

Pacific Island Countries

Young Child Survival and Development Thematic Report

January–December 2016



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Cover: A baby is vaccinated on Efate Island in Vanuatu, where UNICEF Pacific provides support to the country's vaccine cold chain supply. Credit @ UNICEF Pacific/17 March 2015/Gaelle Sevenier

Abbreviations and Acronyms

DHS	Demographic and Health Survey
DPT3	three doses of diphtheria, tetanus and pertussis
EPI	Expanded Programme on Immunization
EENC	Early Essential Newborn Care
EVM	Effective Vaccine Management
MCH	maternal and child health
MCV1	measles-containing vaccine1
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NGO	non-governmental organizations
OPV	oral polio vaccine
OPV3	three doses of oral poliomyelitis
PICTs	Pacific Island Countries and Territories
PPTCT	Prevention of Parent-to-Child Transmission
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SDG	Sustainable Development Goals
TC	Tropical Cyclone
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VII	Vaccine Independent Initiative
WHO	World Health Organization

Executive Summary

UNICEF Pacific used thematic funds in 2016 to support efforts by the Vanuatu Ministry of Health (MoH) to strengthen its national Expanded Programme on Immunization (EPI) and Nutrition Programme. Through the provision of support UNICEF Pacific aims to achieve the following outcome: Sustained maintenance of polio-free status by the end of 2017 and enhanced progress towards the achievement of the twin global goals of eliminating measles and controlling hepatitis B in all Vanuatu's provinces and islands and strengthening national capacity to deliver quality and timely newborn, maternal, and nutrition interventions at health facility and community levels.

Two emergencies in 2015 challenged Vanuatu's immunization programme – a measles outbreak and category 5 Tropical Cyclone (TC) Pam, which adversely affected the national cold storage. Rehabilitation of the cold storage was completed in 2016 and efforts continued to improve immunization coverage and implement an effective management improvement plan. An uninterrupted vaccine supply was maintained through the UNICEF-supported Vaccine Independence Initiative (VII) mechanism in the Pacific.

UNICEF's sustained investment in immunization in Vanuatu contributed to significant improvements in immunization coverage rates, including a 30 per cent increase in coverage of three doses of diphtheria, tetanus and pertussis (DPT3), measles-containing vaccine1 (MCV1) and three doses of oral poliomyelitis vaccine (OPV3) and a 20 per cent increase in anti-tuberculosis vaccine (BCG). Vanuatu successfully switched from trivalent OPV to bivalent OPV, meeting global timelines for the polio eradication and endgame initiative.

Considering concerns over quality of maternal, newborn and child health care, particularly in remote communities, UNICEF, in partnership with the United Nations Population Fund (UNFPA), provided support to develop a national safe motherhood and newborn care policy, including guidelines for maternal, newborn and child death audits.

UNICEF continued in 2016 to lead a policy dialogue with the Government of Vanuatu in response to Vanuatu's adolescent pregnancy rate, which is the highest in the Pacific region, in partnership with UN Development Programme (UNDP), UNFPA and non-governmental organizations (NGOs). The discussions emphasized the need to prevent gender-based violence and empower adolescents by promoting their participation.

The MoH acknowledged the benefits of improvements to the maternal and child health (MCH) system and services by issuing a nationwide policy directive to implement the reproductive, maternal, newborn, child and adolescent health (RMNCAH) approach. UNICEF, as a UN Joint Programme managing agency, was requested to extend the programme to all six provinces starting in 2017.

The MoH faced several challenges to universal health care, including domestic resource allocation to health and nutrition, health and nutrition human resources, and quality of care at remote service points.

Strategic Context of 2016

The UNICEF Pacific Health Programme Outcome is stated in the Pacific Island Countries Programme Document (2013–2017) as follows: "Pregnant women, mothers and children equitably benefit from high impact interventions for accelerated improvements of neonatal, child and maternal survival, health and nutrition." Thematic funds in 2016 contributed to results related to the Output 1.1: "sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control in Vanuatu; and Output 1.2: "strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels in Vanuatu."

