REGIONAL SEXUAL REPRODUCTIVE HEALTH PROGRAMME

KIRIBATI | SAMOA | SOLOMON ISLANDS | TONGA | VANUATU

SOLOMON ISLANDS
Sexual and Reproductive Health Rights Needs Assessment

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ABBREVIATIONS

ABR	Adolescent birth rate
ADRA	The Adventist Development and Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CPR	Contraceptive prevalence rate
CSO	Civil Society Organization
EOC	Essential Obstetric Care
EmOC	Emergency Obstetric Care
EmNOC	Emergency Neonatal and Obstetric Care
FBO	Faith Based Organisation
FP	Family planning
GBV	Gender based violence
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index (UNDP)
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant mortality rate
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MMR	Maternal mortality ratio
MHMS	Ministry of Health and Medical Services
NSO	National Statistics Office
NGO	Non-Government Organisation
PoA	Plan of Action
PICCT	Provider-initiated confidential counselling and testing [for STIs and HIV]
PICTs	Pacific Island Countries and Territories
PPTCT	Prevention of parent to child transmission [of HIV]
PPH	Postpartum Haemorrhage
SDGs	Sustainable Development Goals
SIPPA	Solomon Islands Planned Parenthood Association
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually transmitted infection
TFR	Total fertility rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCCT	Voluntary confidential counselling and testing [for HIV and STIs]
WHO	World Health Organization

EXECUTIVE SUMMARY

The Solomon Islands has achieved mixed progress in incorporating gender and rights into its national sexual and reproductive health (SRH) agenda. This report reviews Solomon Islands' rights-led approach to sexual and reproductive health and presented within are the results of the Sexual and Reproductive Health Rights (SRHR) Needs Assessment. The work was commissioned by the Ministry of Health and Medical Services (MHMS), Solomon Islands and technical support and funding was provided by UNFPA, Pacific Sub Regional Office and its contracted consultants.

The basis of the Solomon Islands SRHR Needs Assessment is a comprehensive literature review and the collection of qualitative and quantitative data collection from key informant interviews with senior personnel from a cross section of relevant non-government organizations (NGOs) and agencies.

Consultations were guided by *UNFPA's SRHR Needs Assessment Tools for SRHR, and HIV* (Appendix 2). Components of the assessment included partnerships, policy, SRH service delivery and its key enabling factors, family planning, mother and newborn health, prevention and management of sexually transmitted infections (STIs) and HIV and gender based violence management.

Commitment to rights-based health and social development: Solomon Islands commitment to preserving the human rights of all Solomon Islanders including the most vulnerable groups: females, children and young people, is evidenced by the signing of a range of international conventions and treaties, including the *Convention on the Elimination of All Forms of Discrimination Against Women* (1995), the *Convention on the Rights of the Child (1993), and The Convention on the Rights of Persons with Disabilities* (2007).

Other international commitments for the promotion of gender equity and equality include: Solomon Islands pledge to the *International Conference on Population and Development (ICPD) Plan of Action, The Moana Declaration 2013*, where Parliamentarians re-committed to advocating for the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the Key Actions for Implementation, the Millennium Development Goals and endorsement of the *Pacific Sexual Health and well-being Shared Agenda 2015-2019.*

At the national level, the Solomon Islands National Development Strategies Policy (2011-2020), draft Population Policy and the National Health Strategic Plan (2011-2015) guides programme plans and actions. Sexual, Reproductive health and HIV centric issues identified in the national Health Plan include:

- Improve, expand and collaborate more in carrying out a variety of health promotion activities;
- Improve the promotion of breastfeeding;
- Improve service provision at all rural health facilities;

- Expand rural water and sanitation systems;
- Improve infant and mothers dietary supplementation;
- Improve reproductive health including expanding family planning and other services, particularly for adolescents;
- Expand and improve the provision of domestic violence prevention and enforcement and child protection; and
- Improve HIV/AIDS prevention by building capacities at the national and provincial level to train staff on guidelines for services that support the national HIV and AIDS response.

A young and growing nation: Solomon Islands has a high population growth due to a high total fertility rate (TFR) of 4.1%, with rural areas having a higher rate of 4.5%, compared with the urban rate of 3.0%. The median age in Solomon Islands is 21 and 58% of the population are under 25 years, of which 39% are under the age of 15.

Health priorities and status: The rising population combined with the remoteness of many of the Solomon Islands poses an on-going challenge for the Ministry of Health and Medical Services to provide universal access to sexual and reproductive health services. This spread of the rural population across over 990 islands poses high risks for unintended pregnancies, unsafe abortions, complications during pregnancy and delivery, especially for teenage girls, as well as the transmission of sexually transmitted infections (STIs) and HIV.

Although there is currently no national SRH Policy, Solomon Islands have in place a national framework of strategies to address sexual and reproductive health and related social development issues. This is evidenced by the ratification of a number of international conventions and treaties, has highlighted the need for a rights based approach to sexual and reproductive health, which when introduced widely into local practice culture, will guide health planners and health workers to provide a more rights based sexual and reproductive health service to Solomon Islanders.

Despite the slow pace of economic development and limited access to health services in the country, Solomon Islands appears to have made some progress in achieving MDGs 4 and 5. The under 5 yr. mortality rate has decreased to 30/1000 in 2013 compared to 39 in 1990 and the infant (<1yr) mortality rate has decreased to 25/1000 in 2013 from 32/1000 live births in 1990 and the neonatal mortality rate/1000 is 13 /1000.

The Maternal Mortality Rate (MMR) has also decreased from 49/1,000 1989 to 23/1,000 live births in 2009, however the accuracy of the MMR data is debatable as the number of maternal deaths provides a more accurate picture (i.e.18 maternal deaths in 2010), so there is perhaps a need to establish realistic targets and measure performance in a way that is appropriate for Solomon Islands.

Further progress to meet universal access to reproductive health services is needed to increase the number of births attended by skilled health workers which is reported to be 90% and the need to improve antenatal coverage, which is 74%.

The percentage of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, also known as contraceptive prevalence rate (CPR), although is not the lowest in the region, has been 30% since 2007 and the unmet need for family planning is11% (2007).

Other intractable disparities remain and these include the need to further identify and address the underlying factors that contribute to:

- Not all pregnant women are attending ANC in 1st trimester of pregnancy;
- Teenage pregnancies;
- High incidence of STI's;
- Lack of empowerment of women at all levels of society; and
- Domestic and gender based violence.

Gender equity and equality: The concept of gender encompasses the accepted economic, political, and socio-cultural attributes, constraints, and opportunities associated with being identified in the broader society as a girl, a boy, a woman, a man, or as a gender non-conforming individual and the expectations of each of these as defined at the individual, family, community, and at organizational levels.

Political level representation of women at the national level in Solomon Islands is meagre, with only one woman serving at national level government and six at sub-national level. Although many of the indicators presented in this report are female orientated, compared to men, women rate poorly on many development indicators and physical and sexual violence against women remains a concern throughout the Solomon Islands.

Findings Policy: There is no current reproductive health policy in Solomon Islands so there is a need to expedite the development, endorsement and roll out (into local practice culture) of a rights based sexual and reproductive health policy that is integrated with HIV care, treatment and management.

However there is a SRH Plan *(Solomon Islands Reproductive Health Strategy Implementation Plan 2014-2016)* and a draft version of this document was sighted for this assessment. The plan includes i) family planning, ii) maternal and newborn health, iii) preventing unsafe abortion, iv) preventing sexually transmitted infections including HIV and v) sexual health. There is also a *Solomon Islands National HIV Policy and Multisectoral Strategic Plan 2005-2010*. The extent of the availability of these plans at health facility level is unknown as a facility level assessment was not incorporated into this assessment.

At a national level there are a number of other plans and policies that currently guide social development including:

- National Population Policy
- Youth and Health Policy
- Gender Equality and Women's Development 2010-2015
- Eliminating Violence Against Women Policy

Findings System: Although Solomon Islands relies heavily on funding from development partners, which presents a challenge in terms of sustaining specialist services, the country has a well-established, publically funded health system that puts SRHR at the forefront of MHMS operations, as specified in six MHMS key strategic indicator sets for 2011-2015.

Findings Service delivery:

Conclusions and recommendations: Major challenges to improving SRH and to the delivery of services which meet basic SRHR exist within the Solomon Islands health system. These include poor health infrastructure, under-staffing, outdated policies and guidelines, inadequate reporting systems and the fiscal and geographical challenges of preventing stock outs of essential drugs, equipment and medical consumables in all health facilities, especially the outer islands.

Many of these challenges can be addressed through strong, national-level leadership from within the Ministry of Health and Medical Services Public Health department and through better informed, consultative and collaborative planning and programme implementation.

A key recommendation that can guide a more integrated approach to providing SRH and HIV services in Solomon Islands is to develop a comprehensive and integrated sexual and reproductive health policy that is rights based and is integrated with STI and HIV services.

As importantly, it is crucial for SRHR advocates and stakeholders both in Solomon Islands and the region, to rigorously and consultatively identify gender and other social determinants of health within each local context; and integrate findings into SRH programme designs, in an effort to address the impact of activities on women, girls, boys, and men, with the ultimate goal of promoting equal access to health care for all.

1. INTRODUCTION

Solomon Islands (Solomons) is a sovereign country consisting of nearly 1,000 islands in Oceania lying to the east of Papua New Guinea and northwest of Vanuatu and covers a land area of 30, 407 square kilometres (11,000 square miles). Solomon Islands has 9 administrative provinces: Central Islands, Choiscul, Guadalcanal, Isabel, Makira, Malaita, Rennell and Bellona, Temotu and Western provinces. The country's capital, Honiara, is located on the island of Guadalcanal[1].

The country went through a period of civil unrest from 1998-2003 until in July 2003, Australian and Pacific Island police and troops arrived in Solomon Islands under the auspices of the Australian-led Regional Assistance Mission to Solomon Islands (RAMSI), an international security contingent of 2,200 police and troops, led by Australia and New Zealand, and with representatives from about 20 other Pacific nations.

The Solomon Islands has a population of 612,000and life expectancy is reported to have increased to 66 years for males and 72 years for females. Twenty percent of the population live in urban settings and Solomon Islands has one of the highest urban population growth rates of 4.7% annually from 1999-2009. About 23% of the population live below the basic needs poverty line[2].

