Review of current health information system to align with reporting indicators for both STI/HIV and RH
- 2 Development of specific protocols and guidelines to support institutionalising of health data reporting relating to STI/HIV and RH

- 3 Dissemination of protocols and guidelines on reporting indicators for both STI/HIV and RH
- 4 Conduct training and awareness on reporting indicators for both STI/HIV and RH integration and linkages
- 5 Development of a Monitoring and Evaluation framework to take oversight of the integration and linkages of STI/HIV and RH services and ensure validation of data related to integration and linkages of STI/HIV and RH services

2.4 CROSS CUTTING STRATEGIES

The policy document recognises a number of cross cutting strategies that enhance programme and service delivery. These are to be taken into consideration when planning for implementation.

- 1 Human resources and on-going capacity building – requires mapping out of roles and responsibilities in line with facility functions
- 2 Integrated and linked approaches, vertically and horizontally
- 3 Enhanced partnerships for improved outcomes - with private sector, NGOs and non-health sectors and communities
- 4 Gender-responsive programming and implementation
- 5 Involvement of men in all aspects of programming and implementation
- 6 Establishing research, monitoring and evaluation mechanisms to support evidence-based programming
- 7 Strengthening of on-going programme review for application of lessons learned.
- 8 Application of the concept of Primary Health Care and Healthy Islands Settings in all phases of development and implementation.

**NATIONAL REPRODUCTIVE HEALTH
WORK PLAN**

**DIVISION AND SUBDIVISIONAL
WORK PLANS, 2010-2011**



Service Delivery Area	Strategic Objectives	Activities	Outputs/Outcomes	Performance Indicators	Budget
Primary schools	1. To set up resource centres at all primary schools	1. Provide age-appropriate IEC materials for primary schools	1. Primary schools have resource centres	1. 50% of primary schools by first year	\$10,000
	2. Develop training programme for primary school teachers based on FLE	2. Develop MoU with MoE on programme for training school teachers for FLE	2. MOU developed and signed by MoE and MoH	2. MoU signed by Nov 2009	Nil
		3. Develop FLE training modules for primary school teachers	3. FLE training modules for primary schools developed	3. Training modules approved by MoE	\$10,000
		4. Conduct FLE training for primary school teachers	4. Primary school teachers competent at teaching FLE	4. Two teachers from each primary school certified to teach FLE	\$15,000
	3. Advocate that FLE is inherent in school curriculum of MoE	5. Seek audience with MoE on status of FLE with school curriculum	5. Current status of FLE with respect to school curriculum established	5. Decision made by Nov 2009 on status of FLE in school curriculum	Nil
Secondary Schools	1. To set up resource centres at all secondary schools	1. Provide age-appropriate IEC materials for secondary schools	1. Secondary schools have resource centres with IEC materials and contraceptive supplies on SRH	1. 50% of secondary schools by first year	\$15,000
	2. Develop training programme for secondary school teachers based on FLE	2. Develop MoU with MoE on programme for training school teachers for FLE	2. MOU developed and signed by MoE and MoH	2. MoU signed by Nov 2009	Nil
		3. Develop FLE training modules for secondary school teachers	3. FLE training modules for secondary schools developed	3. Training modules approved by MoE	\$10,000
		4. Conduct FLE training for secondary school teachers	4. Secondary school teachers competent at teaching FLE	4. Two teachers from each secondary school certified to teach FLE	\$15,000
Tertiary Institutions	1. Develop MoU with tertiary institutions on SRH education	5. Engage senior executives of various institutions on common MoU	5. MOU developed and signed by MoE and MoH	5. MoU signed by Nov 2009	Nil
	2. To set up AHD centres at all tertiary institutions	6. Provide age-appropriate IEC materials and contraceptive supplies on SRH for tertiary institutions	6. Tertiary institutions have AHD centres with IEC materials and contraceptive supplies on SRH (including condoms)	6. 50% of tertiary institutions by first year	\$15,000
	3. Develop training programme for peer educators in tertiary institutions	7. Conduct peer education training for peer educators in tertiary institutions	7. Competent peer educators in tertiary institutions	7. Two peer educators from each tertiary institutions certified	\$15,000

