Health Facility Readiness and Service Availability (HFRSA) Assessment

Solomon Islands

April 2021

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Table of Contents

Foreword and Acknowledgements

"These are critical undertakings for the preservation and enhancement of the health and wellbeing of our people more especially for our mothers and girls, including families across the country".

The Health Facility Readiness and Service Availability (HFRSA) Assessment 2020 comes at a most opportune time as the health sector moves to implement its National Health Strategic Plan over the period 2022 - 2032. The HFRSA provides vital information on the availability and quality of essential maternal health services, including delivery and family planning, youth friendly services, HIV and prevention of mother to child transmission services.

The Ministry has identified as a key strategy in its health sector plan to include inter alia reproductive health services in which the findings discussed in the subsequent sections of this report reveal what such an assessment can show when undertaken to get a glimpse of services provided throughout the country. A detailed analysis of the data provides results that identify useful pointers and recommendations towards improvement of services. The ministry used the assessment opportunity to gather information on the maternal death system requirements and the role delineation policy that includes; water, sanitation and infrastructure, all of which are crucial towards delivery of quality health services to the people of Solomon Islands. The assessment findings will enable the Ministry of Health to better support the planning and managing of the health system in the country that is reflective of the current situation and more importantly support the development of relevant and appropriate actions and interventions needed in working towards achieving Universal Health Coverage. Additionally, will contribute immensely to inform policy decisions and provide strategic direction to the Ministry and the health sector as a whole to enhance sex-Uual reproductive health service delivery and ensure access of the Solomon Islands' population to essential reproductive and maternal health services and information.

The Ministry of Health wishes to acknowledge the technical and financial support of the UNFPA Pacific Office and JSI for the technical support in developing the first ever Health Facility Readiness and Service Availability Assessment for the Solomon Islands. We also acknowledge the dedication of the locally trained assessors and staff of the Ministry of Health who were involved and led the implementation of the assessment at the facility level, namely: Dr Divinald Ogaoga, Reproductive, Maternal, Neonatal, Child & Adolescent Health, Freda Pitakaka, Research Department, Nancy Pego and Bethlyn Warereau of the Reproductive, Maternal, Neonatal, Child & Adolescent Health program, Ba'akai Kamoriki, Health Information System Unit, Willie Horoto, National Pharmacy Services, Vivian Jimmy & Charles Fox Hariona, Guadalcanal Provincial Health Services, Dynese Toiraena and Fredrick Nego, Western Provincial Health Services, Wendy Kikolo, Isabel Provincial Health Services, Catherine Piuna, Central Islands Provincial Health Services, Lovelyn Paul and Reuben Kona, Malaita Provincial Health Services, Esmerald Harara, Makira Provincial Health Services, Nellie Tanen, Temotu Provincial Health Services, Keithy Diko, Choiseul Provincial Health Services and Norah Kagovai Renbel Provincial Health Services.

Finally, this assessment owes the results to all the Solomon Islands health-workers and field enumerators for their valuable input and cooperation to answer all the questions. Your dedication to complete this assessment shows your commitment to the notion of health is everybody's business.

Pauline McNeil Boseto
Permanent Secretary
Ministry of Health and Medical Services

List of Tables

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AHC	Area Health Centres
AMTSL	Active Management of Third Stage of Labour
ANC	Antenatal Care
ART	Antiretroviral Treatment
AYF	Adolescent and Youth-Friendly
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
DHS	Demographic and Health survey
EML	Essential Medicines List
EMONC	Emergency Obstetric and Newborn Care
EmONC	Emergency Obstetric and Newborn Care
EMTCT	Elimination of Mother-To-Child Transmission
FP	Family Planning
GBV	Gender-Based Violence
HFSRA	Health Facility Readiness and Service Availability
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papillomavirus
IEC	Information, Education, and Communication
IUD	Intrauterine Contraceptive Device
JSI	John Snow, Inc.
LARC	Long-Acting Reversible Contraception
LEETZ	Loop Excision of the Transformation Zone
mCPR	Modern Contraceptive Prevalence Rate
MH	Maternal Health
MHMS	Ministry of Health and Medical Services (Solomon Islands)
MOS	months of stock
NCD	non-communicable diseases
NDS	National Development Strategy
NHSP	National Health Strategic Plan
NMS	National Medical Stores
NPSD	National Pharmacy Services Division
NRH	National Referral Hospital
PEP	Post-Exposure Prophylaxis
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PNC	Postnatal Care
POC	Point of Care
PSRO	UNFPA Pacific Subregional Office
RHC	Rural Health Centres
SDG	Sustainable Development Goal
SLMS	Second Level Medical Stores
SRH	Sexual and Reproductive Health
STEPS	STEPwise approach to Surveillance
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UHC	Urban Health Centres
UNDP	United Nations Development Programme
US	Ultrasound
VIA	Visual Inspections with Acetic Acid
WHO	World Health Organization

Summary of Key Findings: Solomon Islands

Family Planning

- **99.5%** of facilities provide family planning services
- **33%** of facilities are FP service ready*
- **66%** of 186 primary level facilities had 3 or more methods of FP available on day of visit
- **10%** of secondary/tertiary level facilities had 5 or more methods of FP available on day of visit

Delivery Services

- **81%** of facilities routinely provide delivery services
- **0%** of facilities providing deliveries are ready to provide for vaginal deliveries^
- **0%** of facilities providing deliveries comply with global safe delivery practices^
- **0.6%** of facilities provide all signal functions of basic emergency obstetric and newborn care (BEmONC)^
- **83%** of facilities provide active management of third stage of labour (AMTSL) services

Other Health Services

- **11%** of facilities provide secondary prevention of cervical cancer services
- **16%** of facilities provide HIV and AIDS Services
- **98%** of facilities provide STI Services
- **6%** of facilities are STI (including HIV) service ready*
- **1%** of facilities are able to provide minimum services for gender-based violence (GBV) that meet global standards (***58%*** *of facilities reported offering at least one GBV service)*

Antenatal and Postnatal Care

- **96%** of facilities provide ANC services
- **97%** of facilities provide PNC care
- **12%** of facilities are ANC and PNC service ready*

Other Services

- **1.5%** of facilities provide adolescent and youth-friendly (AYF) services according to global standards†
- **21%** of facilities have staff trained to provide AYF services
- **13%** of facilities have a ramp for wheelchair access

Commodity and Health Management Information Systems

- **88%** of facilities use current HMIS tools for data collection and reporting
- **50%** of facilities have staff trained in logistics management for health supplies
- **65%** of facilities have staff trained in assessing stock, including knowledge of minimum and maximum stock balances
- **31%** of facilities received FP supervision visits in the previous 6 months

Key Recommendations

- **Ensure** facilities are equipped to provide comprehensive and AYF reproductive health and GBV services, in line with minimum global standards.
- **Ensure** that all facilities have skilled and competent staff, guidelines, necessary equipment and medicine available at all times for comprehensive reproductive health services including safe childbirth and GBV response services.
- **Strengthen** the capacity of health providers in health and logistics management
- **Review and update** logistics management tools and practices, including stock cards, ordering and resupply forms, and data reporting, and ensure their availability at each level of the supply chain.
- **Review and update** health management information system tools, including registries and reports, and practices for reporting to higher levels.

**Service ready is a composite indicator based on availability of guidelines, specific equipment, products and trained staff*
^See page 7, Methodology for Safe Delivery indicator definition and criteria
†See page 26 for list of AYF service components

1. Introduction

As part of efforts to support the "Transformative Agenda for Women, Adolescents and Youth in the Pacific" and to strengthen access to quality integrated sexual and reproductive health (SRH) services, UNFPA Pacific Subregional Office (PSRO) and national governments, along with John Snow, Inc. (JSI) providing technical support, partnered to carry out the Health Facility Readiness and Service Availability (HFRSA) assessment. Using a standardized methodology, the HFRSA assessment provides baseline information on the availability and potential to provide essential reproductive and maternal health services including family planning (FP), safe motherhood (i.e. antenatal care, postnatal care, and childbirth/delivery), youth-friendly, HIV and sexually transmitted infections (STI), as well as the availability of contraceptives and essential medicines. The findings from the HFRSA assessments are intended to inform and support national governments strategies for strengthening workforce capability to deliver quality integrated SRH services and efforts to respond to commodity stockouts and move towards more predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use.

1.1. Country Context

The Solomon Islands is located to the east of Papua New Guinea (PNG) and northwest of Vanuatu in the South Pacific Ocean. The country consists of six major islands and over 900 smaller islands covering a total land area of 28,230 square kilometers.[1] It is currently ranked 151 out of 189 countries according to the 2020 United Nations Development Programme (UNDP) Human Development Index and is considered to be a lower middle income country by the World Bank.[2,3]

Ranking third to PNG and Fiji in population size among Pacific Island Countries and Territories, as of 2020, Solomon Islands has an estimated population of 712,071.[1] Approximately 40% of the population is under the age of 15.[3] Solomon Islands is predominantly rural with the proportion of the urban population estimated to make up only 23% of the population in 2020, most of whom live in the largest town and main port of Honiara on the island of Guadalcanal.[4,5]

The total fertility rate (TFR) declined over a 10-year period from 6.0 births per woman in 1989 to 4.7 in 1999.[6] The rate of decline in TFR has slowed since then, from 4.7 in 2006 to 4.4 in 2015, with rural areas having a higher TFR of 4.7% compared to the urban rate of 3.4%.[7] The high TFR contributes to Solomon Islands' 2.3% annual population growth rate, which is the third highest in the region behind PNG and Vanuatu. Additionally, the 2015 Demographic and Health survey (DHS) showed that there was a high adolescent fertility rate of 77 births per 1,000 women aged 15-19, in addition to the high TFR.5 While international migration is low (the 2009 census found it to be less than 1%), internal migration to Honiara and Guadalcanal province is high due to greater opportunity for employment.[8]

Solomon Islands has made significant improvements with many health indicators since 2000 although some are appearing to have slowed or stalled in recent years. The maternal mortality rate decreased by more than half, from 245 maternal deaths per 100,000 live births in 2000 to 104 in 2017. Solomon Islands is currently on track to achieve the Sustainable Development Goal (SDG) target of 70 maternal deaths per 100,000 live births by 2030. According to the 2020 Sustainable Development Report, progress has also been made in reducing the neonatal mortality rate and under-5 mortality rate. In 2000, Solomon Islands had a neonatal mortality rate of 12.8 per 1,000 live births and an under-5 mortality rate of 30.4 per 1,000 live births. As of 2018, these rates have decreased to 8.2 and 20, respectively, below the SDG targets of 12 neonatal deaths per 1,000 live births and 25 under-5 deaths per 1,000 live births.[9] However, the 2019 Health Core Indicator Report published by the MHMS using data from the Health Management Information System (HMIS) notes that many of the indicators for reproductive, maternal, infant and child health have worsened including on average, one woman dies every seventeen days due to complications with pregnancy or childbirth, an infant mortality rate of 19.4, and an under-5 mortality rate of 24.8.[i,10]

i The number of maternal deaths was 16 in 2017, 20 in 2019, and 22 in 2019.[10]

Sixty-eight percent of expectant mothers receive four or more antenatal care visits, and 90.8% of births were reported as being attended by skilled health personnel. Life expectancy at birth has increased from 66.5 years in 2000 to 71.1 years in 2016.