Like many other Pacific Island countries and territories (PICTs), the wide geographic spread of the Solomon Islands, a rural population of 80%, it's propensity for cyclones and earthquakes and its rising tides and sea levels related to global warming creates a host of challenges for its health system.

As urbanisation is increasing at more than twice the overall rate of population growth, apart from continuing to provide services to its largely rural and remote communities, government has the additional challenge of responding to urban growth. Access to proper sanitation is very low with only 5% of rural and 77% of urban populations having access to adequate sanitation. Public health priorities include rural water supply, improving health centres, and addressing tuberculosis, malaria, HIV/AIDS and sexually transmitted infections and common childhood Illnesses[3].

Solomon Islands commitment to preserving the human rights of all Solomon Islanders including females, children and young people, who are considered be among the most vulnerable groups, is evidenced by the signing of a range of international conventions and treaties, including the *Convention on the Elimination of All Forms of Discrimination Against Women* (1995), the *Convention on the Rights of the Child* (1993) and the *Convention on the Rights of Persons with Disabilities* (2007). Commitments have also been made to upholding the SRHR of Solomon Islanders, specifically through the promotion of gender equity and equality, evidenced by a commitment to the International Conference on Population and Development (ICPD) Plan of

1 UNDP (2014), Human Development Report 2014, Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience, Explanatory note on the 2014 Human Development Report composite indices, Solomon Islands HDI.
2 UNFPA (2014), Population and Development Profiles, Pacific Island Countries, United Nations Population Fund, Pacific Sub Regional Office,
3 WHO (2012), Health Service Delivery Profile Solomon Islands.

Action, the Moana Declaration 2013, where Parliamentarians re-committed to advocating for the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the key actions for implementation and the Millennium Development Goals. Other commitments have included Solomon Islands endorsing the Pacific Sexual Health and Well-being Shared Agenda 2015-2019.

1.1 Sexual and Reproductive Health Rights (SRHR)

Sexual and Reproductive health rights are a fundamental human right and are integral to the well-being of all populations including adolescents, youth and men and women of reproductive age.

In practise, this means that individuals, both women and men have the means to have a healthy sexual life and have the number of children they want, when they want them. It also means women can deliver their babies safely and have access to quality services and information that will ensure their newborns survive. A comprehensive sexual and reproductive health care package has three key principal components: family planning, sexual health, and maternal health.

In an effort to help decision makers to evaluate future SRHR investments for Solomon Islands, a needs assessment was commissioned by the Ministry of Health and Medical Services, Solomon Islands and this report will constitute part of a comprehensive collaboration to inform a revised Reproductive Health Strategy for Solomon Islands.

1.2 Solomon Islands Public Health System

Solomon Islands total health expenditure as a % of Gross National Product (GDP) is 8. The country has a well-established, publicly funded health system administered by the Ministry of Health and Medical Service (MHMS), under the guidance of the Honourable Minister for Health. The MHMS has a public health based approach and is organised into four major divisions, 1) Health Improvement, 2) Health Care, 3) Health Policy and Planning and 4) Administration and Management. There are five levels of public health services in Solomon Islands including the national Referral Hospital in Honiara, 7 provincial hospitals, 38 area health centres, 101 rural health clinics and 187 nurse aid posts.

There are no private hospitals in the Solomon Islands but non-government organisations (NGO) and faith based-organisations (FBO) play a crucial role in supporting the MHMS, both from a funding and service delivery perspective, however the MHMS is the main funder, regulator and provider of the majority of health services[4].

1.3 Overall Health Priorities and Status in Solomon Islands

The 2011-2015 National Health Strategic Plan for Solomon Islands currently guides health priorities for the country and the MHMS has endeavoured to incorporate a rights based methodology into the plan.

4 WHO (2012), Health Service Delivery Profile, Solomon Islands

Despite the considerable difficulty in providing adequate basic services to Solomon Islanders, especially the outer island rural population, the overarching goal of Solomon Islands National Health Strategic Plan (2011-2015) is *'The Solomon Islands' population's overall health status will improve by between one to two (1-2%) percent by 2015'*[5].

The national health priorities for the Solomon Islands for the period 2011–2015 are to work with other related government sectors to;

- Reduce the most important individual and family behaviour-related risk factors through health promotion and some prevention services;
- Reduce the most important causes of the disease burden which are feasible to reduce with cost-effective interventions and services;
- Reduce the most important environmental risk factors;
- Reduce the most important medical condition risk factors through health promotion and prevention (mostly screening) and some case management/treatment services;
- Reduce the most important service delivery conditions risk factors;
- Gradually move toward the "packaging" of health services with "levels of care" as the dominant approach;
- Improve the health status of the age and gender population groups especially women and children considered to be the highest priorities; and
- Continue to try to reduce the other causes of the Solomon Islands disease burden; however, the services to implement mitigation of these lower priority causes will be uneven and often under-resourced services.

The Solomon Islands has a number of national social plans and policies relevant to ICPD priorities[6]. These include:

- Population Policy (Draft)
- National Development Strategy 2011-2020
- Reproductive Health Policy
- National HIV Policy and Multisectoral Strategic Plan 2005-2010
- Prevention of Parent to Child Transmission of HIV Policy 2012
- Disability Policy
- Family Wellbeing Policy
- National Youth Policy 2010-2015
- Gender Equality and Women's Development 2010-2015

5 National Health Strategic Plan (2011), The Ministry of Health & Medical Services, Solomon Islands Government, 2011-2015
6 UNFPA (2013), Pacific Regional ICDP Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014.

In 2011 the MHMS identified eight key SRH and HIV centric or related health issues in the Solomon Islands National Health Strategic Plan (2011-2015) which are:

- Improve, expand and collaborate more in carrying out a variety of health promotion activities;
- Improve the promotion of breastfeeding;
- Improve service provision at all rural health facilities;
- Expand rural water and sanitation systems;
- Improve infant and mothers dietary supplementation;
- Improve reproductive health including expanding family planning and other services, particularly for adolescents;
- Expand and improve the provision of domestic violence prevention and enforcement and child protection; and
- Improve HIV/AIDS prevention by building capacities at the national and provincial level to train staff on guidelines for services that support the national HIV and AIDS response.

Like many developing countries, the Solomon Islands has a high incidence of communicable and non-communicable diseases (NCDs) and the latter is rising as reported in a 2011 Government and WHO study that showed 46% of the study population at high risk for NCDs; 67% overweight and 33% diabetic. Contributing factors to NCDs include poor diet, high levels of tobacco use (43% of men smoke).

Fifty per cent of presentations to outpatient clinics are for acute respiratory infections (due to malaria and fever); and a third of children in the Solomon Islands are stunted, with 9% of these being severely stunted[7]. Malaria has decreased, consistent with use of bed nets, however it remains a leading cause of mortality and morbidity, especially among children and infants[8]. In 2013, a review of the ICPD PoA in the Pacific reported that SRH was an integral component of primary health care, that referral mechanisms and guidelines exist and that health workers had received training on the elimination of stigma, SRH, rights and HIV (UNFPA, 2013, p.25)[9].

This training included the delivery of Emergency Obstetric and Neonatal Care (EmONC) training in 2012, through UNFPA's regular resources and Australian Agency for International Development (Australian AID) and New Zealand Ministry of Foreign Affairs and Trade (NZMFAT) contributions, and those who received training included:

- 40 nurses, nurse midwives and nurse aids from the four remote areas of Malaita, which resulted in their up-skilling and an improved quality of service for women in labour;
- 22 health workers from Guadalcanal province for life saving maternal drugs; and
- Better use of stock cards, development of monitoring plans and improved management of essential life-saving drugs in Gizo for the Western Province in November, which resulted in improved EmONC.

7 Australian High Commission (2009), Committee delegation visit to the Solomon Islands.
8 WHO (2012), Health Service Delivery Profile, Solomon Islands
9 Ibid. (7 above)

An additional 40health personnel, including midwives, pharmacists, assistant pharmacists and nurses, of which 80% were women attended a 2012 Emergency Obstetric Care (EmOC) workshop in Auki, Malaita Province. Other achievements (that correspond to ICPD priorities), indicate that Solomon Islands made significant progress in the development of the Solomon Islands National Population Policy using the 2009 National Population and Housing Census data with the integration of relevant reproductive health, youth and gender equality issues[10].

1.4 Population, Social Development and Health Related Indicators

The population of Solomon Islands is expected to increase from 612,000 in 2014 to 900,000 by 2035[11]. The rising population combined with the remoteness of many of the Islands provides an on-going challenge to the Ministry of Health and Medical Services to provide universal access to sexual and reproductive health services. Like many other Pacific island maritime settings, this spread of the rural population across hundreds of widely scattered islands poses high risks for unintended pregnancies, unsafe abortions, complications during pregnancy and delivery, especially for teenage girls, as well as the transmission of sexually transmitted diseases (STIs) and HIV.

The main reason for the high population growth is the high total fertility rate (TFR) of 4.1%, with rural areas having a higher rate of 4.5% compared with the urban rate of 3.0%. The median age in Solomon Islanders is 21 years and 58% of the population are under 25 years, of which 39% are under the age of 15. Table 1 below shows some of Solomon Islands key development indicator results for 2007-2013.

Table 1: Key Development Indicators, Solomon Islands

Indicators	Measure	Year
Total health expenditure (%of GPD) - $100 per person	8	2010
Proportion of people living below the national poverty line (%)	22.7	2010
Life expectancy at birth	71	2009
Crude Birth Rate (per 100,000 population)	32.2	2009
Crude Death Rate (per 100,000 population)	6.7	2009
Life expectancy at birth	66.1 (Male) and 72.7 (Female)	2009
Urbanization	20%	2009

The leading causes of death in the Solomon Islands are shown in Table 2. It is interesting to note that a number of disease burdens that contribute to maternal and child morbidity and mortality are among the top 20 underlying causes of death in Solomon Islands. These include influenza and pneumonia, low birth weight, congenital anomalies, birth trauma, diarrhoeal diseases and malnutrition[12].

10 UNFPA (2013), UNFPA 2012 Annual Report.
11 UNFPA (2014), Population and Development Profiles: Pacific Island Countries, April, 2014.
12 MHMS Solomon Islands, (2011), Health Information System data.

Table 2: Leading underlying causes of death in Solomon Islands[13].