Between 2007 and 2013, Vanuatu demonstrated declining vaccine coverage rates for all but MCV1 as revealed in Table 1. MCV1 vaccine coverage remained static during the reporting period, stagnating at 52.5 per cent. Table 1 shows that Vanuatu had some of the lowest rates of vaccination in the Pacific region by 2013.

Table 1. Percentage coverage for vaccines for a single birth cohort, comparing children aged 12–23 months (n=1185)* 2007 and 2013

Vaccine	Multiple Indicator Cluster Survey (MICS) of vaccine coverage**	Demographic and Health Survey (DHS) of vaccine coverage§
YEAR	2007	2013
BCG	80.6%	72.9%
Pentavalent 1 – first dose of diphtheria, tetanus and pertussis (DTP1)	78.5%	76.2%
Pentavalent 3 – (DTP3)	63.4%	55.1%
Three doses of oral poliomyelitis (OPV3)	61.1%	52.0%
MCV1	52.5%	52.6%

**MICS survey vaccination coverage: Percentage of children aged 12–23 months immunized against childhood diseases at any time before the survey by vaccination card or mother's report, Vanuatu, 2007 (n=342)

§DHS coverage: Percentage of children aged 12–23 months who received specific vaccines at any time before the survey, by vaccination card or mother's report, Vanuatu, 2013 (n=303)

Several long-standing factors have contributed to persistently low vaccination rates in Vanuatu, including deterioration of the cold chain, ineffective vaccine management, and gaps in human resources. Prior to 2015, an estimated 40 per cent of health facilities in Vanuatu did not have adequate and/or functioning cold chain equipment. Management of vaccines, including logistics and supply management, has contributed to low vaccination rates, as has a lack of human resource capacity within the MoH to carry out Vanuatu's immunization programme. Several key positions remain vacant at both management and service delivery levels. Significant disparity exists in vaccination rates within Vanuatu, with remote outer islands performing less well.

Two emergencies in 2015 also challenged the Vanuatu's immunization programme. A measles outbreak that occurred in January 2015 had as many as 28 reported cases (a previous outbreak was contained in 2014) and on 13 March 2015, Vanuatu was hit by category 5 TC Pam that caused widespread destruction. For these reasons, the emphasis in 2016 was on recovery and scale-up of basic health services to the vulnerable children.

Results in the Outcome Area

Outcome 1: Pregnant women, mothers and children equitably benefit from high impact interventions for accelerated improvements of neonatal, child and maternal survival, health and nutrition

UNICEF, in partnership with World Health Organization (WHO) and UNFPA, supported the Ministries of Health (MoH) in Vanuatu, Solomon Islands and Kiribati to develop and implement Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) strategies and supported Fiji in implementing resilient essential maternal and child health and nutrition interventions following TC Winston.

Several Pacific Island Countries and Territories (PICTs) have high child and maternal mortality rates. Vanuatu, Kiribati, Micronesia, and Solomon Islands are not on track to achieve either 2030 Sustainable Development Goal (SDG) targets for maternal mortality or the Western Pacific neonatal mortality target for 2020. Tackling the causes of child mortality remains a priority for most PICTs that demands a focused strategic approach and an emphasis on neonatal and infant mortality. While significant gaps in data on malnutrition exist, statistics that are available suggest stunting is highest in Solomon Islands (32 per cent), Vanuatu (29 per cent), and Nauru (24 per cent). Gaps also exist in relation to planning, staffing, budgeting, operational guidance, and health information and supply chain management systems. The strategic approach adopted for 2016 included strengthening health systems and policies; providing

technical support for situation analyses; building capacity of health staff; supporting procurement of supplies; and strengthening service delivery of high impact maternal, newborn and child interventions.

In 2016, several programmatic milestones for improving maternal and child survival and health were achieved, enabling the PICTs to make meaningful progress towards achieving the SDGs. For instance, as of the end of the reporting period, PICTs were better equipped with enhanced capacity to procure and deliver vaccines in a timely manner with the countries reporting zero months with no stock out of diphtheria, pertussis and tetanus vaccine at the national levels. UNICEF ensured an uninterrupted supply of vaccines for 13 PICTs through the VII, providing technical guidance for forecasting and stock management. In addition to technical support provided to 10 PICTs for oral polio vaccine switch activities and the validation process, UNICEF provided financial support for the introduction of bOPV in 8 countries and for inactivated poliovirus vaccine supplies in 10 countries. Capacity of national health staff in 13 countries was also strengthened on cold chain and effective vaccine management.