According to FP2020 data, the mCPR among all women in Solomon Islands has been on an upward trend, increasing from 18.2% in 2015 to 19% in 2020, after plateauing for nearly a decade.[11] HMIS data has shown an upward trend, as well. The 2019 Health Core Indicator Report estimates mCPR to be 14.4% in 2019, up from 8.1% in 2015. The MHMS attributes this increase in mCPR to the introduction of Jadelle in 2015.[10] The 2015 DHS found that 27.5% of women aged 15-49 have an unmet need for family planning. Among women aged 15-24, approximately 25% have an unmet need for family planning.[7] The adolescent fertility rate improved from 70.5 births per 1,000 women aged 15-19 in 2000 to 62.6 by 2007, but those gains were lost and the rate stood at 78 in 2017.[9]

Solomon Islands' high burden of non-communicable diseases (NCDs) has had an impact on life expectancy rates, slowing the progress that has been made since 2000. The World Health Organization (WHO) estimates that NCDs accounted for 69% of all deaths in Solomon Islands in 2016,[12] and roughly two out of every three NCD deaths are people below the age of 70.[13] The 2015 STEPwise approach to Surveillance (STEPS) conducted by the Ministry of Health and Medical Services (MHMS) and WHO found that 37% of the population between ages of 18 - 69 reported daily smoking (56% of men and 21% of women) and approximately 88% reported consuming less than five combined daily servings of fruit and vegetables. Approximately 36% of 18 – 69 years old were overweight and 23% (27% of women and 18% of men) were obese. One in three people between the ages of 18 – 69 had 3-5 combined risk factors for NCDs.[14] HMIS data shows that the number of NCD patients presenting at a health facility with diabetes increased from 28.9% in 2018 to 29.8% 2019, while the proportion of patients for hypertension decreased to 40.8% in 2019 compared to 41.4% in 2018.[10]

The number of HIV cases in Solomon Islands, as in the rest of the Pacific region, remains low with 12 people living with HIV (PLHIV) in 2017, all of whom know their status and are enrolled on antiretroviral treatment (ART). In 2016, Solomon Islands began implementing the Test-and-Treat strategy, making all patients testing positive for HIV eligible for treatment despite their viral load or CD4 count. HMIS data for 2018 and 2019 continue to show a very low case count, with one positive HIV test in 2018 and two positive tests in 2019.

The prevalence of other STIs, particularly gonorrhea, chlamydia, syphilis, and hepatitis B is high. A 2014 study found the rate of chlamydia to be 20% among patients across three clinics in Honiara. The study also found the prevalence of gonorrhea and syphilis to be 5.1% and 4.1%, respectively.[15] In 2015, according to a WHO report on global STI surveillance 13.2% of ANC attendees tested positive for syphilis.[16] A 2016 study found the prevalence of hepatitis B to be 13.8% among ANC attendees in Honiara.[17] Efforts to promote condom use as a method to prevent HIV and STI infections have been in place since 2013, although uptake is low According to the 2015 DHS 62% of women and 70% of men are aware that HIV can be prevented by using condoms every time they have sexual intercourse, but only 1.3% of women aged 15-49 reported using condoms.5 More recent data on gonorrhea, chlamydia,syphilis, and hepatitis B is needed in order to determine if increased uptake in modern contraceptive use has correlated with a decrease in STI prevalence.

Cervical cancer is the second most common type of cancer among women in the Solomon Islands and also ranks second as the leading cause of cancer deaths among women. It is the leading cause of cancer deaths among women aged 15 to 44 years.[18] Human papillomavirus (HPV) infection is a well-established cause of cervical cancer. In 2019, the Solomon Islands launched its nation HPV vaccination program to provide the HPV vaccine to school-aged girls.[19] Vaccines are provided to a new cohort of girls on an annual basis.

Studies have found high rates of violence against women in the Solomon Islands. The Solomon Islands Family Health and Safety Study, conducted in 2007-2008, found that nearly two out of every three (64%) women aged 15-49 who had ever been in a relationship had experienced physical or sexual violence by an intimate partner, with 42% having experienced violence within the past 12 months. The study found that violence

against women was viewed as acceptable, 73% of women agreed with one or more of the justifications given for a husband hitting his wife. The study also found high rates of emotional abuse by intimate partners and noted that the lack of formal support services present in the country made it difficult for women to seek help.[20]

1.2. Reproductive, Maternal, Newborn, Child and Adolescent Health Services

Health services in the Solomon Islands are provided through its nurse-led primary health care system, with referral to doctors based in larger provincial hospitals/hospitals, or the National Referral Hospital (NRH). In 2019, about 76% of the medical doctors and about 44% of the nurses (registered and midwifes) are based in Honiara (including NRH) whilst 77% of nurse aides are based in the provinces.[21]

The health system, based on the recently approved Role Delineation Policy (RDP) is split into six levels of service with the aim of providing integrated people centered care provided as close to communities as possible. The system consists of 129 Community Centres, 156 Rural Health Centres (RHC), 10 Urban Health Centres (UHC), 39 Area Health Centres (AHC), 9 Provincial hospitals, and the National Referral Hospital (NRH).[ii] Of the 344 facilities, 37 are private sector facilities. The National Reproductive and Child Health Program, under the MHMS, oversees all child and adolescent health and maternal health activities in the Solomon Islands.

Community Centres, a new classification in the RDP (consisting of Nursing Aid Posts and RHC that do not meet the minimum requirements) deliver primary level population-based integrated health services including immunisation, family planning, community case management of childhood illness and communicable diseases, and healthy lifestyle counselling for non-communicable diseases. Community Centres are not staffed on a full time basis, but rely upon outreach from staff from AHCs and RHCs.

RHCs, the next level up from the community, generally services small rural populations of 1,000 people or less and are and require the minimum number of staff – two Registered Nurses or Nurse Aides. The services delivered at the RHC level include primary level clinical services including first line emergency and trauma care; reproductive, maternal, child and adolescent health services, including antenatal care (ANC) and postnatal care (PNC); and clinical management of rape survivors and victims of sexual violence. RHCs can manage simple deliveries and provide stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech. They also provide point-of-care testing for communicable diseases and combined risk screening and assessment services for NCDs.

AHC service catchment areas with populations greater than 1,000. AHCs have both a supervision and coordination role for RHCs within the health zone area. They are staffed by at least three Registered Nurses or Nurse Aides. In addition to the package of services delivered by RHCs, AHCs can provide general clinical services including general and obstetric inpatient services for three to five days; HIV counselling, testing, and treatment; in-patient services for communicable diseases such as severe malaria; cancer screening programmes. AHCs can also perform minor/low risk procedures under local or regional anaesthetic; accident and emergency services including short term stabilisation and management and transfer to specialist care for trauma and major injuries; and services for acute medical emergencies (including obstetric cases). The RDP splits AHCs into two levels with AHC Level 2 (L2) serving larger or more densely populated areas or areas with restricted access to hospitals. AHC L2's also have on staff one full time medical officer packages of services. Where necessary, some AHC L2's may have a second level medical store for stocking and distribution of essential medicines and supplies to lower facility levels depending on their distance from the provincial second level medical stores (SLMS).

ii The number of facilities listed is based on list provided by MHMS as of 14 September 2020. Numbers for lower level facilities might differ once the RDP is fully implemented. All RHCs, UHCs, and AHCs are categorized as primary level facilities in this report. Hospitals are categorized as secondary, and the NRH is categorized as tertiary.

UHC provide similar health services as AHCs in the urban areas of Honiara and in provincial capitals. UHCs provide primary health care services and undertake minor/low risk procedures under local or regional anesthetic and are responsible for the provision of ambulatory and outpatient care for patients discharged from the General Hospital or NRH. UHCs may also provide normal delivery services and short-term inpatient services when needed. Like AHCs, the RDP splits UHCs into two levels with UHC-2 in Honiara having a resident doctor and dental therapist/dentist on staff. Unlike AHCs, UHCs do not have any supervision role for other facilities.

Provincial general hospitals provide secondary level inpatient and outpatient services to areas of a province where there is a population greater than 20,000 or the facility is the only general hospital facility for a province. They provide all types of medical services including general surgical and operating theatre services as well as some specialist surgery, along with both regional and general anaesthetic services. General hospitals provide additional accident and emergency services including post-operative rehabilitation for trauma related injuries. More advanced diagnostic imaging such as x-ray and ultrasound as well as additional allied health services such as physiotherapy and dietetic services are also provided.

The National Referral Hospital (NRH) provides secondary and tertiary services to the population of Honiara and to patients referred from the other facilities throughout Solomon Islands. Specialist services are also provided on an outreach basis to provincial general hospitals or to larger AHCs where required infrastructure is available. The NRH is also responsible for the coordination and management of overseas medical transfers/referrals and visiting overseas specialist services.[22]

Male condoms, female condoms, combined oral contraceptive pill (Microgynon® or equivalent), progesterone-only pill (Microlut® or equivalent), injectables (Depo Provera® or equivalent), implants (Jadelle®) and copper intrauterine contraceptive device (IUD) are included in Solomon Islands' 2017 Essential Medicines List (EML), along with the health facility level designation to which the medicine has been assigned. According to the EML all RHC, UHCs, AHCs, and hospitals should provide all methods. Emergency contraceptives are not currently included in the EML.[23]

The National Pharmacy Services Division (NPSD) manages the provision of pharmaceuticals to the population. The overall goal of NPSD is to ensure complete, equal and safe access to essential medicines for the entire population of Solomon Island. Within the NPSD, the National Medical Stores (NMS) have the responsibility for procurement, storage, inventory management, shipping to secondary storage points in the provinces, and assisting provincial management of stocks and distribution. All drugs and medical supplies are distributed through a network of 14 SLMS located throughout the nine provinces. Each SLMS orders its supplies through the NMS and then distributes the supplies to the clinics and health centres in its catchment area. The SLMS are staffed by pharmacy officers who also provide medicine-related information to the public and other health professionalsNMS uses the electronic inventory system mSupply to track stock in the warehouse and at SLMS. At NMS, mSupply is used as the stock management tool to assist in consumption-based forecasting, to track usage and expiries and ensure distribution to facilities.. At the hospital level, mSupply allows for stock management, dispensing (printing of a computerized label with dosing instructions, patient name) and patient history record keeping.[24]

1.3. Reproductive, Maternal, Newborn, Child and Adolescent Related Policies

Overall SRH and FP services and targets have been incorporated into national policies and plans. In 2016, the Solomon Islands government launched its 4-Year National Health Strategic Plan 2016-2020 (NHSP) and 20-Year National Development Strategy (NDS) 2016-2035. The NDS aligns the SDGs and localises them to the national situation and context through five objectives. NDS Objective 3, "Access to quality health and education services," aligns with SDG 3 and sets targets to reduce maternal mortality to 70 per 100,000 live births, reduce neonatal mortality to 12 per 100,000 live births, and reduce under-5 mortality

to 25 per 100,000 live births.[25] The NHSP sets health priorities through four key result areas: improving service coverage, building strong partnerships, improving the quality and support of health services, and laying the foundations for the future. The NHSP identifies six priority programmes and vulnerable groups to accelerate progress towards universal health coverage. The NHSP gives priority to improving service coverage to people with disabilities and women exposed to violence and abuse.[26]

The 2018 Role Delineation Policy reinforces the NHSP in relation to the MHMS' focus on working towards provision of UHC to the people of Solomon Islands. The RDP is consistent with the goal of improving the range and quality of services available to the population in line with the concept of primary health care and with the overall vision of affordable, accessible health for all. Where possible, services were aligned with NHSP and best practice guidelines for low resource countries. However, as reorienting services from a clinically individual focus to a public health population focus was a key consideration with the RDP, there are some inconsistencies. The RDP, as the new document is considered to be the guiding one.