	Disease type	No. deaths	%
1.	Coronary Heart Disease	215	11.30
2.	Stroke	215	11.30
3.	Influenza and Pneumonia	171	8.99
4.	Malaria	152	7.99
5.	Low Birth Weight	107	5.62
6.	Tuberculosis	100	5.25
7.	Hypertension	92	4.83
8.	Lung Disease	91	4.78
9.	Diabetes Mellitus	82	4.31
10.	Kidney Disease	56	2.94
11.	Congenital Anomalies	42	2.21
12.	Other Injuries	38	2.00
13.	Endocrine Disorders	38	2.00
14.	Birth Trauma	38	2.00
15.	Diarrhoeal diseases	38	2.00
16.	Malnutrition	36	1.89
17.	Meningitis	27	1.42
18.	Road Traffic Accidents	25	1.31
19.	Anaemia	23	1.21
20.	Liver Cancer	22	1.16

Table 3 below provides a summary of mixed progress for Solomon Islands against MDGs. Where numerical progress data was not available in the SPC report that this table was adapted from[14], other data sources were sought and are referenced within the table.

Table 3: Summary of Solomon Islands progress (2013) against MDGs

MDG	Progress	Description of Progress
	MIXED PROGRESS	• Solomon Islands have a resource led growth that is not positively benefitting the poorer sector of the population with 22.7% living below the poverty line in 2010. • Inflation is high and as monetisation increases rural households struggle to rely on subsistence living. • The Employment-Population ratio in 2010 was approximately 50%[15] and the government has identified the need to promote foreign investment to create more jobs. • Nutrition linked to NCDs is a concern.

13 World Health rankings (2014), downloaded from: http://www.worldlifeexpectancy.com/country-health-profile/solomon-islands, accessed 01 April 2014.
14 Pacific Islands Forum Secretariat (2013), Pacific Regional MDG's tracking report, pg. 16.
15 Trading Economics (online), downloaded from http://www.tradingeconomics.com/solomon-islands/, accessed 04 April 2015.

MDG	Progress	Description of Progress
	MIXED PROGRESS	• Remarkable progress made after civil unrest period and has offered free education (to Form 3) since 2009, with an improvement in primary school enrolment, however more improvement needed to reach universal education primary education. • Literacy rate 76.6% (2007)
	OFF TRACK	• Significant gender disparity at secondary school levels with girls underrepresented. • Only one woman serving at national level government and six at sub-national level[16] • Domestic violence is common and widespread.
	MIXED PROGRESS	• Under 5 yr. mortality rate is 30/1000 in 2013 compared to 39 in 1990 • Infant (<1yr) mortality has decreased from 32/1000 live births in 1990 to 25/1000 in 2013 • Neonatal mortality rate/1000 is 13 /1000[17]
	MIXED PROGRESS	• Maternal Mortality Rate (MMR): 23/1,000 live births in 2009 from 49/1,000 1989, however the accuracy of the MMR data is questionable as the number of maternal deaths provides a more accurate picture, i.e. (18 maternal deaths) (2010). • Births attended by skilled health worker increased from 85.5% (2007) to 90% (2015). • Antenatal coverage: 74%. • Contraceptive Prevalence Rate (CPR): 30% since 2007. • Unmet need for family planning 11% (2007) - This may well be underreported.
	MIXED PROGRESS	• Increasing rates of STIs, low condom use and low HIV and AIDS knowledge. • 8 of 10 on ART with 2 refusing dues to stigma and discrimination. • Malaria decreased, consistent with use of bed nets. • TB decreased but still high.
	OFF TRACK	• Environmental degradation a problem due to unsustainable logging and causing siltation issues. • Access to drinking water improved: Total:81% (93% urban and 77% rural) (2012) • Sanitation use very low: Total: 29% (81% urban and 15% rural) (2012). • Increase in squatter settlements in Honiara due to urban drift from other provinces.

16 UNFPA (2014), Population and Development Profiles: Pacific Island Countries, April, 2014.
17 WHO (2014) State of World's Children 2013

1.5 Reproductive Health Indicators

As previously discussed in Section in 1.3, the MHMS has identified eight key SRH and HIV related health issues in the Solomon Islands National Health Strategic Plan (2011-2015) that reflect prioritisation of maternal, child and newborn health and HIV and STI programmes. The results against the reported MDG-reproductive health indicators are mixed but Solomon Islands have made progress in improving the status of its reproductive health indicators, specifically maternal and child mortality (MDG 4 and 5A), however progress towards achieving universal access to reproductive health (MDG 5B) that includes Contraceptive Prevalence Rate (CPR), Adolescent Birth Rate, antenatal clinic (ANC) visits and unmet need for family planning has been slow[18]:

Table 4 shows results 2000-2013 for a range of reproductive health Indicators.

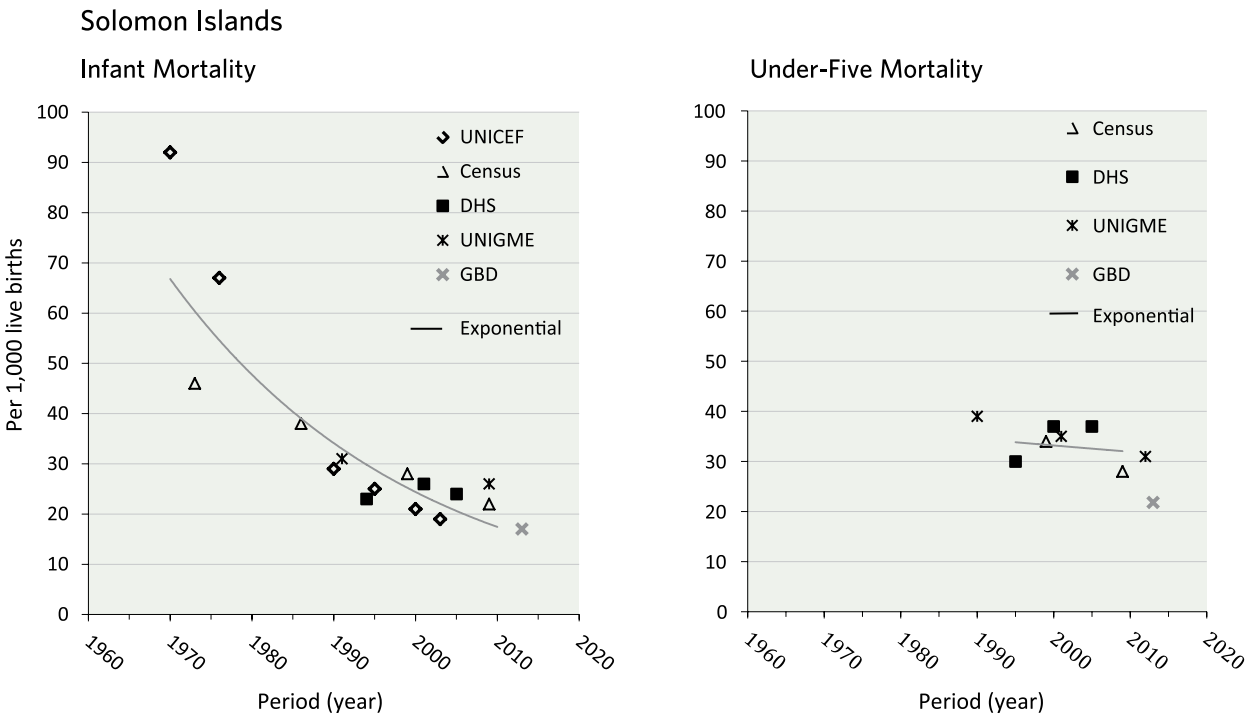
Table 4: Reproductive Health Indicators

Indicators	Measure	Year
Infant Mortality Ratio (per 1,000 live births)	26	2007
Maternal Mortality Ratio (per 100,000 live births)	120	2015
	162	2013
	195	2000
Number of maternal deaths	18	2010
Modern Contraceptive Prevalence Rate (CPR)	27%	2013
Total Fertility Rate (TFR)	4.6%	2011
Adolescent fertility rate (births per 1000 women aged 15-19)	62	2009
	71	2000
Unmet need for Family Planning	11%	2007
Antenatal visits (at least 1 visit)	74%	2014
Proportion of births attended by skilled health personnel	90%	2015
	85.5%	2007
	85%	2000

As reported by SPC (2014) and as depicted in Figure 1 below, *"trends in infant and under 5 mortality are declining, however mortality estimates seem implausibly low in relation to the economic development and availability of health services within the country, and in comparison with other countries in the region"* (SPC, pp. 57-58.)[19]

18 Mola, G. (2012), Family Planning Needs Assessment.
19 Secretariat of Pacific Communities (2014), Mortality Trends in Pacific Island States.

Figure 1: Trends in infant and under 5 mortality.