UNICEF supported the adoption of environment-friendly technology in remote areas to replace unreliable and expensive gas-powered solar refrigerators. Following TC Winston, UNICEF supported Fiji and Vanuatu with the procurement of solar refrigerators for health facilities in remote locations that are not linked to national electrical power grids.

Studies on enhancing immunization services were conducted in Solomon Islands, Kiribati and Vanuatu to document best practices and lessons learned. Lessons learned from a pilot study could be used to scale up and expand activities to other provinces in the country.

UNICEF supported the development of relevant policies and strategies on maternal and child health and nutrition in Solomon Islands, Vanuatu, Kiribati, Fiji, and FSM. UNICEF, in partnership with WHO and UNFPA, supported the Ministries of Health in Vanuatu, Solomon Islands and Kiribati develop RMNCAH strategies. UNICEF supported the MoH in Vanuatu develop a 2017–2020 RMNCAH Implementation Plan and align indicators with national and global SDG targets.

UNICEF continued to address newborn care issues in the Pacific. With WHO/UNICEF support, the Solomon Islands MoH rolled out competency-based Early Essential Newborn Care (EENC) training to 267 health staff from 73 health facilities. Newborn intensive care equipment was procured and installed in select hospitals in Solomon Islands.

UNICEF supported a partnership with World Vision International in Solomon Islands on community-based maternal, child health and nutrition services. Village Health Committees were set up in 11 rural communities in remote Temotu Province to facilitate behaviour change communication for improved maternal and child health.

UNICEF Pacific worked with Fiji, Kiribati, Solomon Islands and Vanuatu to integrate Prevention of Parent-to-Child Transmission (PPTCT) services within existing maternal and child health services. Assistance was provided to Vanuatu and Solomon Islands to strengthen HIV testing and counselling for infants to ensure early HIV diagnosis, treatment and care and update guidelines on PPTCT, sexually transmitted illnesses, use of antiretroviral, and routine surveillance.

To address human resource constraints, UNICEF jointly with WHO provided technical assistance to the MoH to develop short- and long-term human resource strategies for Vanuatu. Based on the recommendations from the 2015 Neonatal assessment, UNICEF funded 5 retired midwives to work with communities and health facilities in 2 selected communities in Kiribati to improve service delivery and promote early health seeking behavior.

Lack of nutrition data and the low prioritization of nutrition activities addressing undernutrition continued to be challenges. To address gaps in nutrition data, UNICEF continues to advocate with relevant governments and partners for inclusion of nutrition indicators in upcoming Demographic Health Surveys as well as Health Information Systems in selected countries.

While advocating for the inclusion of key nutrition commodities in the Essential Drug List and national budgets, UNICEF supported select countries (Fiji, RMI, FSM, Vanuatu, Kiribati, Solomon Islands) with procurement of key nutrition supplies and anthropometric materials.

UNICEF provided emergency support to Fiji, Vanuatu, Solomon Islands, FSM and RMI post-TC Winston, TC Pam, and the El Niño-induced drought. UNICEF prepositioned supplies for emergency response. Solomon Islands and Fiji were supported to improve nutrition emergency preparedness and response and to build resiliency. Following the orientation of health staff in Solomon Islands on nutrition in emergencies, UNICEF supported a MoH task force with the development of Solomon Islands Nutrition in Emergencies Preparedness and Response Plans and capacity building activities to be delivered in 2017.

UNICEF worked with partners to improve maternal and child health and nutrition. Key partners included the US Centre for Disease Control, GAVI Alliance, UN agencies (UNFPA, WHO), Global Fund to Fight AIDS, Tuberculosis and Malaria, Pacific Community, NGOs and universities (Murdoch Child Institute).