The Reproductive Child Health and Nutrition Strategy 2016-2020 (RCH&N Strategy), is an overarching strategy to achieve optimum health outcome for newborns, children, adolescents, women, and men in Solomon Islands through integrated program implementation, strengthened health systems, and enhanced provincial service delivery. The RCH&N Strategy sets targets to reduce the number of maternal deaths per year to fewer than 10, reduce the infant mortality rate to less than 20, and reduce the under-5 mortality rate to less than 35. FP targets include increasing CPR to 45 and reduce unmet need for contraception from 11% to 1%. The strategy also sets targets to reduce Adolescent Fertility Rate to less than 40 and to reduce the rate of cervical cancer.[27]

The 2019-2023 Strategic Plan for HIV, STIs, and Viral Hepatitis aims to strengthen the testing and treatment services and eliminate mother-to-child transmission of for HIV, Hepatitis B, and Syphilis through the development and roll out of updated guidelines and training materials for health workers, as well as scaling up testing capacity and outreach to vulnerable populations, such as rolling out dual HIV/Syphilis testing at ANC clinics. Mid-term targets for this plan include administering an HIV test to at least 30% of pregnant women and administering a syphilis test to at least 50%, at least 95% of pregnant women living with HIV are on ART, at least 90% of people living with HIV know their status and are on ART, at least 90% of people living with HIV and on ART who are virologically suppressed.[28]

Solomon Islands National Youth Policy 2017-2030 aims to: Improve the knowledge, attitude and behaviour of young people to prevent or minimise their exposure to, or participation in known behavioural risk factors of diseases; Empower youths to combat and reverse the rapidly increasing threat of Non-Communicable Diseases; Empower youths to combat communicable diseases and eradicate malaria and tuberculosis; Address Sexual and reproductive health including teenage pregnancy; Address mental and psycho-social health issues including drug abuse and suicides; and Nurture spiritual health, cultural wellness and social wellness.[29]

The Eliminating Violence Against Women (VAW) policy has four guiding principles and values: zero tolerance of violence, recognition of women's rights, the shared responsibility for eliminating VAW, and achieving gender equality. These four principles and values guide the government's response, which includes strengthening existing services provided by MHMS, working with civil society to develop new services and networks, and improving referral pathways.[30]

2. Methodology

The HFRSA assessment was designed as a census using an instrument that includes observations of physical inventory and tools (i.e. guidelines, job-aids), records and reports (i.e. stock cards, clinical registers, HMIS reports, as well as interviews with service providers at the sites. The instrument was divided into nine sections:

- **Form 1:** General information about the facility and services provided including overall staffing levels, training, HMIS forms and overall supervisions. Information was collected through direct observations of facility environment and an interview with facility-in-charge.
- **Form 2:** Information on adolescent and youth-friendly (AYF), HIV and gender-based violence (GBV) services throughout the entire facility. Information was collected through interviews with facility-in-charge or designee and direct observation of facility.
- **Form 3:** Information about facility services available to people with disabilities. Information was collected through direct observations and interview with the facility-in charge and or designated staff.
- **Form 4:** Information on ANC, postnatal care (PNC), delivery including emergency obstetric and newborn care (EMONC) services. Information is collected through interview with person(s) responsible for MCH as well as through record review of HMIS reports.
- **Form 5:** Information on delivery service. Information was collected through interview with the midwife/nurse who works in the delivery unit.
- **Form 6:** Information on family planning services. Information was collected through interview(s) with the midwife/nurse who works in the MCH/FP and the person who is responsible for managing RH/FP supplies. This might be the same person or multiple people.
- **Form 7:** Information on the availability of equipment found in/near delivery rooms or postpartum room. Information is collected through direct observations.
  - To count as present, items must be in the room or immediate proximity such that a provider could be reasonably be expected to use it on a client.
- **Form 8:** Information on the availability of equipment found in any of the exam/consultation rooms/areas used to provide SRH services (ANC/PNC/FP, etc.). Information is collected through direct observations.
- **Form 9:** Availability of family planning and other tracer SRH commodities, including consumables for diagnostic testing. (See Annex 2 for list of products) Information is collected through physical count and record review of FP products in primary FP storage area and observation of medicines and consumables in primary storage area

In September 2019, 19 enumerators, 11 Provincial staff (ie RMNACH coordinators and Pharmacy) and five MHMS staff participated in a five-day training workshop by a JSI Advisor. The training focused on introduction and entry into health facilities, comprehension of each question and response in the assessment instruments, review of commodities and equipment, interview techniques, and use of the Magpi mobile data entry application (hereafter Magpi). (See Annex 1 for key definitions and clarifications of wording agreed upon during training.) The training also included one day of "field practice" under close supervision from UNFPA and JSI advisors.[iii] Following training, due to logistical challenges the activity was delayed to 2020 Q2 and the further delayed due to COVID 19. In September 2020, a three day refresher course with the 19 enumerators and MHMS staff was held to review use of Magpi and forms, with the JSI advisor joining via Zoom. Training also included one day of live data collection with real-time data review and feedback.

Data collection was planned in close coordination with MHMS to cover 196 facilities-i.e. all public and private facilities providing RMNCAH services (see Annex 3 for list of facilities). Tables with disaggregated results by region and by facility level are available upon future request.

iii 196 facilities were included in the assessment. Live data were collected from facilities visited during the "field practice." The data were reviewed immediately by a JSI advisor to ensure completeness and accuracy.

Data collection was carried out between 18 September and 31 December, 2020, by three-person teams who conducted each interview and collected data concurrently using Magpi mobile applications. Interviews were conducted with the facility in-charge, and with the FP provider, pharmacy, and labour ward service providers. Observations were made in the primary store room and delivery room. Before departing from the facility, the team reviewed the data for potential errors. Routine data quality checks conducted remotely by JSI and information communicated to supervisors and enumerators via WhatsApp and Facebook messenger.

Data were uploaded daily into the Magpi platform and exported into Excel spreadsheets for easier transfer. Data were analysed by the JSI team using Stata 11 software.

2.1. Composite Indicators

While most indicators are based on direct observation or responses from the provider, the following composite indicators have been created:

<table>
<tr><th>Indicator</th><th>Definition/ Criteria</th></tr>
<tr><td>Readiness of Specific Service</td><td>Facilities are considered “service ready” if they meet the following:
• availability of services
• availability of guidelines
• availability of equipment
• availability of commodities (FP/medicines and diagnostic tests)
• availability of trained staff</td></tr>
<tr><td>Readiness to Provide Safe Delivery</td><td>Facilities must have the following:
• availability of delivery services
• availability of guidelines
• availability of oxytocin, magnesium sulphate, antihypertensives, calcium gluconate and antibiotics in the facility
• availability/functioning equipment in the facility including: blank partograph, delivery bed, disposable sterile latex gloves, disposable nonsterile latex gloves, examination light, cord clamp, episiotomy scissors, scissors or blade to cut umbilical cord, suture material with needle, needle holder, speculum (Sims’ and Cusco’s), pulse oximeter, blood pressure apparatus, foetal stethoscope, towel for drying, infant scale, newborn masks (size 0 and size 1), and thermometer

Plus
<table><tr><th>Vaginal:</th><th>Assisted:</th></tr><tr><td>• Nurse or midwife</td><td>• Midwife or Medical officer/OBGYN
• Manual vacuum extractor or forceps
• Self-inflating bag and mask for resuscitation (adult)
• Oxygen tank</td></tr></table></td></tr>
</table>

Indicator	Definition/ Criteria
Safe Delivery Practices	Facility meets all the following criteria is considered to have safe delivery practices: **a. Counselling on danger signs:** provide counselling on maternal and newborn danger signs during ANC and PNC services **b. Labour and Delivery:** Use of partograph, practice AMSTL[iv], have neonatal equipment in delivery room[v], have key medicine in delivery room[vi] **c. Care for Mother after birth:** Practices provided to mother within 1 hour and 72 hours of delivery. Assess/check: **1 hr:** • temperature and pulse, • blood pressure, • vaginal bleeding • fundal height • uterine contraction **72 hrs:** • temperature and pulse, • blood pressure, • vaginal bleeding • fundal height • uterine contraction • post-partum FP **d. Early Essential Newborn Care:** skin to skin contact, breastfeeding, newborn resuscitation, eye care, vitamin K within 1 hour of birth plus provide BCG newborn immunization, Hep B newborn immunization within 1 hr or 6 weeks of birth *Results are based on interviews with the midwife/nurse in the delivery unit and direct observations of equipment and medications*
Emergency Obstetric and Newborn Care (EmONC) Services	For a facility to be considered providing "Basic EmONC service", it: • Treats for eclampsia/Pre-Eclampsia (confirmed with availability of magnesium sulphate, calcium gluconate and anti-hypertensive on day of visit) • Administers uterotonic drugs (oxytocin, misoprostol or ergometrine) for prevention and treatment of post-partum haemorrhage (IV or IM) • Administers parenteral antibiotics • Removes retained products of conception (MVA) • Performs basic neonatal resuscitation with bag and mask (confirmed with availability of functioning size 0 and 1 masks) • Performs manual removal of placenta • Performs instrumental delivery For a facility to provide "Comprehensive EmONC service", it: • Meets BEmONC criteria • Performs C-sections • Provides blood transfusions *Results are based on interviews with the midwife/nurse in the delivery unit and direct observations of equipment and medications*

iv AMSTL: oxytocin or misoprostol is given immediately (within one minute) after birth/delivery followed by delivery of placenta through controlled cord traction and fundal massage.

v Neonatal equipment in delivery room: Mucus extractor/suction machine, size 0 and size 1 masks for neonatal resuscitation, oxygen tank, blade/scissors and cord clamp).

vi Key medicine in delivery room: sodium lactate/normal saline, oxytocin, magnesium sulfate, antibiotics, antihypertensives, and calcium gluconate.

Indicator	Definition/ Criteria
Integrated Maternal and Reproductive Health Services	Facilities providing the following services are considered to provide comprehensive maternal health services: • Family planning • Antenatal • Postnatal • Delivery • Post miscarriage services Facilities providing the following services are considered to provide integrated reproductive health services: • Family planning • Antenatal • Postnatal • Delivery • Post miscarriage services • Cervical cancer screening • HIV and STI service • Adolescent and youth-friendly services • Gender-based violence services

2.2. Limitations

There are several limitations to the assessment:

- Most facilities did not maintain updated stock records. Therefore, it was not possible to calculate average monthly consumption (AMC), months of stock (MOS) on hand, or frequency or duration of stockouts.
- Information on stockouts in the previous 6 months was captured through provider recall and could not be independently verified.
- Service quality and provider's competency (which are captured through direct observations of care or client exit interviews) are not included in this assessment
- As the assessment aimed to cover all facilities with the country, pilot testing prior to actual implementation could not be conducted.
- Due to COVID-19, the refresher training for enumerators was conducted remotely, and trainers were limited in their ability to assess the effectiveness of the training and enumerator competency.