Source SPC: Mortality Trends in Pacific island states

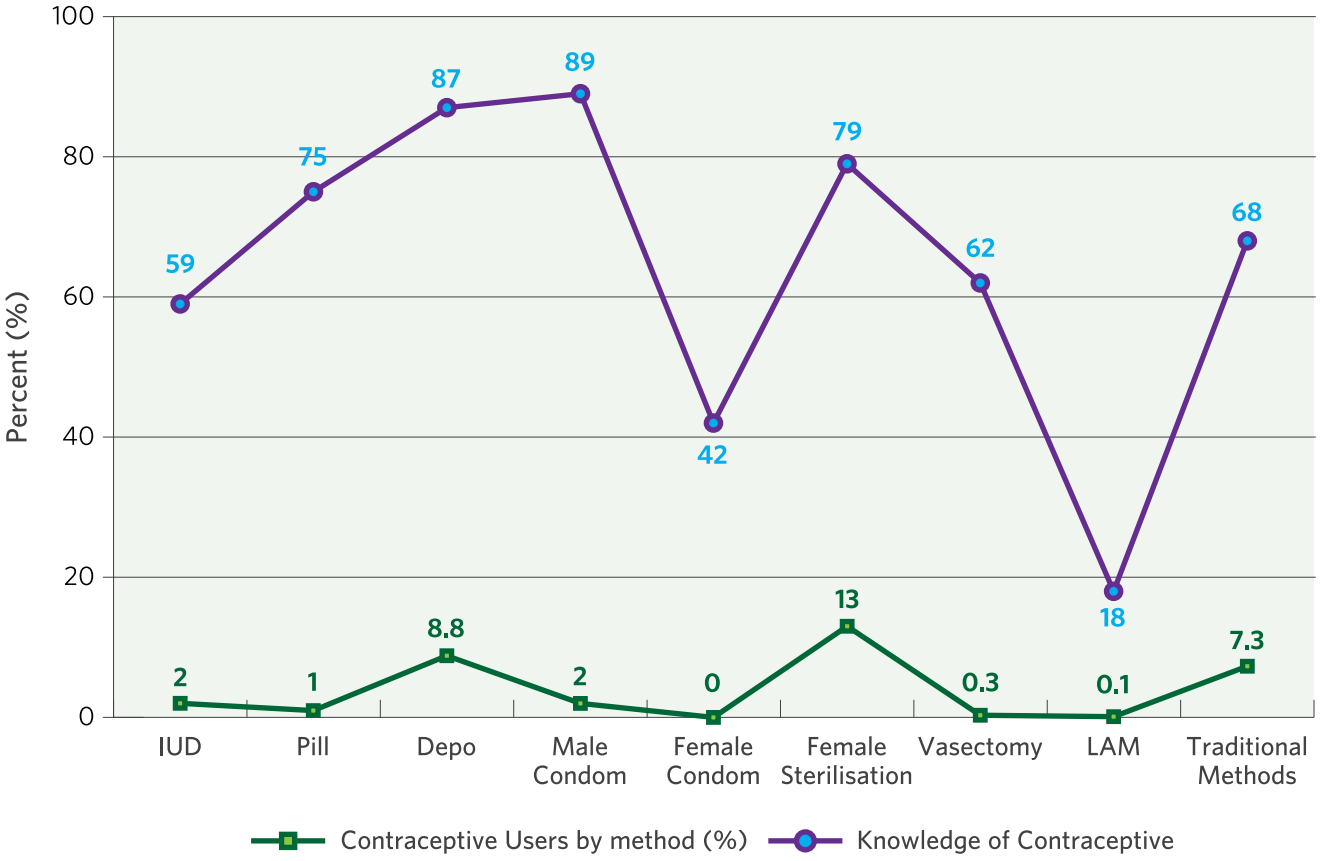
Key: SPC: Secretariat of Pacific Community, UNIGME: United Nations Interagency Group for Child Mortality Estimation, SINSO: Solomon Islands National Statistics office, WHO: World Health Organization: GBD: Global Burden of Disease Study[20].

Universal access to reproductive health is a target under MDG 5 and includes Contraceptive Prevalence Rate (CPR), Adolescent Birth Rate (ABR), antenatal clinic (ANC) visits and unmet need for family planning.

The CPR rate in Solomon Islands is low at 27% and the 2009 demographic health survey showed that there is still a fear among 40% of women about using contraceptive methods. The unmet need for family planning is 11%[21]. This is supported by data showing as much as 57% of all births are unplanned. There is also a high adolescent fertility rate of 62 births per 1000 women aged 15-19; a current total fertility rate (TFR) of 4.6. The TFR remains one of the regions highest and has not reduced much since 1999 when it was 4.8. Figure 2 shows total contraceptive use and knowledge for married women aged 15-49[22].

20 Note (SPC 2014): *"All mortality data are based on direct and indirect analytic methods from censuses or surveys-none from vital registration data. And UNIGME and GBD estimates were not included in the trend lines as they are not a primary source of data but were for comparison purposes only".*
21 National Statistics Office (SISO), SPC, Macro International: Solomon Islands 2006-2007 Demographic and Health Survey. Noumea: SPC; 2009.
22 Ibid

Figure 2: Total contraceptive use and knowledge for married women 15-49 years.



Source: Solomon Islands Demographic and Health Survey 2007

Although knowledge about the majority of contraceptive methods is good among the Solomon Islands Demographic and Health Survey 2007 participants as shown in the above figure, contraceptive use is very low, with female sterilization being the most common at 13%.

1.6 STI, HIV and treatment

Although there is a low prevalence rate of HIV across the Pacific region, there is a high incidence of sexually transmitted infections (STI's) among sexually active young people and STI's are becoming more common in young females in some PICTs.

In 2013 Solomon Islands reported prioritising HIV in national programming and reported increased access to STI and HIV programmes and the promotion of condoms to prevent HIV and STI infections, albeit, there is no evidence of sustained long term condom use in most Pacific countries, including Solomon Islands, as also evidenced by condom use in the above figure.

It was also reported that health workers received HIV training and the availability of Anti Retro Viral (ART) treatment for people living with HIV. Solomon Islands was also addressing the IDPD Plan of Action (PoA) issue of "eliminating mother-to-child transmission of HIV and treatment for improving the life expectancy of HIV mothers" (UNFPA 2013, pp.27-28)[23].

23 UNFPA (2013), Pacific Regional ICDP Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014.

1.7 Integration of SRHS and HIV

There has been a gradual move towards the integration of SRH and HIV programmes across Pacific Island countries. In 2008, in order to meet targets for *Universal Access to RH Services and Commodities* for MDGs 5A and 5B, the Pacific Ministers for Health Meeting in Nadi, Fiji through their Pacific Policy Framework (UNFPA, 2008), noted that 'sexual and reproductive health, including FP, RHCS and HIV, should be incorporated into national and sub-national development plans'[24]. The impetus to integrate SRHS and HIV include the need to improve access to a range of these services for both men and women[25].

Apart from the cost saving and sharing aspect of integration, there is a need to integrate SRH and HIV service coverage, as behaviours that prevent HIV transmission, also prevent sexually transmitted infections and unintended pregnancies; and many HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding[26].

1.8 Gender Based Violence

A domestic violence survey in 1995 and a subsequent one in 2004 found that domestic violence against women in the home is widespread in Solomon Islands and the most common causes were: "alcohol, jealousy, adultery, money problems, no prepared meals, gossip and poor communication"[27].

Similarly, a 2008-2009 UNICEF survey conducted in Honiara, Western, Choiseul, and Malaita Provinces found 38 sexually active young women and men aged 15-24 had been forced to have sex. 56 (12.4 %) of the 604 sample group reported having commercial sex and 44 (10.7%) reported having transactional sex[28].

As gender based violence (GBV) is prevalent across many Pacific Island countries, governments and health systems have worked to integrate GBV prevention and response programmes and training for health workers into their policy agenda and Solomon Islands has reported highlighting the issue as a priority. However, unlike many other Pacific Islands, Solomon Islands did not report (for this study), that gender based violence training was provided for health workers nor did adolescent health programmes integrate GBV, sexual violence and intimate partner violence prevention and outreach strategies (UNFPA, 2013, p. 28)[29].

24 UNFPA (2009), Pacific Ministers of Health Meeting (2008), Achieving universal access to reproductive health services & commodities: the Pacific policy framework: Pacific Ministers of Health Meeting, November 5-7, 2008 Nadi, Fiji. – UNFPA, Suva, Fiji.
25 Maharaj, P and Cleland, J. (2005), Integration of sexual and reproductive health services in KwaZulu-Natal, South Africa, Oxford University Press & the London School of Hygiene and Tropical Medicine. doi:10.1093/heapol/czi038
26 Warren, C.E., Mayhew, S.H., Vassall, A., Kimani, J. K., Church, K., Dayo Obure, C., Friend du-Preez,N., Abuya, T., Mutemwa, R., Colombini, M., Birdthistle, I., Askew, I and Watts, C., Study protocol for the Integra Initiative to assess the benefits and costs of integrating sexual and reproductive health and HIV services in Kenya and Swaziland, BMC Public Health 2012, 12:973 http://www.biomedcentral.com/1471-2458/12/973
27 UNFPA (2006), Adolescent Sexual and Reproductive Health Situational Analysis for Solomon Islands.
28 UNICEF (2010), Bad sickness, rubbish sicki, HIV and AIDS Risk and vulnerability among Solomon Islands Youth, UNICEF Pacific and Government of Solomon Islands
29 UNFPA (2013), Pacific Regional ICDP Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014.

1.9 Summary of Sexual and Reproductive Health Status in Solomon Islands

Apart from a national SRH Policy, Solomon Islands have in place a national framework of strategies to address sexual and reproductive health and related social development issues; and through its ratification of a number of international conventions and treaties, has highlighted the need for a rights based approach to sexual and reproductive health, which when introduced widely into local practice culture, will guide health planners and health workers to provide a more rights based sexual and reproductive health service to Solomon Islanders.

Solomon Islands appears to have made some progress in achieving MDGs 4 and 5. The under 5 yr. mortality rate has decreased to 30/1000 in 2013 compared to 39 in 1990 and the infant (<1yr) mortality rate has decreased to 25/1000 in 2013 from 32/1000 live births in 1990 and the neonatal mortality rate/1000 is 13 /1000.

The Maternal Mortality Rate (MMR) has also decreased from 49/1,000 1989 to 23/1,000 live births in 2009, however the accuracy of the MMR data is debatable as the number of maternal deaths provides a more accurate picture, i.e. (18 maternal deaths in 2010), so there is perhaps a need to establish realistic targets and measure performance in a way that is appropriate for Solomon Islands.

Further progress to meet universal access to reproductive health services is needed to increase the number of births attended by skilled health workers which was reported to be 85.5% (2007), antenatal coverage at 74% needs to improve and the Contraceptive Prevalence Rate (CPR), 30% since 2007 also needs to increase, as does the unmet need for family planning 11% (2007).

Other intractable disparities remain and these include the need to further identify and address the underlying factors that contribute to:

- Not all pregnant women attending ANC in 1st trimester of pregnancy;
- Teenage pregnancies;
- High incidence of STI's;
- Lack of empowerment of women at all levels of society; and
- Domestic and gender based violence.

2. PURPOSE AND METHODOLOGY

The purpose of this needs assessment is to establish the level to which the SRP rights and needs of the population of Solomon Islands have been met and to assess what needs have not been met. This report provides an overview of the existing available sexual and reproductive health services in Solomon Islands, identifies the gaps, issues and challenges that exist and provides recommendations to improve rights based sexual and reproductive health services in Solomon Islands.

The timing of this needs assessment is aligned with the conclusion of the International Conference on Population and Development (ICPD) in 2014, the conclusion of the Millennium Development Goals(MDGs) in 2015 and the design of the Sustainable Development Goals (SDGs) in continuation of the MDGs.

2.1 Desk Review

A thorough desk review was undertaken in April 2015 by a UNFPA Consultant to determine the existence and use of relevant SRH indicators, policies, plans and laws and to assess Solomon Islands commitment to a rights based approach to sexual and reproductive health services and their delivery across Solomon Islands.