Output 1.1 By the end of 2017, sustained maintenance of polio-free status and enhanced progress towards the achievement of the global twin goals of measles elimination and hepatitis B control in all provinces/islands in Vanuatu			
Milestone 1: All health facilities have an uninterrupted supply of vaccines and at least 90 per cent of health facilities have functioning cold chain equipment.			
Indicator	Baseline Value	Target Value	As of Date 31 December 2016
Months with stock out of DTP containing vaccine at the national level	NR	0 month	On Track: 0 months of stock out reported.

Progress on Output 1.1

During 2016, UNICEF contributed towards the successful implementation of the switch in oral poliomyelitis vaccine and continued efforts to ensure vaccines were available, immunization supply systems were strengthened, and capacity developed. Maintenance of uninterrupted supplies of vaccine and immunization devices was ensured through the VII mechanism, which was expanded in 2016 to cover cold chain equipment.

UNICEF provided technical support for OPV switch activities and completed a validation process in April 2016. Financial support was provided in 2016 to introduce bOPV and inactivate poliovirus vaccine supplies.

Rehabilitation was completed by June 2016 of the national cold store, including repairs to infrastructure that was destroyed during TC Pam in 2015. Rehabilitation work included installation of a prequalified walk-in cold room. Rehabilitation of the Shefa Province vaccine store also was completed. At the service level, 28 new solar refrigerators were installed and existing refrigerators in eight sites were repaired. Such rehabilitation efforts improved cold chain capacity at the national, provincial and health facility levels, in line with Effective Vaccine Management (EVM) recommendations. By the end of 2016, with UNICEF technical and financial assistance, cold chain capacity had improved in an estimated 80 per cent of health facilities with the installation of solar direct drive systems.

UNICEF delivered training on EVM and interpersonal communications to 101 health workers from all of Vanuatu's health facilities. Training included the use of electronic data loggers to monitor cold chain temperatures and particularly vaccine refrigerators at the service levels. Interpersonal communication training focused on improving the skills of health workers to counsel, during outreach activities, parents who are hesitant about having their children vaccinated, which contributed to increased vaccine coverage rates.

Human resources at country levels continued to be inadequate and the number of vacant health facilities (those without health care workers) has increased. More than 20 per cent of the health facilities (and particularly those at dispensary level) are not staffed by nurses capable of providing health services, including immunization. To address this issue, UNICEF provided financial support to dispatch mobile outreach teams either from the provincial level or the nearest health facilities to ensure that children have access to vaccination even in areas where health workers have not been trained.

The MoH conducted in 2016 an immunization coverage survey with technical and financial assistance from UNICEF Pacific. Survey results show a 30 per cent increase in DPT3, OPV3 and MCV1 and a 20 per cent increase in BGC compared with the 2013 DHS. UNICEF's sustained investment in immunization in Vanuatu has contributed to significant improvements in immunization coverage rates. The flexible use of thematic funds enabled UNICEF to provide uninterrupted technical assistance to address Vanuatu's lagging vaccination coverage rates.

Table 2: Comparison of vaccination rates in Vanuatu 2013–2016

Vaccine	DHS vaccine coverage§	Vanuatu Vaccination Coverage Survey 2016: % coverage 12-23mo* at time of survey (95%CI)^ by card or recall*
YEAR	2013	2016
BCG	72.9%	94.6% (92.5-96.8%)
Pentavalent 1 – (DTP1)	76.2%	94.0% (91.6-96.4%)
Pentavalent 3 – (DTP3)	55.1%	81.1% (77.5-84.7%)
OPV3	52.0%	81.3% (77.7-84.9%)
MCV1	52.6%	84.0% (79.9- 88.0%)

The cohort of children in the Vanuatu Vaccination Coverage Survey 2016 used for estimation of MR coverage is 24–35 months (n=1028), as the routine MR vaccine is given at age 12months.

^95%CI = 95% confidence interval.

§DHS coverage: Percentage of children aged 12-23 months who received specific vaccines at any time before the survey, by vaccination card or mother's report, Vanuatu, 2013 (n=303).

^95%CI = 95% confidence interval.