3. Reproductive Health Services

The following section assesses the ability of health facilities within Solomon Islands to offer and the capacity to provide reproductive health services including FP, ANC and PNC, delivery, HIV and STI services, cervical cancer screening, AYF services, and response to gender-based violence (GBV) through selected tracer items. These items include trained staff, availability of guidelines, job-aids, equipment, diagnostics as well as availability of necessary medicines and commodities. Though strongly related to supply chain management (see next section), information on expired commodities is included in this section due to the potential risk associated with use if provided during service.

The following section provides results for the 196 facilities visited in Solomon Islands and makes some references to facility levels when appropriate. Tables with disaggregated results by province and by facility level are available on future request. For purposes of analysis NRH is included with hospitals.

3.1. Family Planning

Service overview

99.5% of facilities provide **family planning services**

81% of facilities have **providers trained in family planning**

56% of facilities have **family planning guidelines**

66% out of the 186 primary level facilities provided **three or more** contraceptive methods

33% of facilities are **family planning service ready**

As mentioned above, FP services are integrated throughout the health system and all FP methods should be available in all hospitals, AHCs, UHCs and RHC.

Analysis of results show that nearly all (195 of 196) facilities provide FP services. Of the 195 facilities providing FP services, 81% have staff trained in modern FP methods. Those without trained providers include 34 RHC/UHCs and four AHCs. Fifty-three percent of facilities have staff trained in implant insertions, and 44% have staff trained in removals. Thirty-one of facilities have staff trained in IUCD insertion and removal.

Availability of guidelines and job aids are limited. Family planning guidelines were reported as available in 56% of the facilities, while FP job aids were reported in 47%. Fewer were able to show enumerators copies of these guidelines (39%) and job aids (41%) for physical verification. Of the FP guidelines shown, 79% of the 76 copies had been produced by the national government, while 13% were produced by WHO and 8% from another source. Only 50% of all the guidelines produced were dated 2010 or later.

As shown in Table 1, most facilities manage and were able to provide male condoms, combined oral contraceptives, progestin-only pills, and injectibles on the day of the visit. Availability of female condoms is limited with only 58% of facilities managing the product having it in stock on the day of visit. Availability of emergency contraceptives is even more limited; 6% of facilities (11) reported that they manage emergency contraceptives but only three facilities had emergency contraceptives in stock on the day of the visit.

Availability of long-term methods is also limited. Forty-five percent of facilities—80% of hospitals, 79% of AHCs, 34% of RHC/UHCs—offer implants, most of which had pieces available on the day of the visit. Only 20% of facilities—50% of hospitals, 42% of AHCs, 12% of RHC/UHCs—reported offering IUDs. 60% of hospitals, 81% of AHCs, and 67% of RHC/UHCs had IUDs available on the day of the visit.

When looked at as a whole, 67% of the 195 facilities with FP services were able to provide three or more methods of contraception on the day of visit, while 10% were able to provide at least five methods. When disaggregated by level, 66% of the 186 primary level facilities were able to provide three or more methods, while 10% of the 10 secondary or tertiary level facilities were able to provide five or more methods on the day of the visit (NRH only had four methods available on the day of visit and reported not managing IUDs).

Expired female condoms, progestin-only pills, and IUDs were common, particularly at AHCs. Enumerators observed expired female condoms at 45% of the 20 AHCs managing the product, expired progestin-only pills at 42% of the 36 AHCs that manage the product, and expired IUDs at 50% of 16 AHCs that manage the product.

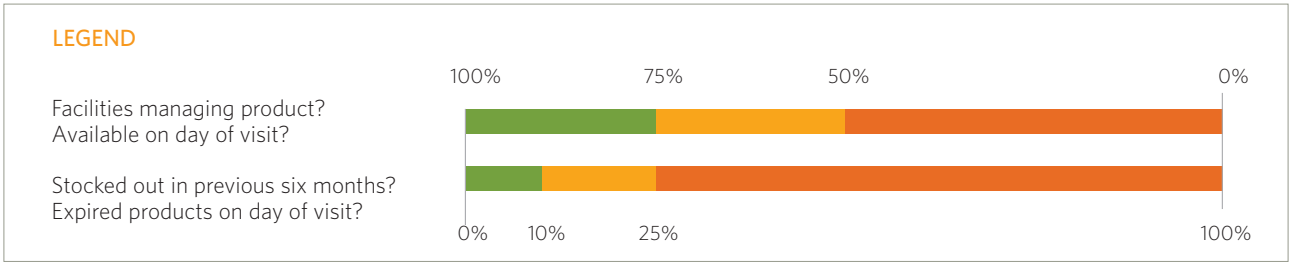
Table 1: Availability of Family Planning Products

	Facilities managing product	Available on day of visit?*	Stocked out in previous six months? (reported)**	Expired products on day of visit?
Male Condoms	94%	87%	11%	3%
Female Condoms	57%	58%	13%	34%
Combined Oral Contraceptive	88%	86%	17%	22%
Progestin-Only Pills	84%	78%		35%

	Facilities managing product	Available on day of visit?*	Stocked out in previous six months? (reported)**	Expired products on day of visit?
Injectables	94%	94%	23%	4%
Emergency contraception	6%	27%	12%	9%
Implants	45%	89%	27%	5%
IUDs	20%	72%	10%	31%

Note: in this table, all denominators except "Number of facilities managing" are based on the number of facilities "managing" the product. Management of product is defined as having it in stock within the previous 6 months

**Based on direct observation on day of visit **Based on interviews. Unable to confirm due to lack of updated stock cards*



When combining all four domains (availability of services, availability of guidelines, availability of trained staff and availability of products), 33% of the facilities providing FP services can be considered FP service ready. This includes 60% of hospitals, 47% of AHCs, and 28% of RHC/UHCs.

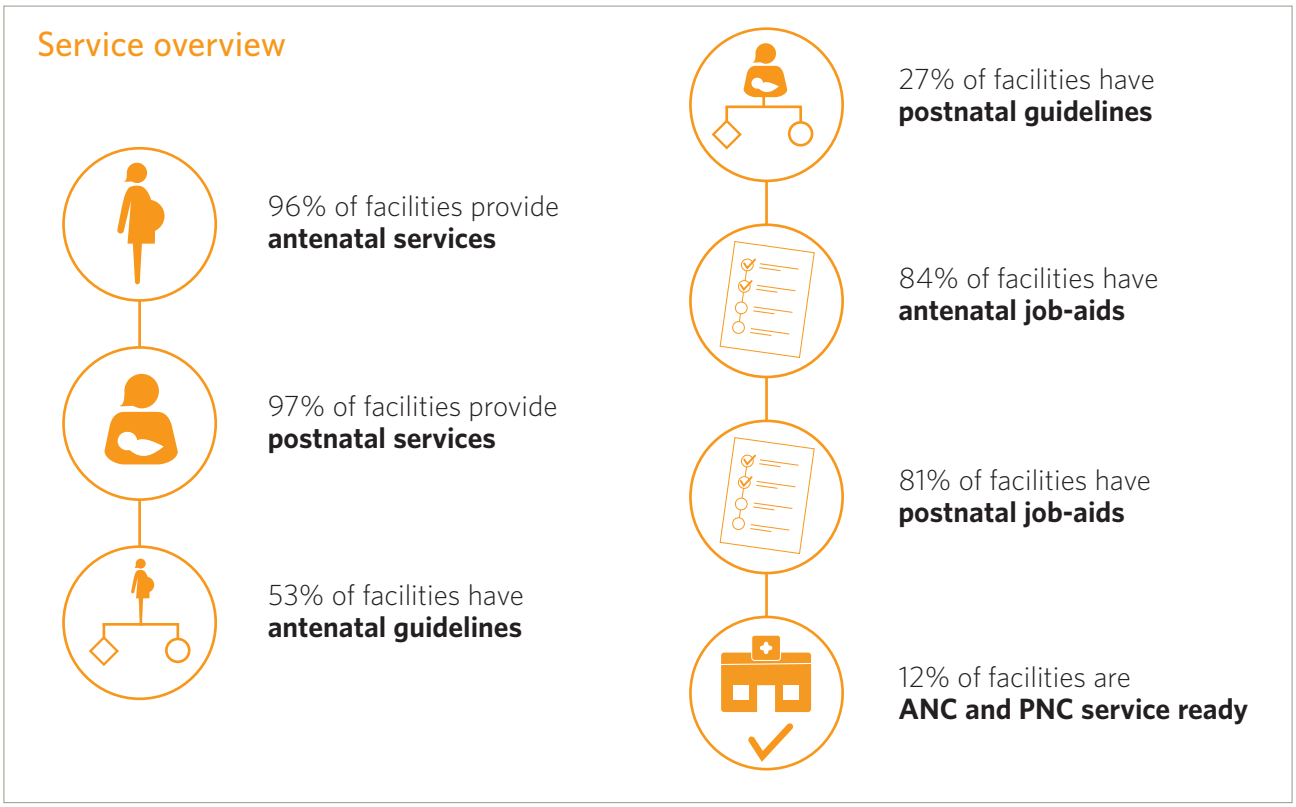
Enumerators also asked providers if they had ever substituted another contraceptive in place of emergency

contraceptive pills, and if so, what they use. Of the facilities providing FP services, 21% reported that they have substituted other FP products for emergency contraception; 17% have used another oral method, 1% have used another non-oral method, and 3% have substituted for either one depending on the situation.

3.2. Antenatal and Postnatal care

According to the RDP, ANC and PNC services are expected to be available at all levels of the health system in Solomon Islands. Results show that 96% of the 196 facilities in Solomon Islands reported providing ANC, including 70% of hospitals[vii], all AHCs, and 97% of RHC/UHCs. Ninety-seven percent of facilities also reported providing PNC services, including 80% of hospitals, all AHCs, and 98% of RHC/UHCs.

Out of those providing the services, 53% reported having guidelines for ANC but only 27% reported having guidelines for PNC. Of the 100 facilities that reported having ANC guidelines, 71% were able to produce the guidelines for the enumerators to verify. Those that were verified were largely produced by the national government and issued around 2015 or later. Of the 51 facilities that reported having PNC guidelines, 66% were able to produce the guidelines for the enumerators to verify. Those that were verified were also largely produced by the national government and issued around 2015 or later. Hospitals were the least likely to report having either guidelines available compared with other levels and even fewer able to produce any for verification. Job aids were generally more available (84% reported for ANC, 81% reported for PNC), and able to be verified by enumerators verify (77% for ANC, 71% for PNC).