The desk review explored relevant and available 2000-2014 literature on reproductive health status, service delivery and utilisation and the extent to which services are meeting the needs of the Solomon Islanders. National census and demographic information was analysed and findings collated against a range of regional technical reports and reviews.

2.2 Consultative Needs Assessment

The consultative needs assessment was conducted in Solomon Islands by Fiji National University (contracted by UNFPA), with a cross section of senior personnel from a range of Solomon Islands based NGOs, including Christian Care Centre, World Vision, Solomon Islands Red Cross, Solomon Islands Planned Parenthood Association (SIPPA) and the Adventist Development and Relief Agency (ADRA). The MHMS Sexual and Reproductive Health Coordinator (1990-2012), a retired nurse who currently works as an independent consultant was also interviewed, as was a representative from the National Council for Women. The Assessment Tool used was provided by UNFPA (refer to **Appendix 2**).

2.3 Analysis and Limitations

2.3.1 Analysis:

Section 3 of this report provides the summary and analysis of data collected through the needs assessment and the desk review. Information is presented in the order established by UNFPA's Pacific Sub Regional Office, within the Need Assessment Tools for Sexual Reproductive Health and Rights, and HIV (Refer to Appendix 2). Data, discussion and summary tables are presented in the following subsections:

Policy: HIV and STI strategies and policies; gaps and factors which prevent or enable service integration; clinical protocols and service guidelines; stakeholder participation; legislative and legal frameworks which enable/inhibit service development/delivery.

System: Development partners, funding and coordination mechanisms; civil society and stakeholder engagement; planning and management of programmes; human resourcing; capacity development processes and needs; reproductive health commodities; laboratory and programme support services; data management, monitoring and reporting.

Service Delivery: The availability of essential SRH and HIV services; current status of service integration; prevention and management of abortion; response to gender-based violence and sexual assault; peer education, outreach services, Youth Friendly Health Services (YFHS) and condom programming.

2.3.2 Limitations:

Although there are numerous best practice guidelines available to assist national reproductive health programmes to conduct SRH needs assessments[30], they require effective planning and collaborative and consultative setting of timeframes for data collection exercises. For the Solomon Islands SRHR Needs Assessment, the key issue was the unavailability of key informants during the data collection exercise.

Another limitation of this assessment is that data collected from the needs assessment is from NGOs and one retired nurse only. No interviews were conducted with current Solomon Islands MHMS personnel or from service users. This would have helped to determine, from two other perspectives, if and how their SRHR are met or neglected. Future assessment should consider a combination of senior health planners, implementers and users.

To this end, the finding of this assessment cannot be considered as fully comprehensive, as the information collected from the sample does not reflect all SRHR programmes in the country. This would have been achieved only by visiting all health facilities and by interviewing MHMS planners, managers and reproductive health services implementers.

30 UNFPA, 2010; *A Guide to Tools for Assessments in SRH*; www.unfpa.org/webdav/.../publications/2010/srh_guide/index.html; accessed 18th November 2014.

Finally, due to an imminent deadline for submission of this report, the desk review and report compilation was done in a very short timeframe, so the literature review may not be as comprehensive as it could be if additional time were available, albeit every effort was made to research the subject at hand and to provide recent and relevant references.

3. FINDINGS

The findings of the SRPR needs assessment and desk review are reported in this section. In the course of analysing the data, a number of service gaps and barriers and challenges to service delivery were noted. These may impact the delivery of a comprehensive and best practice rights based sexual and reproductive health and family planning service in the Solomon Islands, therefore where appropriate, recommendations have been made (in section 4 of this report) to address these perceived gaps.

3.1 Policy

The results of the policy component, Section A of the SRHS needs assessment tool are reported in this section and they cover three specific areas of policy, namely: system to support SRHR, availability of a SRH policy and guidelines and protocols that support the SRH programme.

3.1.1 Availability of the Policy

There is no current Reproductive Health Policy in Solomon Islands. There is a SRH Plan *(Solomon Islands Reproductive Health Strategy Implementation Plan 2014-2016)*, however only a draft document was sighted for this assessment. The plan includes: i) family planning, ii) maternal and newborn health, iii) preventing unsafe abortion, iv) preventing sexually transmitted infections including HIV and v) sexual health. There is also a *Solomon Islands National HIV Policy and Multisectoral Strategic Plan 2005-2010.*

The extent of the availability of the plan at health facility level is unknown as a facility level assessment was not included in this assessment.

Other related national policies include:

- National Medicines Policy;
- National Population Policy;
- Youth and Health Policy;
- Gender Equality and Women's Development 2010-2015; and
- Eliminating Violence against Women.

3.1.2 System to support SRHR

Solomon Islands is ranked 157th out of 187 countries on the 2014 UN Human Development Index. Its GDP per capita is one of the lowest in the region at US$2000 per capita. Solomon Islands remain one of the most aid dependent countries in the world and trails behind other Pacific countries on most development indicators[31]. Solomon Islands is a signatory to the International Health Regulations and *The Health Services Act* is the key national health related piece of legislation.

31 DFAT (2015), Overview of Australia's aid program to Solomon Islands, downloaded from: http://www.dfat.gov.au/geo/solomon-islands/development-assistance/Pages/development-assistance-in-solomon-islands.aspx, 25 April 2015

The National Mission for Solomon Islands as per The Solomon Islands National Development Strategy 2011-2020 is to:

- Create a modern, united and vibrant Solomon Islands, that is founded on mutual respect, trust and peaceful co-existence, in a diverse yet secure and prosperous community where tolerance and gender equality are encouraged and natural resources are sustainably managed; and
- Enable all Solomon Islanders to achieve a better quality of life and standard of living for themselves and their families through constructive partnership for social, economic, political and spiritual development.

The Plan also specifies the need to improve the health, nutrition, morbidity and mortality status of the population through:

- Improved primary health care;
- Focus on child survival and health;
- Improved women's health and safe motherhood;
- Effective implementation of policies on STI, HIV, and AIDS;
- Strengthened support for those with disabilities;
- Improved nutrition; and
- Improve reproductive health, sexual health and family planning services through counselling and improved uptake of contraceptive methods by women, men and young people.

The *Solomon Islands National Health Strategic Plan (2011-2015)* specifies six key SRH and HIV issues to be addressed and they are:

- Improve the promotion of breastfeeding;
- Improve infant and mothers dietary supplementation;
- Improve reproductive health including expanding family planning and other services, particularly for adolescents;
- Expand and improve the provision of domestic violence prevention and enforcement and child protection; and
- Improve HIV/AIDS prevention by building capacities at the national and provincial level to train staff on guidelines for services that support the national HIV and AIDS response.

The five tier structure of the public health service delivery system is well placed to support SRH, however a more coordinated approach including a robust system of national and provincial level collaboration and communication to ensure program implementation at provincial and district levels is needed. This should be led by the MHMS, however the need to strengthen many enabling factors of a functional health system are required. These include sufficient and adequately trained staff, the availability of the appropriate amount and type of medical instruments, consumables and pharmaceuticals, reliable logistics and transportation systems and suitable and well maintained infrastructure.

3.1.3 Guidelines and protocols

Solomon Island SRH and STI and HIV guidelines and protocols include:

- Evidence Based Guidelines in Family Planning (for health personnel)-2005; and
- Prevention of Parent to Child transmission of HIV Policy-2012.

There is a need to update the 2005 FP guidelines and as there is currently no RH policy, it is timely to integrate SRH, FP and HIV into one national policy, whilst also considering the inclusion of a human rights based focus to meet the commitment to universal access to these services.

3.2 System

This section provides the results of Section B of the needs assessment and covers partnerships, planning, management and administration, staffing, human resources and capacity development, logistics and supplies, laboratory support, monitoring and evaluation and the health information system.

3.2.1 Partnerships

The government of the Solomon Islands receives significant funding and technical support from development partners and key development partners include: UNFPA, UNICEF, UNAIDS, WHO, SPC, Australian Agency for International Development (AusAID), the Global Fund to fight AIDS, TB and Malaria (GFATM) and the International Red Cross.

Key in-country partners include Solomon Islands Red Cross, Solomon Islands Planned Parenthood Association (SIPPA), Christian Care Centre, World Vision and Adventist Development and Relief Agency (ADRA) and The National Council for Women.

As gleaned from interviews with the above partner agencies, there is little evidence of functional engagement between the MHMS and these key stakeholders. A common theme that emerged from all interviews was a reluctance of MHMS to engage with their organizations. It was thought that this reluctance may be based on the MHMS rationalization of services, in light of recent hype about the possibility of decreased aid budgets post 2014.

Services provided by the four NGOs varied and although they were all involved in providing aspects of health services, the most relevant to SRH is the work undertaken by SIPPA, who provide family planning and related services through clinics, community-based distribution (CBD) and integrated health activities. SIPPA is supported by the government which provides funding for seminars and educational materials, laboratory services and for the transport and delivery of medical drugs and consumables[32].

SIPPA has partnered with the Ministry of Health to deliver a 5-year Population Education and Youth Family Life Campaign, designed to raise awareness of sexual and reproductive health (SRH) issues, and to increase knowledge of family planning options. SIPPA trains educators in how to inform a variety of target groups about SRH and family planning.

32 Solomon Islands Planned parenthood Association, downloaded from: http://www.ippf.org/our-work/where-we-work/east-and-south-east-asia-and-oceania/solomon-islands, accessed 01 April 2015.

The distribution of contraceptives, especially condoms is a significant component in SIPPA's work. It operates 71 distinct service points, with 5 permanent clinics, 3 mobile units and 60 community-based distributors (CBDs) operating across the provinces of Malaita, Western Choiseul, Central Islands, Makira, Rennel, and Bellona. In 2011, SIPPA delivered nearly 68,000 condoms, 129,000 sexual and reproductive health services, and an additional 65,000 HIV-related services[33].

Services provided by the three other NGOs interviewed are described below:

ADRA: Youth and Livelihood Programme (DFAT funded), Adult Literacy and Numeracy and Water and Sanitation and Hygiene (WASH) programmes;

World Vision: Child Protection, Community Economic Development and community based Maternal, Newborn and Child Health Nutrition programmes;

Red Cross: Disaster Preparedness and Response programmes;

Christian Care Centre: Provide services for victims of domestic violence, mainly women and children including:

- Accommodation (safe house for women and children abused for sexual violence);
- Medication, the CCC has a small dispensary in the building. They also have an in house nurse who assists the occupants of the centre with malaria and sugar tests but not HIV tests;
- Food, clothing and basic needs;
- Provide money to send the victims home should they wish to go;
- Counselling for GBV, trauma healing, spiritual healing, and spiritual advice;
- Awareness on issues to do with violence (public awareness) media awareness, using of puppets to target children on good touching and bad touching, posters, drama;
- Establish programmes to include men against violence; and
- Accompany victims to the court house, just as support for the victims to boost their confidence.