Output 1.2 By 2017, in Vanuatu strengthened national capacity to deliver quality and timely newborn, maternal and nutrition interventions at health facility and community levels

Scale up newborn, maternal and nutrition interventions

Indicator	Baseline Value	Target Value	As of December 2016
Proportion of health facilities with neonatal services that meet 10 World Health Organization (WHO)/UNICEF early essential newborn care standards	0	80%	Constrained: New indicator. No data gathered for 2016. EENC assessment has been planned for 2017.
Percentage of children aged 6–59 months fully covered with 2 doses of vitamin A in the last year, specific sex-disaggregated	50%	80%	Constrained: Vitamin A data for 2016 not available. Vitamin A is normally distributed during immunization campaigns, which did not take place in 2016. Nutrition consultant who is currently on board is working with the MoH on vitamin A programme and distribution plan.

Progress on Output 1:2

Considering concerns over quality of maternal, newborn and child health care, particularly in remote communities, UNICEF, in partnership with UNFPA, provided support to develop a national safe motherhood and newborn care policy, including guidelines for maternal, newborn and child death audits.

Vanuatu has the highest adolescent pregnancy rate in the Pacific region. UNICEF continued to lead policy dialogue with the Government in partnership with UNDP, UNFPA and NGOs, emphasizing the need to prevent gender-based violence, promote adolescent participation and empower adolescents.

UNICEF assisted Vanuatu with several policies and strategies in 2016. A comprehensive RMNCAH Strategy and Implementation Plan for 2017–2020 was finalized in 2016. The Strategy's MCH indicators

were aligned with the Sustainable Development Goals (SDGs), 2017–2030 National Sector Development Plan and the 2017–2020 Health Sector Strategy. The 2016–2020 National Nutrition Policy was adopted. Development of communication strategies for RMNCAH, EPI and interpersonal communication components was initiated.

The MoH acknowledged the benefits of improvements to the MCH system and services by issuing a nationwide policy directive to implement the RMNCAH approach and requested UNICEF, as a UN Joint Programme managing agency, to extend the programme to all six provinces starting in 2017.

Local capacity on the management of severe acute malnutrition was strengthened at the facility level in Penama and Torba Provinces, and emergency obstetric and neonatal care in Sanma Province.

Community sensitization and training sessions were conducted on antenatal and postnatal care, HIV, adolescent reproductive health, WASH, and nutrition. In North Tanna and Whitesands – areas most severely affected by El Niño – UNICEF assisted with biscuit distribution to around 800 children in 21 communities through Save the Children-supported village health workers to prevent malnutrition among children aged 6–59 months. Children were screened and caregivers were educated on health and nutrition during the distribution.

Several challenges must be overcome if progress on SDG targets is to continue in Vanuatu, including most importantly equity issues. Child health information reveals disparity in services and health status for children growing up on remote outer islands. Stunting rates in Vanuatu remain high at 29 per cent underpinned by widespread inequities in service delivery. UNICEF is well positioned to address stunting through its 1,000 Days Initiative; however, the MoH lacks human resources with whom to work and transfer knowledge and skills related to improving nutrition.

Domestic resources allocated to health and nutrition, universal access to health care, and quality of care for pregnant women and children also are lagging in Vanuatu.

Community-based health and nutrition are essential to successful 1,000 Days Initiatives. A solid foundation has been established, in collaboration with MoH and UNICEF's partners, upon which high impact nutrition interventions can be built that target, in particular, maternal, infant and young child nutrition.

Financial Analysis

Thematic funds received were allocated to support specialized technical support for the Vanuatu immunization and nutrition programme.

Table 3: Planned Budget by Outcome Area (in US\$)

Intermediate Results	Funding Type ¹	Planned Budget ²
01-04 Child health	RR	700,000
	ORR	1,300,000
04-01 Infant and Young child feeding	RR	275,000
	ORR	410,000
01-06 Health and emergencies	ORE	1,798,019
04-05 Nutrition and emergencies	ORE	1,308,880
Total Budget		5,791,899

¹ RR: Regular Resources, ORR: Other Resources – Regular (add ORE: Other Resources – Emergency, if applicable)

² Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

Table 4: Country-level Thematic Contributions to Outcome Area Received in 2016 (in US\$)

Donors	Grant Number*	Contribution Amount	Programmable Amount
UNICEF Malaysia	SC1499010096	200,000	190,476
Total		200,000	190,476