During ANC visits, providers cover a range of key topics to support health and wellbeing of mothers and infants during pregnancy, delivery and postpartum. As shown in Table 2, more than 90% of the facilities reported covering topics such as birth preparedness, complication (in delivery) readiness, danger signs in pregnancy, family planning post-delivery, infant feeding, management of pregnancy discomfort, nutrition during pregnancy, and personal hygiene practices during ANC visits. Fewer facilities reported counselling

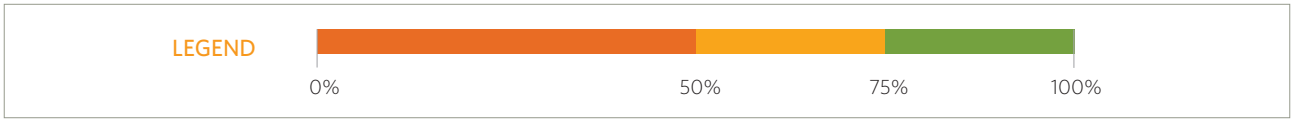
vii The hospitals not offering ANC include Kilu'ufi, Lata, and Helena Goldie Hospital. The hospitals not offering PNC include Kilu'ufi and Helena Goldie Hospital.

pregnant women on HIV and PMTCT (28%) and safer sex practices (73%).

Table 2: Counselling Topics Covered during ANC

Covered during ANC		Covered during ANC	
Birth Preparedness	95%	Infant feeding practices	95%
Complication readiness	93%	Management of common discomfort in pregnancy	92%
Danger Signs in pregnancy	97%	Nutrition in pregnancy	99%
Family planning	97%	Personal hygiene and lifestyle modification	93%
HIV and PMTCT	28%	Safer Sex	73%

Based on interviews with providers in facilities that provide ANC services (n=188)



In addition to counselling during ANC visits, providers are expected to provide services, such as administering vitamins and vaccinations, and monitor pregnant women via various screenings and tests to ensure the health of the mother and foetus throughout the pregnancy. As Table 3 shows, most facilities providing ANC services routinely provide prenatal vitamins, including iron and folic acid (97%), tetanus toxoid vaccination (99%), and deworming pills (97%), as well as screen for various complications like diabetes (87%), hypertensive disorder (88%), and anaemia (84%). Few facilities screen for Hepatitis (22%) or HIV (16%), and a moderate number of facilities screen for other STIs (65%). Additionally, 59% of facilities reported conducting identification of GBV survivors.

When asked about point of care (POC) testing, similar responses were provided (Table 4). Seventy-eight percent of facilities reported using POC testing for blood glucose and 93% reported POC urine testing. Twenty-one percent or less of all facilities providing ANC services conduct point of care testing for haemoglobin levels, HIV, hepatitis, and syphilis. Only 28% of facilities administer pregnancy tests at the point of care.

Table 3: Routine Services and Screenings provided during ANC

Provided during ANC		Provided during ANC	
Administers tetanus toxoids vaccination	99%	Screens for anaemia	84%
Give prenatal vitamins[viii]	97%	Screens for STIs	65%
Screens for Hypertensive disorder	88%	Screens for HIV	16%
Screens for Diabetes	87%	Screens for Hepatitis	22%
Assesses for signs of gender-based violence	59%	Administer deworming pills	97%

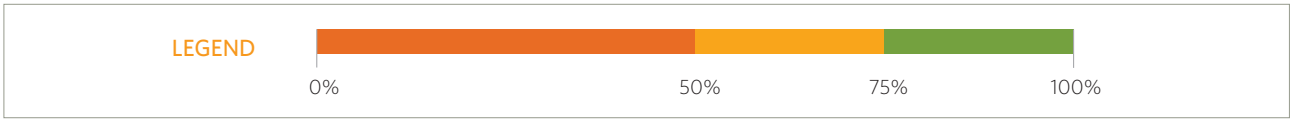
viii Provision of prenatal vitamins included iron and folic acid.

Table 4: Point of Care testing provided during ANC

Testing during ANC	
Blood glucose	78%
Hb (haemoglobin levels)	21%
Hepatitis test	7%
HIV test	14%

Testing during ANC	
Pregnancy test	28%
Syphilis test	11%
Urine test	93%

Based on interviews with providers in facilities that provide ANC services (n=188)



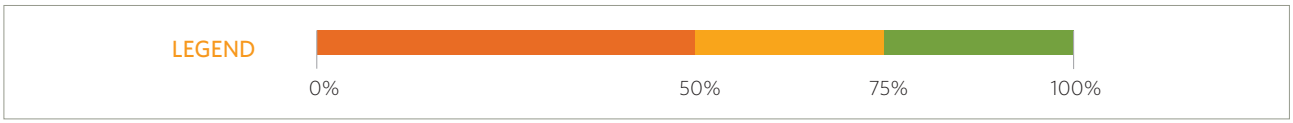
Providers also offer a range of services during PNC visits to monitor the health of the mother and newborn. As Table 5 indicates, more than 75% of facilities reported offering key routine services, including counselling on key topics, monitoring of post-delivery complications, and family planning both immediate post-partum and at six weeks. Fewer facilities, however, reported regularly offering counselling on resumption of sexual activities (60%), monitoring healing of tears or scars (58%) or monitoring mothers for signs of post-partum depression (51%) or GBV (50%).

Table 5: Routine Services Provided during PNC

Provided during PNC	
Counselling on maternal and newborn danger signs	91%
Counselling on infant feeding	98%
Counselling on maternal nutrition	92%
Counselling on resumption of sexual activity	60%
Family planning at 6 weeks	95%
Immediate post-partum family planning	77%
Counselling on problems encountered in breastfeeding	94%

Provided during PNC	
Immunization	91%
Management of PNC complications	85%
Monitoring healing of episiotomy or tears and C/S scar	58%
Monitoring involution of the uterus	73%
Monitoring for signs or symptoms of GBV	50%
Monitoring symptoms of post-partum depression	51%

Based on interviews with providers in facilities that provide PNC services (n=191)



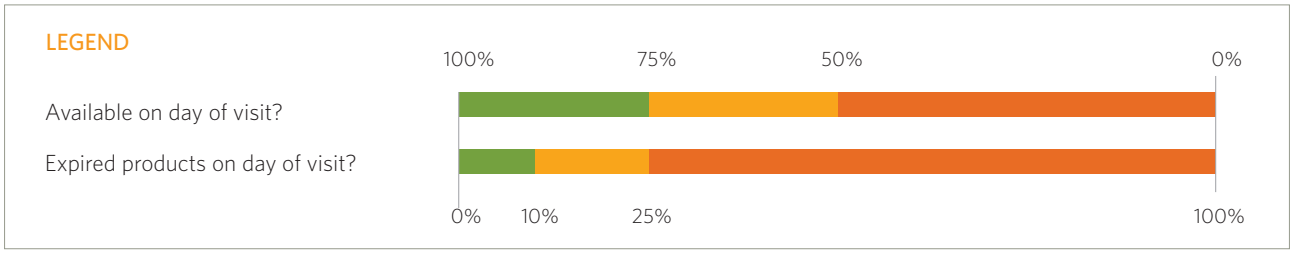
Eight medicines and four consumables used in the diagnosis, prevention, and treatment of key maternal and neonatal morbidity and mortality causes, often needed during ANC and PNC visits, were assessed for both availability on the day of the visit and the presence of expired product. Many of these products, including antibiotics, anti-hypertensive medicines and corticosteroids, are considered vital during intrapartum care, as well as during ANC and PNC.

As shown in Table 6, most of the medicines, with the exception of folates/folic acid and corticosteroids, were available on the day of the visit. Although not widespread, expired medications were observed at several facilities. Among consumables, glucose test strips, lancets, and urine dipsticks were available in most facilities, while microcuvettes were limited. In addition, expired urine dipsticks were found in 19% of facilities (See Table 19 below for availability of HIV and STI test kits).

Table 6: Availability of Key Tracer Drugs and Consumables for ANC and PNC Services

	Available on day of visit?*	Expired products on day of visit?*		Available on day of visit?*	Expired products on day of visit?*
Medicines:					
Antibiotics	99%	3%	Antihypertensives	64%	1%
Folates or folic acid	40%	0%	Corticosteroids	9%	0%
Mebendazole	84%	2%	Iron tablets/ tonic	93%	1%
Tetanus toxoid	91%	1%	Metronidazole	71%	3%
Consumables:					
Glucose Test Strips	88%	8%	Lancets	85%	9%
Microcuvettes	20%	3%	Urine dipsticks	88%	19%

**Based on direct observation on day of the visit (n=196)*



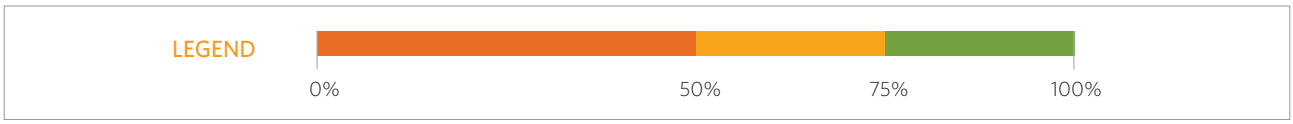
In addition to key medicines and consumables, 12 equipment items key to ANC and PNC services were assessed for availability and functionality on the day of the visit. These included: a reflex hammer, adult weighing scale, adult stethoscope, clock with timer (that belonged to the facility), tape measure, foetal stethoscope, blood pressure apparatus, haemoglobinmeter, glucometer, Cusco's and Sims' speculums, and ultrasound machine. Equipment were considered available when observed in the facility and were considered functional if found in working condition and ready to use.

As shown in Table 7, most facilities had adult weighing scales, blood pressure apparatus, glucometers, foetal stethoscopes, and tape measures. However availability of other common items like a clock with a timer, Cusco's speculum, haemoglobinmeter, reflex hammer, and Sims' speculum were limited. Additionally, only 8% of facilities—50% of hospitals, 16% of AHCs, and 3% of RHC/UHCs—had a functional ultrasound machine.[ix]

Table 7: Availability of equipment for ANC and PNC Services

	Available on day of visit?*		Available on day of visit?*
Adult weighing scale	88%	Foetal stethoscope	91%
Adult stethoscope	96%	Haemoglobinmeter	10%
Blood pressure apparatus	92%	Reflex hammer	7%
Clock with timer	39%	Sims' speculum	21%
Cusco's speculum	67%	Tape measure	87%
Glucometer	87%	Ultrasound machine	8%

Available, observed, and functioning on the day of the visit (n=196)



When combining the four domains (availability of services, guidelines, trained staff, products, and equipment), only 12% of the 196 facilities can be considered as ANC and PNC service ready.[x] This includes 20% of hospitals, 18% of AHCs, and 10% of RHC/UHCs.

ix Solomon Islands Role Delineation Plans states that ultrasound should be available in hospitals, AHCs, and UHCs. Of the four RHC/UHCs that had a functional ultrasound machine, two were UHCs (Makira-Ulawa Province and White River Clinic, HCC) and two were RHCs (Tetere and Aorigi, Makira-Ulawa Province).

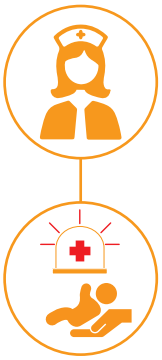
x Required products include tetanus toxoid, iron tablets, and antihypertensives. Required consumables include lancets.