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Service Delivery Area	Strategic Objectives	Activities	Outputs/Outcomes	Performance Indicators	Budget
Prenatal care (ANC)	1. To ensure > 90% mothers book early before 20/40 weeks	1. Training and raising awareness amongst ANC and PH staff	1. Training workshops done for HCWs	1. Proportion of mothers booked before 20/40wks	\$4,000
	2. To ensure each mother attends at least 4 ANC clinics before delivery	2. Raising awareness at community level	2. Training workshops done for community awareness	2. Proportion of babies with congenital syphilis / HIV positive	\$4,000
	3. To prevent MTCT of syphilis and HIV	3. Procurement of equipment/availability of services at ANC	3. Equipment provided for ANC/ services available	3. Proportion of male partners attending ANC	\$5,000
	4. To ensure increased male participation in reproductive health	4. Develop IEC materials for ANC mothers	4. IEC materials developed	4. Proportion of male partners who are tested for VDRL/HIV and who know their results	\$2,000
	5. To ensure each pregnancy is planned/wanted	5. Provide professional counselling services at all ANCs (VCT/PMTCT/FP)	5. VCT/PMTCT/FP counseling services available on-site	5. Operational research conducted	\$5,000
Intrapartum care (labour and delivery)	1. To ensure all deliveries are performed by skilled birth attendants (SBA)	1. Train, retain and roster midwives for 24-hour shifts (accessibility)	1. Midwife available and accessible at all birthing facilities 24 hours/day	1. Proportion of deliveries performed by SBA	\$5,000
	2. To ensure each subdivisional hospital has trained staff on AMDD or Safe Motherhood Hospital or Making Pregnancy Safer	2. Train and retain staff competent on AMDD, SMH, MPS.	2. AMDD workshop done or attended	2. Number of adverse maternal events reported e.g. maternal deaths, IUDs	\$5,000
		3. Procure required equipment for delivery rooms or theatre	3. Equipment provided for delivery, theatre services, incubators, available	3. Reduction in TBA rates	\$10,000
		4. Develop referral policy and guidelines/protocols	4. Referral policy and protocols disseminated		\$1,000
		5. Ensure availability of ambulance (or boat) services			\$5,000
					\$46,000

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Service Delivery Area	Strategic Objectives	Activities	Outputs/Outcomes	Performance Indicators	Budget
Post-natal care	<ol style="list-style-type: none"> 1. Ensure > 95% mothers who delivered return for PNC after 6 weeks 2. Ensure > 95% mothers who eligible for Pap smear had one at 10-14 weeks postpartum 	<ol style="list-style-type: none"> 1. Issue directive on conduct of PNC to all health facilities 2. Conduct training workshop on Pap smear, FP, etc. 3. Issue policy and directive on conduct of Pap smear at 10-14 weeks postpartum 	<ol style="list-style-type: none"> 1. All subdivisional hospitals and health centres conducting PNCs 2. All subdivisional hospitals and health centres conducting Pap smears 	<ol style="list-style-type: none"> 1. Immunisation coverage for Pentavalent (DPT/Hib/HBV)/OPV 2. Proportion of mothers who had Pap smear (coverage) 	\$5,000
Family Planning	<ol style="list-style-type: none"> 1. Ensure all subdivisional hospitals and health centres provide FP services, including EmCPs and outreach mobile clinics 	<ol style="list-style-type: none"> 1. Conduct training on FP – including EmCPs, Jadelle, T/L and vasectomy 2. Change policies on scope of practice for HCWs on Jadelle and EmCP use 3. Provide equipment and drugs to facilitate surgical procedures at subdivisional hospitals 4. Build capacity of subdivisions to use LMIS (RHCS) 5. Conduct outreach clinics through mobile caravan 	<ol style="list-style-type: none"> 1. Trainings conducted annually – divisional or subdivisional 2. Policies changed by relevant authorities 3. Equipment and drugs provided 4. LMIS trainings conducted and IT equipment procured 5. Outreach clinics conducted at least once in quarter 	<ol style="list-style-type: none"> 1. Increase contraceptive prevalence rate 2. Number of RHC stock-outs avoided or reduced 	\$5,000
					\$10,000
					\$2,000
					\$22,000