Table 5: Expenditures in the Outcome Area (in US\$)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-01 Immunization	2	274,387	214,367	488,756
01-03 Maternal and Newborn health		86,278	38,088	124,366
01-04 Child health	6	1,083,094	583,248	1,666,348
01-05 Health systems strengthening	1	308,852	9,733	318,586
01-06 Health and emergencies	1,808,964	7,434	89,782	1,906,180
01-07 Health # General	71	572,185	445,669	1,017,925
04-01 Infant and Young child feeding	2	309,254	355,298	664,554
04-02 Micronutrients		39,736	33,116	72,852
04-05 Nutrition and emergencies	709,476	2,584	(7,989)	704,071
04-06 Nutrition # General	1	207,732	141,927	349,660
Total	2,518,523	2,891,536	1,903,239	7,313,298

Table 6: Thematic Expenses by Programme Area (in US\$)

Fund Sub-Category	Programme Area	Expense
Other Resources - Emergency	01-06 Health and emergencies	526,949
	01-07 Health # General	68
	04-05 Nutrition and emergencies	382,980
Other Resources - Regular	01-04 Child health	147,547
	01-05 Health systems strengthening	4,063
	04-06 Nutrition # General	689
Total		1,062,296

Table 7: Expenses by Specific Intervention Code (in US\$)

Specific Intervention Code	Expense
01-01-09 Cold chain support	85,522
01-01-14 Immunization # General	423,962
01-03-04 Maternal and newborn care including Emergency Obstetric care	76,228
01-03-07 Other maternal and newborn activities	1,676
01-03-08 Home visits, parent and community education for early childhood care and stimulation	32,712
01-04-02 Diarrhoea # General	12,756
01-04-13 Child health # General	1,444,079
01-05-01 Health management at district or sub-national levels	333
01-05-05 Health systems strengthening # General	313,504
01-06-03 Health # Emergency response	1,719,864
01-07-03 Health # General	131,860
04-01-01 Infant and young child feeding implementation (including BFHI)	324,414
04-01-02 Breastfeeding	214,021
04-02-05 Micronutrient supplementation for children	39,422
04-05-02 Nutrition # emergency preparedness and response	597,871
04-06-01 Nutrition # General	192,647
04-06-04 Nutrition surveys, assessments and surveillance	106,507
08-01-01 Country programme process	25,689
08-01-04 UNDAF preparation and review	5,567
08-01-06 Planning # General	46,318
08-02-01 Situation Analysis or Update on women and children	65,781
08-02-08 Monitoring # General	11,276
08-02-10 Humanitarian performance monitoring	33,922
08-03-01 Cross-sectoral Communication for Development	164,447
08-05-03 Logistics	63,497
08-09-06 Other # non-classifiable cross-sectoral activities	309,175
08-09-07 Public Advocacy	1,750
08-09-08 Engagement through media and campaigns	33,474
08-09-09 Digital outreach	5,767
08-09-11 Emergency preparedness and response (General)	117,141
1021 Micronutrient supplementation	33,116
1043 Routine immunization	-97,201
1049 Integrated YCSD package including Child Health Days	15
1901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple OTs within FA1	727,048
5903 Support to C4D interventions for multiple OTs within FA5	315
6902 Operating costs to support multiple focus areas of the MTSP	1,414

Specific Intervention Code	Expense
7921 Operations # financial and administration	135
Unknown	47,273
Total	7,313,298

Future Workplan

Key priorities for 2017 include:

- Support for routine vaccinations: UNICEF Pacific will continue to provide procurement support to Vanuatu for routine vaccines through the VII.
- Discussions are under way for VII to support the provision of WHO pre-qualified two-dose human papillomavirus vaccine, which will be introduced into the national routine immunization schedule.
- Outreach activities: Ongoing support to Vanuatu's MoH is required to maintain high coverage of routine immunizations. Efforts will focus on reaching unimmunized children in high-risk communities, especially in rural and remote areas, and in areas where health facilities are non-functioning. The UNICEF immunization officer will work closely with MoH staff to analyse data and assist provincial health offices to ensure that immunization outreach is implemented regularly. UNICEF Pacific will continue to provide funds to support nurses' community outreach activities in low-performing and high-risk areas.
- Training of health workers on effective communication: To support health workers in communicating the importance of vaccination, they will be equipped with information, education and communication tools and trained in effective communication.
- Further strengthening of community-based health care through the development of a national community health strategy, which will serve as the foundation for improved health- and nutrition-seeking behaviour and bring services closer to remote populations.
- Prevention of stunting will be on the forefront of UNICEF Pacific children's health activities in 2017 and will include high impact nutrition interventions that are in line with the 1,000 Days Initiative approach.