3.3. Safe Delivery Services

Service overview

81% of facilities provide **delivery services**

0% of facilities providing deliveries **have safe delivery practices***



0% of facilities providing deliveries are **ready to provide safe vaginal deliveries***

0.6% of facilities are ready to provide **basic emergency obstetric and newborn care***

**see methodology section for definition*

According to the RDP, deliveries are expected to take place in hospitals, AHCs, and RHC/UHCs with appropriate staff.[xi] Eighty-one percent of facilities reported providing routine delivery services, including all hospitals, 90% of AHCs, and 78% of RHC/UHCs. Two RHC/UHCs reported providing deliveries in emergencies (i.e., when a woman arrives in the later stages of labour). **The following results are based on the 159 facilities that provide routine delivery services.**

Delivery guidelines and job-aids were reported to be available in around 75% of facilities providing delivery services with enumerators able to verify guidelines at 59% and job aids at 64% of these facilities.

Facilities were assessed for the presence of nine critical medicines used during delivery. As shown in Table 8, only antibiotics and sodium lactate solution were well stocked across facilities providing delivery services. A moderate number of facilities had antihypertensives and oxytocin available on the day of the visit. Calcium gluconate, corticosteroids, magnesium sulphate, misoprostol, and ergometrine were each stocked in less than 30% of facilities.

These medicines were also assessed for their availability specifically in the delivery room or labour ward. As shown in Table 9, availability in the facility did not translate to availability of the product in the delivery room. All of the essential products, except ergometrine, were less available in the delivery room than in the facility in general.[xii]

Enumerators also found multiple instances of expired product, particularly oxytocin, co-mingled with the usable product throughout locations in the facility as well as in the delivery rooms. It should be noted that 151 of the 159 facilities had dedicated room set up for deliveries; two AHCs and six RHC/UHCs that preform deliveries did not have a dedicated room.

xi According to the RDP, Community Centres and AHC Level 1s are the only facility types that do not offer delivery services.

xii Ergometrine was available in 18% of the 159 facilities offering delivery services and in the delivery room of 21% of the 151 facilities with a delivery room.

Table 8: Availability of Key Delivery Medicines on Day of Visit in the Facility

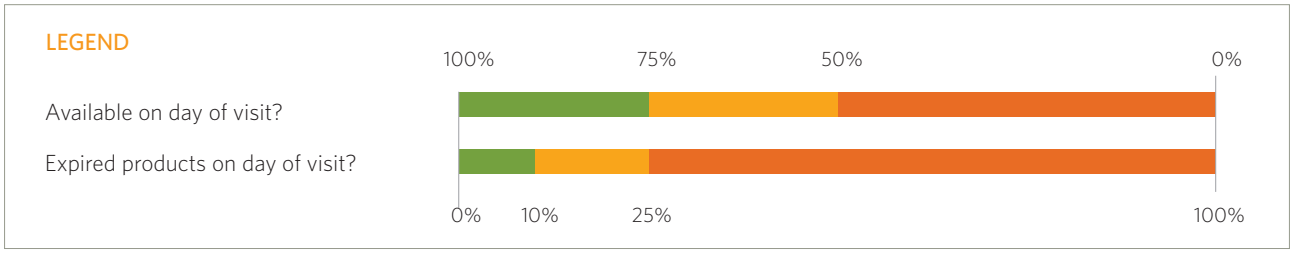
	Available on day of visit?**	Expired products on day of visit?**		Available on day of visit?**	Expired products on day of visit?**
Antibiotics	99%	3%	Misoprostol	6%	1%
Antihypertensives	67%	1%	Oxytocin	70%	20%
Calcium gluconate	13%	1%	Ergometrine	18%	3%
Corticosteroids	10%	0%	Sodium Lactate solution/ infusion or normal saline	86%	3%
Magnesium Sulphate	27%	4%			

Table 9: Availability of Key Medicines in Delivery Rooms on Day of Visit

	Available in delivery room?*	Expired products in delivery room?*		Available in delivery room?*	Expired products in delivery room?*
Antibiotics	70%	6%	Misoprostol	3%	0%
Antihypertensives	50%	4%	Oxytocin	68%	27%
Calcium gluconate	13%	1%	Ergometrine	21%	1%
Corticosteroids	7%	1%	Sodium Lactate solution/ infusion or normal saline	70%	4%
Magnesium Sulphate	26%	5%			

*** Based on direct observation on day of the visit in facilities that provide delivery services (n=159)*

** Based on direct observation on day of the visit in facilities that provide delivery services and had delivery rooms (n=151)*



As part of determining a facility's capacity to provide proper care for mothers and newborns immediately before, during and after delivery, 33 medical items/equipment were assessed for availability and functionality, when applicable. Items were considered available when observed in the facility and functional if found to be in working condition, sterile and ready for use. In other words, should a woman arrive at the facility in labour, the facility would have the necessary items available to deliver the baby safely and the provider(s) would be able to locate the equipment with relative ease.

As shown in Tables 10 and 11, only 13 of the 33 items/equipment were available in a majority of facilities. Elbow-length sterile gloves, oxygen tank, pulse oximeter, manual vacuum extractor, reflex hammer, incubator, multi use- suction bulb, and electric suction pump were each available in less than 10% of facilities. When combined, only 50% of facilities providing deliveries had all the essential equipment for mothers (i.e. partograph, sterile latex gloves, non-sterile latex gloves, thermometer, blood pressure equipment and foetal stethoscope) and only 1% had all the essential equipment for newborns and neonates (i.e. mucus extractor/suction machine, size 0 and size 1 masks for neonatal resuscitation, oxygen tank, blade/scissors and cord clamp)

Table 10: Availability of Functioning Delivery Equipment

Observed and functioning		Observed and functioning		Observed and functioning	
Amnio hook	29%	Elbow-length sterile gloves	5%	Needle holder	89%
Adult bag and mask	37%	Episiotomy scissors	64%	Oxygen tank	5%
Blank partograph	74%	Examination light	15%	Pulse oximeter	7%
Blood pressure apparatus	91%	Foetal stethoscope	93%	Reflex Hammer	7%
Clock with timer	38%	Forceps**	27%	Scissors/blade for cutting cord	82%
Cord clamp	96%	Infant scale	84%	Suture material with needle	93%
Delivery bed	76%	Manual vacuum aspirator	11%	Thermometer	94%
Disposable non-sterile latex gloves	94%	Manual vacuum extractor**	8%	Towel for drying newborn	20%
Disposable sterile latex gloves	82%				

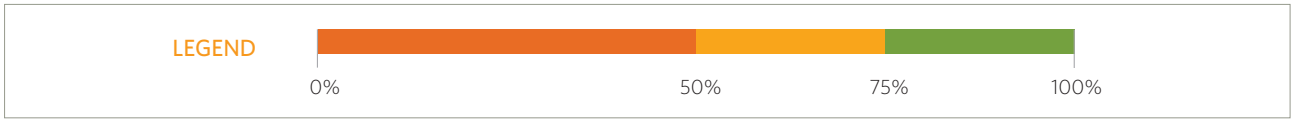
Table 11: Availability of Functioning Neonatal Resuscitation Equipment*

Observed and functioning		Observed and functioning		Observed and functioning	
Single-use Suction bulbˆ	13%	Multi Use- Suction bulbˆ	2%	Resuscitation table	27%
Incubator	3%	Newborn bag and mask (size 1)	36%	Newborn bag and mask (size 0)	26%
Newborn Suction catheter	42%	Electric suction pumpˆ	5%		

** Based on direct observation on day of the visit in facilities that provide delivery services (n=159)*

*** Manual vacuum extractor and forceps are interchangeable*

ˆ Single/multi-use bulbs and electric suction pump are interchangeable



Facility managers were asked during interviews about their emergency obstetric and newborn care (EmONC) referral practices. Fifty-one percent were able to show enumerators copies of EmONC referral guidelines while an additional 12% said they had the guidelines but were unable to produce them when asked. Facility managers were also asked who was the managing authority for EmONC referrals from this facility to another facility, 46% reported it was on the facility's own authority while 52% reported that a higher level facility was the governing authority and 2% responded "Other."

3.4. Labour and Birth Practices

During interviews, enumerators asked providers to describe their delivery practices during the second and third stages of labour (i.e. leading up to delivery of the baby and placenta). As shown in Table 12, most providers reported using partographs for monitoring women in labour and provide uterotonics (e.g. Oxytocin) within one minute of delivery. These rates are slightly higher than the rates of availability upon direct observations of oxytocin in the delivery rooms and blank partographs, as presented above in Tables 9 and 10. Most (83%) providers reported routine practices consistent with active management of third stage of labour (AMTSL).

Table 12: Provider Practices during Labour and Delivery*

Practices provided		Practices provided	
Uses partograph for Monitoring Women	86%	Placenta delivered	99%
Uterotonics given within one minute after delivery	94%	Fundal massage applied	89%
Controlled cord traction applied	95%	Wait for signs that placenta has separated and deliver spontaneously	91%

Enumerators also asked providers to describe post-delivery practices provided to mothers and newborns immediately after birth and within specified timeframes. As shown in Tables 13 and 14 below, most providers reported correct behaviour and practices for caring for new mothers and newborns.

Table 13: Practices Provided to the Mother Following Delivery*

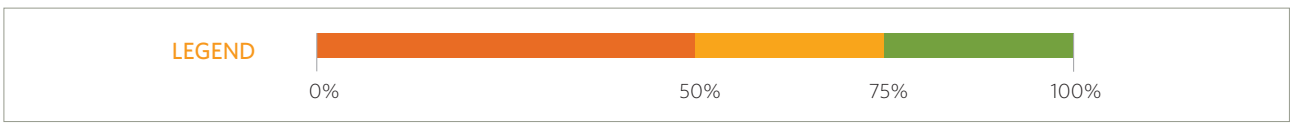
	Within 1 hour	Within 3 days		Within 1 hour	Within 3 days
Assessment of vaginal bleeding	99%	87%	Blood pressure monitoring	98%	90%
Assessment of uterine contraction	91%	69%	Urine void documentation	58%	54%
Assessment of fundal height	81%	76%	Offer post-partum FP	55%	64%
Check temperature and pulse	95%	85%			

Table 14: Practices for Baby Care Following Delivery*

	Within 1 hour		Within 1 hour
Skin-to-skin contact	98%	Vitamin K	83%
Initiation of breastfeeding	98%	BCG* immunization	71%
Resuscitation of newborn	66%	Hepatitis B* immunization	86%
Eye care	65%		

**As reported by provider at facilities that provide delivery services (n=159)*

Note: Although frequently practiced, BCG and Hepatitis B immunization are not required within 1 hour, but should be given before discharge from hospital.



3.5. Routine Delivery Services

A facility's ability to provide routine safe deliveries is examined through two different, yet similar, composite indicators. The first "readiness to provide delivery services" focuses on whether the facility has the necessary resources, in terms of appropriate staff, guidelines, equipment and medication, to provide normal vaginal and assisted deliveries. As described in the methodology section, components for this indicator are derived from direct observations. The second indicator, "safe delivery practices" captures the facility's standards of care leading up to, during and after delivery for mothers and newborns. While the majority of information on the providers' routines is obtained through interviews with providers, direct observations (i.e., availability of vital equipment and medication located in the delivery room) is included as means to verify reported practices.