A representative from the Solomon Islands **National Council for Women** was also interviewed and explained that the Council's mandate is to influence government policy on all issues related to women, including health.

3.2.2 Planning, Management and Administration

The MHMS's SRH and HIV programmes operate independently of each other with separate planning, management and administrative structures, however as per the MHMS strategic plan, there are plans (on paper) to integrate SRH and HIV programmes.

There is no evidence of regular supervision and support for health workers in provincial or area health facilities, either from national or provincial level supervisors. Although there are a number of RH guidelines and plans developed by MHMS, as health facility visits were not a component of this assessment, it is not known if these are operationalized at local health facility levels. A recent *UNFPA Assessment of Family planning and Reproductive Health Commodities* suggest they are not[34].

33 Ibid
34 UNFPA (2014) Family Planning and Reproductive Health Commodities Needs Assessment).

3.2.3 Staffing, Human Resources and Capacity Development

Solomon Islands has a high turnover and critical shortage of health workers with only 0.21 doctors, 1.7 nurses, and 0.26 midwives per 1,000 population. Twenty four percent of the entire workforce is based at the National Referral Hospital including 73% of doctors and 33% of nurses. Since 2009, Solomon Islands has a reciprocal programme of exchange with Cuba, where Cuban doctors work in Solomon Islands and Solomon Islanders study medicine in Cuba[35].

3.2.4 Logistics/Supplies

In 2008 Solomon Islands spent 11% of its total health budget on essential medicines and equipment. There is a National Medicines Policy and Essential Medicines List in place and the National Drug and Therapeutics Committee monitors the regulation of medicines in the country. All medical drugs and consumables are imported and the National Medical Store distributes medicines to a network of 34 'Vaccine Distribution Centres' at provincial hospitals and area health clinics, that are then responsible for distribution to health facilities in the respective catchment areas[36].

A detailed Family Planning and Reproductive Health Commodity Assessment undertaken in 2014 determined that there are national reproductive health commodities procurement systems in place; however regular supply is unreliable, largely due to infrequent and unreliable air and sea modes of transport[37].

WHO recommends the availability of seven lifesaving medicines for facilities that provide essential obstetric care including[38]:

- Oxytocin injection for maternal health prevents and treats Postpartum Haemorrhage (PPH);
- Misoprostol tablets also for PPH;
- Magnesium Sulphate (MgSO4) injection to prevent pre-eclampsia and treats eclampsia;
- Antibiotics:
  - Gentamicin injection to prevent maternal sepsis;
  - Metronidazole injection to prevent maternal sepsis; and
  - Crystalline Penicillin injection to prevent maternal sepsis;
- Ante-natal Corticosteroids to prevent pre-term respiratory distress syndrome in new born babies;
- Chlorhexidine to prevent umbilical cord infections; and,
- Resuscitation devices to treat newborn asphyxia.

This assessment did not include visits to health facilities so the extent to which these essential medicines are available is unknown.

35 WHO (2012), Health Service Delivery Profile Solomon Islands 2012.
36 Ibid
37 UNFPA (2014), Family Planning and Reproductive Health Commodity Assessment (DRAFT); Solomon Islands Ministry of Health and UNFPA
38 PATH (2013), Scaling up Lifesaving Commodities for Women, Children, and Newborns – An advocacy Toolkit, Washington DC, USA.p6.

3.2.5 Laboratory Support

Laboratory services are provided at the Central Referral Hospital, provincial hospitals and minor pathology services are provided at area health centres. In 2009 a number of tests were sent to Australia for processing as Solomon Islands does not have the infrastructure, equipment and/or suitably trained personnel to provide comprehensive laboratory services[39].

3.2.6 Monitoring and Evaluation

There is little evidence of a robust M&E system within the MHMS, however the National Health Information System via the provincial health offices collects service data for a range of services including RH statistics, which could be used to monitor RH service delivery. Many donor agencies also stipulate the need to collect data for a number of performance indicators and these donors, including UNFPA, UNICEF, WHO and SPC regularly evaluate specific systems of care they have funded.

3.2.7 Health Information System

The National Health Information System (NHIS) cuts across all health programmes including RH and officers in charge of health facilities complete a monthly report which is fed up to the NHIS. Anecdotal evidence suggests that there are many gaps in the data provide, therefore the quality of the information and the timeliness of submission of reports from area to provincial, and from provincial to the National Statistics Office is inconsistent. In addition, data interpretation, reporting and use at national and provincial health levels for planning purposes is unclear.

3.3 Service Delivery

3.3.1 Family Planning Services

In 2014, the Solomon Islands National AIDS Council reported that family planning services are provided at provincial hospitals (7), area health centres (38) and rural health clinics (102)[40]. The range and quality of these services may vary from facility to facility, however as facility level interviews were not conducted during this assessment; this cannot be commented on here.

3.3.2 Antenatal care

All health facilities in Solomon Islands provide some antenatal screening services, although the range of services varies by level of facility. Tests for pregnant women at all levels of ANC facilities in the country include measurement of height, weight, blood pressure, gestational diabetes and assessment of gestational age. Testing of haemoglobin for anaemia and syphilis are only offered at the 8 provincial hospitals, as these have the laboratory facilities to provide testing services. HIV testing, and counselling services for pregnant women, was provided in only 5 of the 9 provinces[41].

39 Australian High Commission (2009), Committee delegation visit to the Solomon Islands.
40 WHO (2012), Health Service Delivery Profile, Solomon Islands.
41 ibid

3.3.3 Prevention of unsafe abortion and management of post-abortion care

Except for medical reasons, abortion is illegal in Solomon Islands and SIPPA reports that there is a demand, especially among teenage girls. SIPPA provides counselling for women seeking abortion and refers them to the appropriate doctor/clinic for medical or antenatal care.

3.3.4 Prevention of Mother to Child transmission of HIV

The Solomon Islands Prevention of Parent to Child Transmission Policy was developed in 2010 by a PPTCT Technical Working Group. The current draft of the Policy does not incorporate the WHO PMTCT ARV guidelines (2010), which had not been released at the time of drafting the PPTCT (HIV) Policy[42].

The MHMS promotes child survival through the integration of Prevention of Parent to Child transmission (PPTCT) of HIV into antenatal care, reproductive health and HIV and STI prevention, care, treatment and support services for women, men and children.

In 2013, PPTCT services were available to pregnant women in 7 antenatal care facilities throughout Solomon Islands; at 2 clinics in Honiara, 1 in Guadalcanal province, 1 in Malaita, 2 in Western Province, and 1 in Temotu. Also in 2013, HIV testing was not available in Makira, Central and Isabel Provinces[43].

3.3.5 Prevalence and management of STIs

Solomon Islands experiences high STI prevalence however data on STI's is very limited and collected through passive surveillance. Since 2003, the rates of STI syndromes in Solomon Islands have steadily been increasing. Outside of the provincial hospitals, STIs are diagnosed and managed syndromically due to the unavailability of laboratory capacity at the primary health care level.

Until 2011, people presenting with symptoms of STIs were assessed and provided with STI packs, which consisted of Doxycycline and Ciprofloxacin, however after an STI case management protocol was implemented in 2011 drug management changed to Azithromycin and Cefixime. The National Referral Hospital and provincial hospitals use etiological management to diagnose STI's in combination with rapid diagnostic testing for syphilis.

Equipment required for chlamydia detection is based at the National Referral Hospital, however, the equipment was contaminated in 2013 and chlamydia testing was unable to be performed. The table below shows the percentage of HIV and Syphilis testing desegregated by sex and year[44].

Table 5: Syphilis testing in pregnant women in 2013[45]

Year	Number of ANC visits	Number of ANC attendees tested for Syphilis	Number of new cases among pregnant women	Percentage of new cases among pregnant women
2013	14, 460	5586	767	39%

42 Ibid
43 MHMS (2012), Solomon Islands Policy on Prevention of Parent to Child transmission of HIV (PPTCT) of HIV
44 Solomon Islands National AIDS Council, (2014) Solomon Islands Global AIDS Response Progress Report: Reporting Period Jan-Dec 2013
45 Ibid

3.3.6 HIV and SRH integration

There is integration of some SRH and HIV services at antenatal care clinic levels, however the availability and quality of the services vary depending on staff skill sets and currency of their training. The MHMS has plans to develop an integrated policy and strategy for SRH and HIV. Strategies to support the integration of the SRH and HIV programmes will include the need for better collaboration between government and non-government agencies.

3.3.7 Peer Education Programmes

There is no widespread system of peer education or educators in Solomon Islands, although SIPPA does have a peer education programme and selected schools have *Family Life Education* programmes. Once the national RH Programme is strengthened and front line workers have a clear policy to guide practises, they will be better equipped to engage with communities and NGO's to develop and support peer education programmes.

3.3.8 YFHS and condom programming

Condoms are widely available in Solomon Islands, but as this assessment did not include health facility visits, the extent of their availability at public health facilities was not assessed. As previously discussed, SIPPA provide youth friendly health services including the provision of condoms through their clinics and information about condom use through their HIV awareness programmes.

3.3.9 Community Outreach

Front line health workers have limited capacity, especially in rural settings to engage in community outreach programmes, as this requires them to leave their rural health clinics or nursing aid posts unattended. As discussed in 3.3.7, once the national RH Programme is strengthened and front line workers have a clear policy to guide practises, they will be better equipped to engage with communities and NGO's to deliver community outreach programmes.

3.3.10 Gender based violence (GBV) prevention and management

Although through a number of international treaties and conventions and a national policy on *Eliminating Violence against Women*, the Solomon Islands has committed to ending gender based violence, however domestic and gender based violence is still widespread.

As previously discussed in 3.2.1, the Christian Care Centre provides a comprehensive GBV prevention and management programme and if required, refers clients to a health facility for treatment. The *Commonwealth Plan of Action for Youth Empowerment* promotes the provision of training for young people in gender sensitization, however it is not known how many youth have been trained. Building a critical mass of young people who are not only knowledgeable about gender equality issues, but practise gender equality in daily life is vital to 'break the chain of violence' in Solomon Islands.