Serious funding gaps exist between the estimated budget and available resources for 2017. Progress on some activities will be constrained if funding targets are not met. The budget is summarized in Table 8.

Table 8 Planned Budget and Available Resources for 2017 (in US\$)

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
01-01 Immunization	RR	300,000	300,000	0
	ORR	300,000	437,500	137,500
01-03 Maternal and Newborn health	RR	50,000	50,000	0
	ORR	100,000	7,500	-92,500
01-04 Child health	RR	300,000	300,000	0
	ORR	400,000	0	-400,000
01-05 Health systems strengthening	RR	10,000	10,000	0
	ORR	200,000	238,000	38,000
01-07 Health # General	RR	165,000	165,000	0
	ORR	300,000	0	-300,000
04-01 Infant and Young child feeding	RR	50,000	50,000	0
	ORR	200,000	278,000	78,000
04-02 Micronutrients	RR	50,000	50,000	0
	ORR	50,000	122,000	72,000
04-06 Nutrition # General	RR	50,000	50,000	0
	ORR	160,000	395,500	235,500
Subtotal Regular Resources		975,000	975,000	0
Subtotal Other Resources – Regular		1,710,000	1,478,500	-231,500
Total for 2017		2,685,000	2,453,500	-231,500

¹ Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration.

² Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

Expression of Thanks

Thematic funds received by UNICEF Pacific have strengthened Vanuatu's national immunization programme. The contribution from Malaysia allowed UNICEF Pacific to further strengthen technical assistance and to make a significant contribution to the health and well-being of children in Vanuatu. UNICEF Pacific would like to take this opportunity to express its sincere appreciation to the excellent fund raising efforts of UNICEF Malaysia, in particular, for its generous contribution to support health and nutrition work in the Pacific

Annex A: Donor Report Feedback Form

Title of Report/Project: Pacific Island Countries Young Child Survival and Development Thematic Report

UNICEF Office: UNICEF Pacific

Donor Partner:

Date:

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name:

Email:

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!

Annex B: Human Interest Stories

Solar chill capacity to improve access to timely vaccine

Jeffrey, a 33-year-old nurse from Tafea Province, has vivid childhood recollections of the difficulties his community faced accessing health care services. It was those memories that motivated him to become a health care professional

“I grew up seeing my family walk long distances carrying stretchers with sick people to the dispensary,” he recalls. “I saw that there needed to be a change and that I could help make that change for my people and my family. I am familiar with their struggles – this is what keeps me going.”

Jeffrey graduated from the Vanuatu College of Nursing Education in 2012 and he launched his career in health care the next year at Whitesands Health Centre. But that is not where Jeffrey’s health care journey began.

Jeffrey helped to set up a Community Aid Post on his home island of Futuna in Tafea Province in 2007 and subsequently worked there as a village health worker for five years. With support and training from Save the Children, the Community Aid Post became an incubator of sorts for Jeffrey within which the knowledge, skills and confidence to work with his community were nurtured.

After graduating from nursing school, Jeffrey worked for one year on the island of Tanna before being transferred to Naukero Dispensary on Futuna, which serves six villages and a catchment population of 563 people.

Naukero Dispensary relies exclusively on vaccines supplied from a provincial vaccine storage facility at Lenakel, the largest town on the island of Tanna because the island of Futuna lacks solar-powered chilling capacity for vaccine storage. Vaccines are delivered every three months via vaccine carrier but too infrequently for Jeffrey to administer vaccinations as recommended and scheduled under Vanuatu’s national immunization programme.