Based on analysis, none of the facilities providing delivery services were found to meet the criteria to be considered ready to provide delivery services for a routine vaginal delivery or be considered ready to provide assisted deliveries. As shown in Table 15, the biggest issues were the lack of availability of all five medicines—particularly calcium gluconate, which only 20 facilities had in stock—and required equipment—particularly functional oxygen tanks, which only eight facilities had available. Only 33% of facilities had appropriate cadre of staff for assisted deliveries.

Table 15: Components for Readiness to Provide Delivery Services Composite Indicator

	Vaginal Delivery	Assisted Delivery
Appropriate cadre of staff	84%	33%
Availability of guidelines	58%	

	Vaginal Delivery	Assisted Delivery
Availability of all five medicines	9%	
Availability of required equipment	1%	1%

See page 7 for inclusion criteria for each component. See Tables 8-14 above for availability of individual medicines and equipment

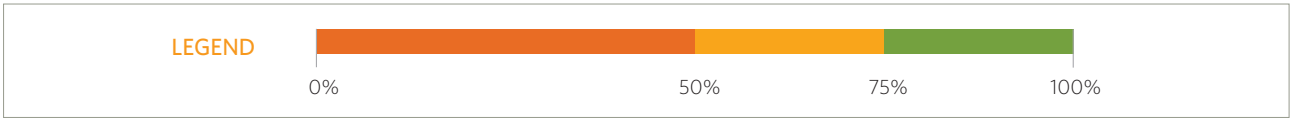
When analysed for "safe delivery practices", none of facilities providing delivery services meet the criteria. As shown in Table 16, some gaps exist in the providers' reported practices before and after birth for both mothers and newborns. However, there are significant issues with labour and delivery practices. Only 68% of facilities have providers who report practicing AMTSL while, only 6% of facilities had all the necessary medicine and only 2% had the necessary equipment in the delivery room to provide appropriate care.

Table 16: Components for Safe Delivery Composite Indicator and Labour and Delivery Disaggregation

Labour and Delivery Components	
Counseling on danger signs during ANC and PNC	89%
Labour and Delivery	1%
Care for Mother after birth	43%
Early Essential Newborn Care	43%

Labour and Delivery Components	
Use of partography	85%
Practice AMTSL	68%
Has neonatal equipment in delivery room	2%
Has essential medicine in delivery room	6%

See page 7 for inclusion criteria for each component. See Tables 8-14 above for availability of individual medicines and equipment



3.6. Emergency Obstetric and Newborn Care

The *Safe Motherhood* community (WHO/UNICEF/UNFPA/AMDD) has set a global benchmark on the availability of EmONC facilities to one comprehensive EmONC (CEmONC) and four basic EmONC (BEmONC) facilities per 500,000 population. During the facility visit midwives/nurses in the delivery unit were asked by enumerators whether the facility provided nine specific services related to EmONC. Direct observation of certain medicines and equipment were used to confirm that the service could be provided that day. See methodology section for further definitions and criteria. According to policy in Solomon Islands, AHCs and hospitals are expected to be able to provide EmONC services.

101 facilities—all 10 hospitals, 26 AHCs, and 65 RHC/UHCs—reported having staff trained to provide EmONC services. EmONC guidelines and job-aids/checklists were reported to be available in the majority of the 101 facilities, with enumerators able to verify guidelines and job aids at 52% of these facilities.

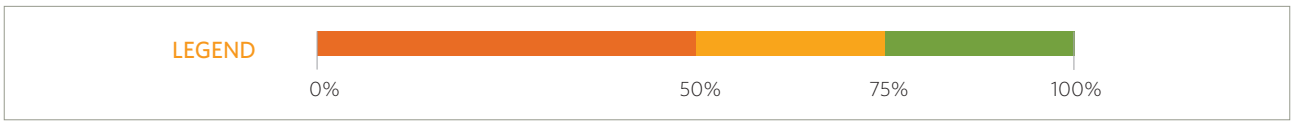
Analysis revealed that only one hospital (Atoifi, Malaita Province) out of the 159 facilities providing delivery services met the criteria of providing BEmONC services or CEmONC service on the day of the visit. With a total population of approximately 712,071, Solomon Islands does not meet the global benchmark.

As presented in Table 17, gaps exist in each of the EmONC signal functions, particularly removal of retained products of conception (through MVA or D&C), instrumental delivery, treatment of eclampsia/pre-eclampsia. These gaps are also consistent with findings in Table 10 and the availability of equipment.

Table 17: Signal Functions of EmONC Services

		Available/ Provided at Facility			Available/ Provided at Facility
BEmONC	Instrumental deliveries	12%		Removal of retained products of conception	33%
	Perform basic neonatal resuscitation with bag and mask	51%		Administer parenteral antibiotics	47%
	Manual removal of placenta	45%		Administration of uterotonic drugs for prevention and treatment of post-partum haemorrhage	50%
	Treatment of Eclampsia/ Pre-Eclampsia[xiii]	5%			
CEmONC	***Emergency Blood Transfusion***	6%		***Caesarean Section***	6%

**As reported by providers in facilities that provide delivery services (n=159)*



xiii While 37% of facilities reported treatment of Eclampsia/Pre-Eclampsia, only 5% of facilities had the required three medicines (magnesium sulphate, calcium gluconate and anti-hypertensive) in the delivery room

3.7. Cervical Cancer

Cervical cancer is the third most frequent cancer in women with an estimated 604,000 new cases worldwide in 2020, representing 3.1% of all female cancers.[31] The high mortality rate from cervical cancer globally can be reduced through early detection and effective screening and treatment programmes. Global recommendations now include integrating screening into all SRH visits. As of 2020, Solomon Islands' estimated incidence rate of 25.4 per 100,000 women and a mortality rate of 16.4 per 100,000 women for cervical cancer was slightly under the regional average and is estimated to account for 18% of all cancer diagnosis.[31]

11% of facilities **provide secondary prevention of cervical cancer**

In Solomon Islands, 11% of facilities—six Hospitals, seven AHCs, and eight RHC/UHCs—reported providing secondary prevention of cervical cancer services. Among the 21 facilities providing services, most (95%) facilities had staff trained in secondary prevention of cervical cancer in the previous five years. More than 60% of facilities reported that the training topics included: diagnosis of cancer and referral for further treatment (18), visual inspections with acetic acid (VIA) (16), conventional pap smears (15), and treatment for precancerous lesions (13). However, only 52% (11) of facilities reported training that included human papillomavirus (HPV) point of care tests and 23% (5) reported training that included liquid based cytology.

Availability of cervical cancer screening guidelines and job aids were limited. Enumerators were only able to verify screening guidelines at 38% (8) of facilities and job aids/checklists at 52% (11) of facilities providing cervical cancer prevention services.

Of the facilities providing services, 67% (14) reported providing pap smears while 76% (16) provided VIA. About half (11) reported providing the HPV vaccine although only 14% (3) of facilities provided HPV laboratory testing, and 19% (4) provided HPV POC testing. About half (11) of facilities reported providing referrals for treatment, while 19% (4) of facilities reported providing cryotherapy. One facility (NRH) reported providing cone biopsy and large loop excision of the transformation zone (LEETZ).

When considering the basic requirements for service readiness (availability of services for secondary prevention of cervical cancer and availability of guidelines), only four facilities (Buala AHC, Buala Hospital, NRH, and Good Samaritan) that provide cervical cancer screening services can be considered cervical cancer prevention service ready.

Based on record review at facilities, 2,299 women were screened for cervical cancer at facilities in the previous six months. Approximately 13% of the women screened were detected as positive, of which 73% were treated for pre-malignant lesions of the cervix and 30% were referred for suspected cervical cancer.

3.8. Sexual Transmitted Infections, including HIV, Services

Service overview

16% of facilities provide **HIV and AIDS Services**

91% of facilities providing HIV and AIDS services have **providers trained in HIV testing and counseling**

98% of facilities provide **STI services**

13% of facilities providing HIV and AIDS Services **provide ART**, and 9% **provide PMTCT services**

As mentioned earlier, the National Strategic Plan for HIV, STIs, and Viral Hepatitis 2019-2023 aims to increase coverage of HIV, STI, and Hepatitis testing services among key and vulnerable populations including ANC mothers; improve availability of elimination of mother-to-child transmission (EMTCT) of HIV, Hepatitis B and syphilis services at health facilities; increase coverage of HIV, STI, and Hepatitis treatment services. According to the RDP AHCs is the first level in the system where HIV counselling, testing and treatment is offered.

Based on interviews with the facility in-charges, 16% of facilities reported providing HIV and AIDS services—60% of hospitals, 34% of AHCs and 9% of RHC/UHCs. Fifty-six percent of these facilities provided HIV counselling in spaces that enumerators confirmed provided both auditory and visual privacy; 28% offered counselling in rooms that provided neither type of privacy. Of the facilities that reported providing HIV and AIDS services, 13% also reported offering ART or ART related follow-up services—one hospital, two AHCs, and one RHC/UHC. Three facilities (all in Malaita Province) offer prevention of mother-to-child transmission (PMTCT) services to pregnant women—Afio (AHC), Auki (AHC), and Kilu'ufi (hospital).

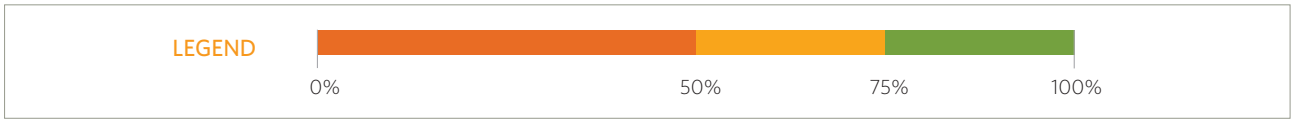
Most facilities offering HIV/STI services have staff who are trained to do so. Ninety-one percent of the facilities that reported providing services had staff who are trained in HIV testing and counselling. Three of the four facilities with ART services and two of the three with PMTCT have trained providers.

Facilities offering HIV services were further assessed on the services they provide to clients who are HIV positive. As shown in Table 18, with the exception of distribution of condoms, 40% or less of these facilities provide additional services.