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Service Delivery Area	Strategic Objectives	Activities	Outputs/Outcomes	Performance Indicators	Budget
Female Reproductive Tract Cancers	1. Ensure all sub-divisional hospitals and health centres provide Pap smear screening services, including outreach mobile clinics	<ol style="list-style-type: none"> 1. Conduct training on Pap smear screening and breast examination 2. Provide equipment and to facilitate pap smear screening services at sub-divisional hospitals 3. Conduct outreach clinics through mobile caravan 	<ol style="list-style-type: none"> 1. Trainings conducted annually for HCWs – divisional or sub-divisional 2. Pap smear screening equipment provided 3. Outreach clinics conducted at least once in quarter 	<ol style="list-style-type: none"> 1. Increase Pap smear coverage rates 2. Reduction in deaths related to female cancers 	<p>\$5,000</p> <p>\$5,000</p> <p>\$2,000</p> <p>\$12,000</p>
Male Involvement in sexual and reproductive health (MISRH)	1. Recruit and engage advocacy for Awareness, Support and Participation	<ol style="list-style-type: none"> 1. Create advocacy groups for MISRH 2. Conduct research on men's health issues 3. Create COMBI Plan for user friendly services 	<ol style="list-style-type: none"> 1. Advocacy groups formed e.g. public sector unions, ANC. 2. Research conducted 3. COMBI Plan developed 	<ol style="list-style-type: none"> 1. Male attendance in ANCs 	<p>\$10,000</p> <p>\$10,000</p> <p>\$5,000</p> <p>\$25,000</p>
Gender Based Violence (GBV)	1. Recruit and engage advocacy for Awareness, Support and Participation	<ol style="list-style-type: none"> 1. Create advocacy groups against gender violence 2. Conduct research on gender-based violence issues 3. Create COMBI Plan for campaign against gender violence 	<ol style="list-style-type: none"> 1. Advocacy groups formed e.g. public sector unions, ANC, Police, Women and Social Welfare, FWCC, FBOs, counseling services, etc. 2. Research conducted 3. COMBI Plan developed 	<ol style="list-style-type: none"> 1. Reduction in violence against women 	<p>\$5,000</p> <p>\$10,000</p> <p>\$5,000</p> <p>\$20,000</p> <p>\$130,000</p>
				Grand total	

GLOSSARY

- AHD** – Adolescent Health Development
AIDS – Acquired Immune Deficiency Syndrome
ANC – Ante Natal Clinic
ASRH – Adolescent Sexual Reproductive Health
CSP – Clinical Service Plan
EmONC – Emergency Obstetric and Neonatal Care
EmCP's – Emergency Contraceptive Pills
FLE – Family Life education
GBV – Gender Based violence
HIV – Human Immunodeficiency Virus
HR – Human Resources
LMIS – Logistic Management Information System
MARYP – Most at Risk Young People
MCH – Maternal Child Health
MDG – Millennium Development Goals
M & E – Monitoring and Evaluation
MNCH – Maternal and Neonatal Child Health
MPS – Making Pregnancy Safer
NCD – Non-Communicable Disease
NGO – Non Government Organization
PE – Peer Education
PMTCT – Prevention of Mother to Child Transmission
PNC – Post Natal Clinic
RH – Reproductive Health
RHCS – Reproductive health commodities and supplies
SBA – Skilled Birth Attendant
SCP – Scope of Practice
SRH – Sexual Reproductive Health
STI – Sexually Transmitted Infections
UNFPA – United Nations Population Fund
UNICEF – United Nations Children's Fund
WHO – World Health Organization
YFS – Youth Friendly Service





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