“I feel very guilty as a health worker when talking about immunization because even though I know about vaccines and schedules for vaccinating children, I cannot keep to the schedule because we do not receive vaccines regularly. I really need a solar-powered refrigerator so that I can store vaccines on the island,” Jeffrey points out.

Jeffrey speaks passionately about persuading mothers and other caregivers in the community to

vaccinate their children. “I have the capability and confidence to convince all of the mothers in the community about immunization but it’s often frustrating because I don’t have access to the supplies,” he adds.

Jeffrey supports the delivery of at least two babies per month at Naukero Dispensary. However, some mothers of newborns do not receive detox and their babies are not provided anti-tuberculosis or hepatitis B vaccines, which ought to be injected within the first 24 hours of birth, until two or three months later.



Jeffrey, a registered nurse, says an irregular supply of vaccines as well as lack of vaccine storage adversely affected vaccine immunization of children on Futuna Island.



“I have not vaccinated any children at all since January 2016 as I have not received any vaccines,” said Jeffrey. “I put the information, education and communication materials I receive under a shelf because I don’t want to raise awareness about the vaccines and schedules when I do not have access to vaccines for immunization. This will discredit me and my work as a health worker,” says Jeffrey as his eyes fill with tears.

Jeffrey engages in a small group discussion on the key steps health workers take to communicate behaviour change.

UNICEF, in collaboration with the Ministry of Health (MoH), supplied and repaired existing solar chill capacity and installed new facilities where there was an identified need throughout Vanuatu in 2016. Naukero is one of the dispensaries that has been cited as a priority to receive solar chill capacity under the Vanuatu MoH’s Expanded Programme on Immunization (EPI).

Jeffrey was one of 14 health workers in Tafea Province who completed a five-day refresher training session on vaccine management, surveillance, interpersonal communication skills, and microplanning. The training was organized by the MoH’s EPI in collaboration with the World Health Organization and UNICEF.

Jeffrey appreciated learning about new vaccines and techniques that are being introduced. “I learned about multi-dose vials that can be preserved to be used at another time and not discarded as we have done in the past.”

Training related to interpersonal communications helped Jeffrey “refocus” on some of the topics that Jeffrey says he had forgotten.

Arriving in advance of vaccination outreach builds trust with communities

Eric, a 35-year-old registered nurse from Mota Island in Torba Province, approaches outreach on immunization strategically.

“When I plan to conduct immunization outreach to raise awareness about the vaccination of children in a particular community, my strategy is to go the day before and spend the night in the community. This is a good way to bond with the community and build rapport,” he says. “I eat with people in the community, drink kava with them and talk with them. This builds trust with the community about the immunization programme.”

A graduate of the Vanuatu College of Nursing and Education, Eric has been working as a nurse for 13 years. After graduation, Eric worked at the Northern District Hospital and then spent five years on the island of Gaua in Torba Province before relocating in 2009 to Tanna in Tafea Province, where he spent two years at the Lenakel Hospital.

Since May 2012, Eric has worked at the Iounanen Dispensary.

Iounanen Dispensary has a catchment of 3,700 people who are scattered across an area that includes 12 main villages and 10 new settlements.

Eric used to assist mothers deliver babies but was forced to stop due to a lack of proper sanitation facilities.

Eric carries out immunization outreach activities weekly. Once a month, he offers a fixed clinic to vaccinate children from nearby communities. “In a majority of cases, community members are really happy about and supportive with the vaccination programme. However, I have some transportation challenges such as roads that are impassable during rainy seasons,” said Eric.

He said it was important for him to complete a five-day refresher training session on vaccine management, surveillance and interpersonal communication provided by the Ministry of Health’s Expanded Programme on Immunization in collaboration with the World Health Organization and UNICEF.

“Through the interpersonal communication skills training, I now see that how we approach the community as health workers is so important even though it is often neglected in our rush to complete activities. Materials also were provided, including the ‘tik’ book and flipcharts to support awareness-raising in communities and schools,” he said.

The training also inspired him to ensure that the solar chill and refrigerator at his dispensary are well-maintained. Following the training, Eric returned to his dispensary with a reinvigorated commitment.



Eric, a registered nurse from Mota Island in Torba Province, share his community outreach strategy.



Eric discusses the key steps to behaviour change with his group.

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