4. CONCLUSION AND RECOMMENDATIONS

Solomon Islands is committed to protecting the human rights of all Solomon Islanders including the most vulnerable; women, children and young people, through its Constitution, its membership of the United Nations, by ratifying international conventions and treaties and through the development of gender and rights-based national and sectoral policies.

Similar to the challenges that face many Pacific Island countries and territories like geographical isolation, economic, cultural and fiscal constraints provide barriers to the development agenda and the effective and timely implementation of a range of services including sexual and reproductive health services.

Within the health system, major challenges to improved SRH and to the delivery of services which meet basic SRHR exist and include: under-staffing, outdated policies and guidelines, inadequate health infrastructure, poor reporting systems and the fiscal and geographical challenges of preventing stock outs of essential drugs and medical consumables in all health facilities, especially the outer islands.

Many of these challenges can be addressed through further strengthening national leadership from within the Ministry of Health and through informed, consultative and collaborative planning and programme implementation. Strategic priorities must be established based on available evidence and through consultation with key affected populations and other stakeholders to ensure supply meets demand.

The need for a more coordinated approach to public private partnerships with strong leadership, effective strategic planning will also help to identify service and demand gaps and will also maximize the use of minimal resources to avoid rework and wastage of resources.

There is also a need to continue to work to strengthen legislation, policy and political and social commitment to gender equality and equity at all levels must be established to strengthen SRHR. While this is within the domain of the Ministry of Health and Medical Services to lead the SRHR agenda, gender equality and equity is a multi-sectoral responsibility, and must be more adequately addressed throughout all government ministries.

On a final note, it is important for all SRHR advocates and stakeholders both in Solomon Islands and the region, to rigorously and consultatively identify gender and other social determinants of health within each local context and integrate findings into SRH programme designs, in an effort to address the impact of activities on women, girls, boys, and men, with the ultimate goal of promoting equal access to health care for all.

SUMMARY OF RECOMMENDATIONS

Policy Recommendations

- Finalize the *National Sexual and Reproductive Health Policy for Solomon Islands* and work collaboratively with key stakeholders to integrate HIV and a rights based agenda into the policy; and once endorsed, disseminate it widely, train health workers about its content and work to ensure it is embedded into local practice culture.
- Strengthen the role of the Solomon Islands Reproductive Health Committee as the vehicle for better collaboration among SRH service agencies and integrate a SRH M&E function into their role.

System Recommendations

- Consistent with the development of the *Sexual and Reproductive Health Policy*, review SRH curriculum and individual training packages so as to maximize training opportunities for health workers; and also to ensure a standardized approach to providing current best practice SRH, and HIV information is provided in Solomon Islands.
- Establish realistic and achievable national SRHR targets, and systems of data collection and reporting at the service-delivery, provincial and national levels which can be easily used and collated.
- Establish realistic and achievable national maternal mortality targets, using actual number of deaths (not MMR) to monitor and report progress.
- Review the SRH reporting requirements to the national Health Information System and develop a simple system of reporting that will allow key elements of the *Sexual and Reproductive Health Policy* to be monitored for progress and evaluated intermittently.
- The development and roll out of the Sexual and Reproductive Health Policy is an opportunity to advocate for the need to strengthen coordination and linkages between SRH and HIV and also to educate health workers about the rights based approach to these services.

Services Recommendations

- Increase women's availability to SRH information and counselling.
- Research the underlying factors associated with the unmet need for family planning and contraceptive services and devise and implement social behavioural change and marketing strategies to address these factors.
- Assess the quality of Emergency Obstetric Care (EmOC) programmes, especially in the outer islands.
- Work to build a critical mass of young people who are not only knowledgeable about gender equality issues, but practise gender equality in daily life and train them to be peer educators and champions of change.

Other considerations may include the need to further identify and address the underlying factors that contribute to:

- Poor level of SRH service delivery in and to the outer islands;
- Teenage pregnancies; and
- High incidence of STI's and poor self-referrals for treatment.

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APPENDIX 2: NEED ASSESSMENT TOOLS FOR SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AND HIV

Need Assessment Tools for Sexual Reproductive Health and Rights and HIV

Purpose

The needs assessment tools cover a broad range of linkages and issues including policy, systems and services.

Assessment Components	Key areas of assessment
1. Policy	- Political Positions--National Policies/Guidelines - Funding/Budgetary Support - Policy: Leadership (Champions)/Political Will
2. System	- Partnerships - Planning, Management and Administration - Staffing, Human Resources and Capacity Development - Logistics/Supplies - Laboratory Support - Monitoring and Evaluation - Health information system
3. Service delivery	- HIV integrated into SRH - Overall Perspective on Linkages in SRH and HIV Services - Peer education programme - Community engagement/outreach/youth leadership and engagement - Family planning services - YFHS and - Condom programming - VAW survivor services and support
4. Humanitarian	- Availability of the policy - System to support SRHR - Guideline and protocol

Source: Draft tools provided by UNFPA, Pacific Sub-Regional Office.

Methodology

- Stakeholder consultation
- Conduct desk review
- Conduct interviews: formal, informal, or group discussion
- Data collection/information

Target Audiences

1. Policy: Coordinator, Programme managers, director for health services
2. System: Coordinator, Programme managers
3. Service delivery: target for any type of health care workers working at the clinical level, youth and communities (clients)

Measurable:

Components	Information collection
Service Availability: look at the physical presence of services	• Facility density • health worker density • service utilization
Service readiness: Look at Capacity to deliver services	• Basic amenities • equipment & supplies • diagnostics • essential medicines & commodities • Human resource Capacity: capacity at facility level, Training need (RH, FP), and training curriculum
Specific service readiness areas	Family planning, Antenatal care, Neonatal care Obstetric care and child health (curative, immunization) HIV, PPTCT, TB, Malaria, YFHS and Chronic Diseases, VAW
EmOC indicators	Availability and distribution of facilities fully functioning at EmONC levels: • Institutional delivery rate • Met need • Population-based caesarean rate • Direct obstetric case fatality rate • Intrapartum stillbirth and early neonatal death rate • % maternal deaths due to indirect causes

Guidance documents:

- SARA and EMONC
- A Guide to Tools for Assessments in Sexual and Reproductive Health
- Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages, A Generic Guide
- Responding to Intimate Partner Violence and Sexual Violence against Women, WHO clinical and policy guidelines

Assessment Questionnaire

A. Policy

SECTION 1: Political Positions National Policies/Guidelines				
			Comments	**Source of information**
1. Is there a national HIV strategy/policy	Yes ☐	No ☐	Add column for countries	
2. What is the title of strategy and timeframe				
3. Is there a national SRH strategy/policy?	Yes ☐	No ☐		
4. Probe question for Q5 Does the country also have an evidence based National Health Sector policy that Incorporates RH and HIV? *(For SRHR Results matrix indicator 3.2a)*				
5. What is the title of strategy and timeframe				
6. Are there any direct policy relevance to linkages between SRH and HIV in the country?	Yes ☐	No ☐		
7. Does SRH policy include HIV prevention, treatment, care and support issues? (VCCT-FP, BCC on HIV-SRH)				
8. Has SRH policy been made a priority in term of – Funding, legislation, or health sector strategy				
9. Probe question for Q10 - Does the country have a protocol for family planning services in place? - Which stakeholders are responsible for carrying out the protocol? List. - Are the procedures in line with human rights standards? - Are the procedures for delivering FP services free from discrimination, coercion and violence? *(For SRHR Results framework indicator 1.4a)*				

10. List any service protocols, policy guidelines, manuals, etc., that are specifically geared towards increasing SRH and HIV link				
11. Is there a participatory platform that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes? Y/N. If so, describe. *(For SP/MCP5 Output 3.1 Indicator 4)*				
12. Determine whether there is a legislative framework to supports (or does not support) the implementation of SRH and HIV linkages.				
13. What are the laws affecting key groups (SWs, IDUs, MSM, other) and what is their impact?				
SECTION 2: Funding/Budgetary Support				
14. What are the main of funding source for SRH and HIV If possible, give a break down				
15. Are there specific cases of donors putting restrictions on HIV programmes regarding SRH components or vice versa				
16. Within the budgets for specific SRH services, what is the proportion allocated to HIV prevention and care?				

B. System

SECTION 1: Partnership				
			Comments	**Source of information**
1. Who are the major development partners for SRH?				
2. Who are the major development partners for HIV?				
3. If any, who are the major champions supporting (policy, financial and/or technical) SRH and HIV linkages?				

4. Is there any multi-sectoral technical group working on linkages issues?	Yes ☐	No ☐		
5. What is the role of civil society in SRH programming e.g. Advocacy, planning, implementation, and monitoring				
6. Are the following elements of civil society involved in the SRH and/or HIV responses? PLHIV, Young people, key populations,				
SECTION 2: Planning, Management and Administration				
7. Probe question for Q8 What programmes (national/donor funded) are in place to prevent STI's and HIV among young people? List. *(For SP/MCP5 output 3.1 indicator 3)*	Yes ☐	No ☐		
8. Is there a joint planning of HIV and SRH programmes?				
9. To what extent have SRH services integrated HIV and have HIV services integrated SRH				
10. Probe question for Q11 - Are there any CSOs supporting the institutionalization of programmes to engagement and boys on gender equality 9including GBV), SRH and RR? If so describe status and list CSOs. *(For SP/MCP5 output 2.1 indicator 6)*				
11. What institutions are providing integrated services for HIV and SRH? (Ex. government facilities? NGOs, FBO, private sector.)				
12. Is there a policy on GBV or VAW? Is the health sector referred to in national Domestic Violence legislation?				

SECTION 3: Staffing, Human Resources and Capacity Development				
13. What are the highest priority training needs in the health sector, i.e. who needs to be trained on what subjects or skills?				
14. Where is SRH training offered (pre service, post service)				
15. What is the enrolment for the training				
16. Does capacity building on SRH and HIV integrate guiding principles and values? (e.g. Stigma, gender, male involvement, attitude with key population...etc.)	Yes ☐	No ☐		
17. Are there training materials and curricula on SRH which include HIV prevention, treatment and care at programme and service-delivery levels and as part of pre-service training?	Yes ☐	No ☐		
18. Are curricula and training materials revised and updated regularly?	Yes ☐	No ☐		
19. In relation to staff for SRH and HIV programmes, what are the biggest challenges? (retention, recruitment, task shifting, Workload and burnout, Quality				
20. What solutions have you found to those challenges?				
SECTION 4: Logistic and Supply (Summary of RHCS Assessment)				
21. To what extent do logistics systems support service-delivery integration? (separate supply, planning, recording and monitoring)				

SECTION 5: Laboratory Support				
22. Do laboratory facilities serve the needs for both SRH and HIV services? (Haemoglobin, Blood grouping and typing, STI diagnosis, HIV diagnosis, including rapid tests, CD4 count? HIV viral load, liver function tests, urinalysis, random blood sugar, and pregnancy testing)	Yes ☐	No ☐		
SECTION 6: Monitoring and Evaluation				
23. How do the monitoring and evaluation structures capture results of SRH programmes? (Access to services, uptake of services, Quality, client satisfaction, client profile)				
24. What indicators are being used to capture integration between SRH and HIV? (e.g. HIV clients receiving SRH services, SRH clients receiving HIV services)				
25. To what extent does supportive supervision at the health service-delivery level support effective SRH Services?				
26. Is the data collected on SRH and HIV disaggregated by sex, age and HIV status?	Yes ☐	No ☐		
27. Is the current HIS captured all essential information on SRHR?				
28. Describe the information flow.				
29. Does the essential SRH indicator are capture in the clinic report form?				
30. Are client registers for use of SRHR/GBV/ YFHSs services established in the various health clinical outlets, SDPs, and community centers? List places having this data collection register for clients.				

C. Service delivery

SECTION 1: Mapping facilities and service available	
1. Which of the following essential SRH services are offered at this facility?	1. Family planning ☐ 2. Prevention and management of STI ☐ *(For SRHR results matrix indicator 3c)* 3. Maternal (ANC) and newborn care ☐ *(For SRHR results matrix indicator 3c)* 4. Prevention and management of gender-based violence ☐ 5. Prevention of unsafe abortion and management of post-abortion care ☐ 6. Other (specify):..... 7. None ☐ 8. Unsure, don't know 9. 7 lifesaving maternal/ RH medicines from the WHO list. ☐ *(For SRHR results matrix indicator 1.2a)*
2. Which of the following essential HIV services are integrated with SRH services at this facility?	1. HIV counselling and testing ☐ (if yes) a. VCT ☐ b. PICT ☐ 2. Treatment for OIs and HIV ☐ 3. Home-based care ☐ 4. Psycho-social support ☐ 5. HIV prevention information and services for general population ☐ 6. Condom provision ☐ 7. PPTCT(four prongs) ☐ a. prong 1: prevention of HIV among women of childbearing age and partners ☐ b. prong 2: prevention of unintended pregnancies in HIV+ women ☐ c. prong 3: prevention of HIV transmission from an HIV+ woman to her child ☐ d. prong 4: care & support for the HIV+ mother and her family ☐ 8. Specific HIV information and services for key populations a. IDUs (e.g. Harm Reduction) ☐ b. MSM ☐ c. SWs ☐ d. Other key populations (specify): ..... 9. Other services (specify):..... 10. No integration ☐ 11. Unsure, don't know ☐

SECTION 1: Mapping facilities and service available			
3. How does your facility offer HIV services within:	1. Prevention and management of STI services ☐ 2. Maternal and newborn care services ☐ 3. Prevention and management of gender-based violence ☐ 4. Prevention of unsafe abortion and management of post-abortion care ☐ 5. Family planning? ☐		
4. Are the privacy and confidentiality of clients maintain at services delivery	Yes ☐ No ☐ Please clarify:		
5. Are the following equipment available Nationally	a. Sanitary towels in the examination room	Yes ☐	No ☐
	b. Consent forms	Yes ☐	No ☐
	c. Sexual assault evidence collection kits	Yes ☐	No ☐
	d. Clean clothes for survival use if they have to leave clothes for the forensics/ evidence	Yes ☐	No ☐
6. Is the emergency contraceptive available at the clinic	Yes ☐ No ☐		
7. Problem experienced with the sexual assault evidence collection kits	a. Keep evidence locked away	Yes ☐	No ☐
	b. Share the rape kits and see if medical staff have comments on the contents	Yes ☐	No ☐
	c. Availability of treatment in examination room	Yes ☐	No ☐
8. Available of tests and treatment a. Where people who have been raped first present (OB/GYN, ER, other) b. Triage or reason of delays in examination of patient c. Where do patient normally wait d. Who examine the patients e. How the patient information normally collected and stored f. Do you have forensics training or protocol g. Has staff been involved in giving evidence in court? What was the experienced?	Yes ☐ No ☐		

SECTION 1: Mapping facilities and service available			
9.	What was the comment reaction of the staff toward rape cases		
10.	Where does the victims normally refer to:	a. Legal b. Psychological c. Shelter	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
11.	Are the following testing and treatment are available for the victims	a. Pregnancy test b. PEP for HIV c. PEP for STI	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
12.	Do the staff have undergo training on	a. Sexual violence (adult) b. Sexual assault (children) c. Physical assault	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
13.	Is VAW integrated in ANC care	Yes ☐ No ☐	
14.	Is VAW integrated in family planning services	Yes ☐ No ☐	

SECTION 2: Peer Education Programme		Comments	Source of information
15.	Which Organizations are involved in Peer Education Programmes?		
16.	Are Peer educators supported by an administrative structure? If so, what is the structure?		
17.	Do peer educators receive financial support for their work?		
18.	Do Peer educators cover the entire country? If not, which parts?		
19.	**Probe question for Q20** Do the peer educators keep a record/ register of the above people that they educate? If so, how many of the people from the above groups have peer educators reached or provided services to over the last two years? What is the target number of young people to be reached by peer educators per annum? *(For SRHR results matrix indicator 2.2a)*		
20.	Do Peer educators work with: • Young people • Sex workers • LGBT		
21.	Are materials available on SRH issues for peer educators to use and distribute?		

SECTION 2: Peer Education Programme		
	Comments	**Source of information**
22. Do the peer educators distribute condoms (male/female) and/or lubricant?		
23. Probe question for Q24 How many peer educators have been trained in SRHR over the last two years? How many more needs to be trained per annum? *(For SRHR results matrix indicator 8a)*		
24. Are peer educators offered regular training? If so how often and by whom?		
25. Are there trained trainers in country?		
26. How many peer education trainers are there? How many of them are female? How much more trained trainers does the country need? *(For SRHR results matrix indicator 8b and 8c)*		
27. If available get list of all peer educators in the country, their location, age, and gender.		

SECTION 3: Community outreach		
	Comments	**Source of information**
28. List the organizations/ institutions provide outreach on SRH to communities. And list the target groups		
29. List the organizations/ institutions provide outreach on HIV to communities. And list the target groups		
30. Are there existing SRH committees in the communities consisting of community members and religious leaders? Y/N Explain and list. How many community leaders, gatekeepers and religious leaders have been trained on SRHR? *(For SRHR results matrix indicators 10b and 10d)*		
27. Do the community outreach reach out to the key population (SWs, MSM and transgender)		

28. Probe question for Q29 Does the country have a SBCC (Social Behavioural change Communication) Strategy for adolescents, youth and those from key populations? Y/N *(For SP/MCP5 Output 1.1 Indicator 11)*		
29. 28. Are there any IEC materials on SRHR available in the country?		
30. Any available IEC materiel focus on linkages (SRHR and HIV)?		
31. Probe question for Q32 Is the national CSE/FLE education curriculum aligned with international standards? Y/N *(For SP/MCP5 Output 3.1 indicator 5)*		
32. Do the outreach programme provide Comprehensive sexuality education at primary and secondary		

SECTION 4: Youth leadership		
	Comments	**Source of information**
33. Does the country have a strategy/policy/ guidelines/national standard on YFHS? If so, describe.		
34. How many facilities offer some form of youth friendly health services? List them.		
35. Have YFHS facility assessments been done? If so, in which facilities?		
36. How are organizations of young people involved in responses to HIV and in SRH programming (part of situation analysis, planning, budgeting, implementing, evaluation, youth engagement)		
Youth Involvement		
35. Is there a youth advisory committee on SRH, HIV in the country?		
36. Does the national youth council deal with SRH issues? If so, how?		
37. Are young people consulted in health sector policy development, planning and/ or reporting?		

SECTION 5: Condom Programming		
38. Where are condoms (male and female) available?	☐ health centers ☐ bars & nightclubs ☐ shops Other: _____	
39. Are condoms for sale in the country?		
40. Is lubricant available in the country? Where?		
41. Are there community-based distributors in the country?		
42. Are condoms available equally in rural areas as in urban areas?		

D. Humanitarian

1. Does the policy reflect some kind of needed response in times of crisis/disaster?	
2. Does the system enable or support SRHR in times of crisis?	
3. Are there service delivery guidelines for SRHR during humanitarian crisis?	
4. Does the country have a humanitarian contingency plan that include elements for addressing SRH needs of women, adolescents and youth including services for survivors of sexual violence in crises? Y/N. If possible obtain contingency plan document. *(For SP/MCP5 indicator 12 output 1.1)*	

APPENDIX 3: LIST OF KEY INFORMANTS

Name	Title	Organisation
Ms. Judith Seke	Retired nurse and Ex National Health Reproductive Coordinator	Ministry of Health and Medical Services (MHMS) 1990-2012
Sister Doreen	Coordinator,	Christian Care Centre
Mr. Peter Weston	Programme Quality Manager	World Vision
Mrs. Joanne Solicake	Secretary General	Solomon Islands Red Cross
Ms. Grace Halane	Acting Director,	Solomon Islands, Planned Parenthood Association (SIPPA)
Sr. Sealan	Nurse In Charge	SIPPA
Mr. Kana	HIV Programme Manager	The Adventist Development and Relief Agency (ADRA)

APPENDIX 4: LIST OF SOLOMON ISLAND PUBLIC HEALTH FACILITIES:

Province	Hospitals	Area Health Centres	Rural Health Centres	Nurse Aid Posts	Total clinics	Staff
Western	2	3	23	31	59	135
Isabel	1	4	9	18	32	71
Central	1	3	5	14	23	54
Honiara * including NRH	1	4	5	5	15	682
Guadalcanal	1	6	11	20	38	97
Temotu	1	1	5	11	18	67
Makira/Ulawa	1	3	14	18	36	78
Malaita	2	4	25	43	74	199
Choiseul	1	2	10	12	25	62
Ren/Bel		1	2		3	19
National total	11	31	109	172	323	1464

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