Table 18: Services for HIV/AIDS Clients

	Provides service		Provides service
Treatment for opportunistic infections	28%	Palliative care	22%
Systemic intravenous treatment for fungal infections	9%	Treatment for Kaposi's Sarcoma	0%
Nutritional rehabilitation	40%	Fortified protein supplementation	22%
Care for paediatric HIV/AIDS patients	6%	Preventative treatment for TB	31%
Primary preventative treatment for opportunistic infections	25%	Micronutrient supplementation	38%
FP counselling for HIV affected clients	40%	Condoms to prevent transmission of HIV	53%
ART treatment follow-up services, including providing community-based services	19%		

**As reported by the facility in-charge in facilities that provide HIV services (n=32)*

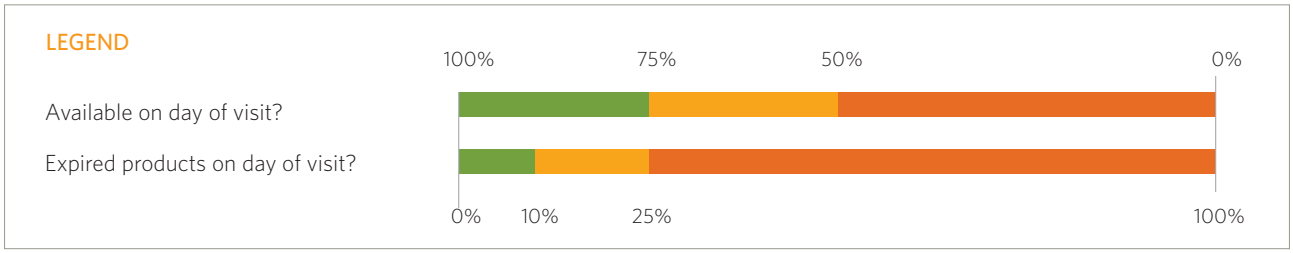


Despite the reported availability of HIV and STI services, as shown in Table 19 and consistent with findings in Table 4, availability of HIV test kits and syphilis test kits were limited. Only 12% had HIV rapid test kits and 3% had syphilis test kits available in the facility on the day of the visit. Enumerators also found three expired HIV test kits and one expired syphilis test kit while visiting the facility.

Table 19: Availability of Tracer Products for HIV and STI services

	Available on day of visit?*	Expired products on day of visit?*
HIV Test kit	12%	2%
Syphilis test kit	3%	0.5%

**Based on direct observation on day of visit*



In addition to HIV services, 98% of facilities provide other STI testing and treatment, primarily for gonorrhoea and syphilis.

When combining the four domains (availability of services, guidelines, trained staff, products and equipment), 6% of facilities that provide HIV services can be considered STI, including HIV, service ready.

3.9. Adolescent and Youth-Friendly Services

Ensuring that facilities provide AYF services is an important component of the UNFPA's Sub-regional Programme (2018-2022), including the DFAT supported "Transformative Agenda" and" strengthening access to quality integrated SRH services." Solomon Islands National Youth Policy 2017-2030 aims to 1) Improve the knowledge, attitude and behaviour of young people to prevent or minimise their exposure to, or participation in known behavioural risk factors of diseases; 2) Empower youths to combat and reverse the rapidly increasing threat of Non-Communicable Diseases; 3) Empower youths to combat communicable diseases and eradicate malaria and tuberculosis; 4) Address Sexual and reproductive health including teenage pregnancy; 5) Address mental and psycho-social health issues including drug abuse and suicides; and 6) Nurture spiritual health, cultural wellness and social wellness.[33]

Aspects of an AYF environment in facilities can include availability of information, education, and communication (IEC) materials specifically developed for adolescents and youth, policies and procedures to ensure privacy and confidentiality, health care providers with competencies and support to provide AYF services and information, non-judgmental staff, and hours of operation conducive to adolescent and youth. Although the HFRSA was not designed specifically to assess availability and quality of health care services for adolescents and youth, as defined by international standards, key components were included.

Specifically:

- Pregnancy prevention and counselling services
- EmONC, antenatal and postnatal care and management of uncomplicated pregnancies for all pregnant women and girls
- Availability of STI (including HIV) prevention, screening, and management services
- Availability of staff trained in provision of adolescent and youth-friendly health services
- Availability of guidelines for provision of adolescent and youth-friendly health services
- Availability of counselling room (ideally with auditory privacy)
- Availability of adolescents and youth-friendly IEC materials
- Free or subsidized services
- Dedicated and/or flexible hours of operation (including weekends)

1.5% of facilities provide **AYF services per global standards**

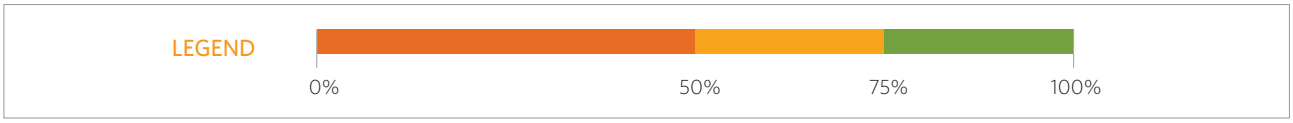
The first three components have been previously discussed above under family planning, ANC and PNC, and delivery services. This section, therefore, focuses on results for the remaining six components.

Sixty-four percent of all facilities reported offering AYF services of which 22% require consent from an adult for adolescents to receive SRH services. Twenty-six percent of the facilities have a dedicated room/space for adolescent SRH services of which 78% offer both visual and auditory privacy.

Twenty-one percent of facilities have at least one staff member trained in adolescent and youth SRH services. When disaggregated by level, 30% of Hospitals, 34% of AHCs and 18% of RHC/UHCs have trained staff. Only 14% of facilities had guidelines on providing AYF services available on the day of visit, while 25% had AYF IEC materials. Sixty-two percent of facilities had flexible hours of operation that included weekends.

Table 20: Availability of Adolescent and Youth-Friendly Services in All Facilities

	Service offered		Service offered
AYF services provided	64%	AYF guidelines available	14%
Staff trained in adolescent and youth SRH services	21%	Dedicated room for AYF services available	26%
AYF services free or subsidized	94%	AYF IEC materials available	25%
Facility with flexible hours including weekends	62%		

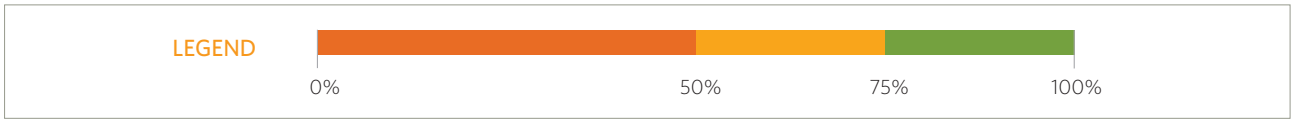


The facility in-charge at each of the 125 facilities providing AYF services was asked about individual services provided at the facility. Adult consent is required for adolescents to receive SRH services at 22% of the facilities that provide AYF services. As shown in Table 21, FP and STI counselling are provided at most facilities, while services such HIV testing or provision of emergency contraception or long-acting reversible contraception (LARCs) are available at less than half of the facilities. Twenty-five percent of facilities providing AYF services reported offering emergency contraceptives for adolescents and youth; however, only 6% of those facilities reported managing emergency contraceptives.

Table 21: Availability of Individual Services for Adolescents and Youth in AYF-providing Facilities

	Service offered		Service offered
HIV testing and counselling for adolescents and youth	15%	STI treatment and counselling for adolescents and youth	93%
FP counselling for adolescents and youth	86%	Emergency contraceptives for adolescents and youth	25%
Condoms for adolescents and youth	95%	Short-term contraceptives for adolescents and youth	44%
LARCs for adolescents and youth	46%	GBV services for adolescents and youth	48%

**As reported by the facility in-charge in facilities that provide AYF services (n=125)*



When examining the individual components, clear gaps in services are seen, such that only three facilities within Solomon Islands can be said to provide AYF services according to global standards. These included: Rove (HCC), Marara (Guadalcanal), and Buala Hospital (Isabel).

3.10. Gender-Based Violence Services

58% of facilities report providing **services for SGBV**

As mentioned above, rates of violence against women and girls in Solomon Islands are high. In an effort to end violence against women and girls, the government developed the Eliminating Violence Against Women (VAW) policy, which has four guiding principles and values: zero tolerance of violence, recognition of women's rights, the shared responsibility for eliminating VAW, and achieving gender equality. These four principles and values guide the government's response, which includes strengthening existing services provided by MHMS, working with civil society to develop new services and networks, and improving referral pathways.[30]

GBV services were reported to be provided in 58% of facilities, with 45% of the 114 facilities that provide g GBV services having staff specifically trained in this area. At facilities that provide GBV services, most offer services such as physical trauma assessment, psychological first aid, STI treatment, tetanus vaccinations and referrals to police and hospitals (Tables 22 and 23). However, less than half reported providing emergency contraceptives or post-exposure prophylaxis (PEP).[xiv] Additionally, only 26% of facilities reported the ability to collect forensic evidence. When disaggregated by level, this includes 75% of Hospitals, 20% of AHCs, and 24% of RHC/UHCs. Of those facilities that collect evidence, most also provide vaginal swabs. However, less than 40% provide rape kits, pictograms/special reports for GBV evidence or bags/kits to store the evidence.

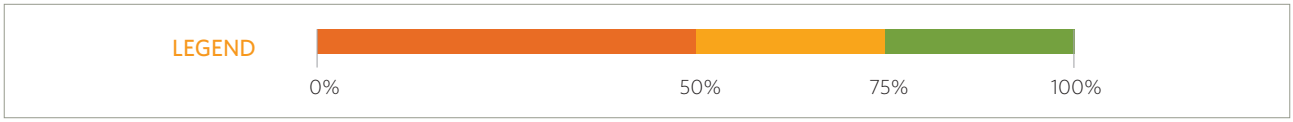
Table 22: Services Provided for Survivors of GBV

Emergency contraceptives	23%	Post-exposure prophylaxis	16%
Forensic Evidence Collection	26%	Psychological first aid / counselling	68%
Hepatitis vaccine	27%	STI treatment	76%
Physical trauma assessment	75%	Tetanus toxoid vaccine	73%

Table 23: Referrals Provided for Survivors of GBV

Police	68%	Financial aid	7%
Social services	31%	Legal aid	12%
Safe spaces/shelter	25%	Hospital care	63%
Psychosocial support	27%		

** As reported by the facility in-charge in facilities that provide GBV services (n=114)*



Availability of job-aids was limited, with 27% facilities reporting to have any available and just 15% verified by enumerators. Twenty-three percent of facilities have a private counselling room or space for providing GBV services, of which 81% offer both auditory and visual privacy. Overall, when combining the four domains (availability of services, job aids, trained staff, PEP provision, and availability of a dedicated room with auditory privacy), 1% of facilities can be considered GBV service ready (MBokonavera and NRH).

xiv Availability of PEP on day of visit was not included as part of the assessment so actual provision might be lower.

3.11. Integrated Sexual and Reproductive Health Services

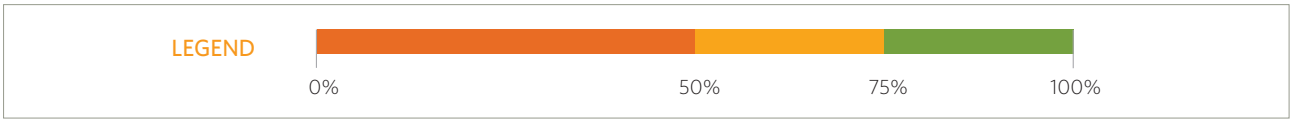
In 2018, the Guttmacher-Lancet Commission released a comprehensive SRH definition and essential package of SRH interventions that included: FP services, maternal and newborn care, and prevention and treatment of HIV/AIDS; care for STIs other than HIV; post-miscarriage service; prevention, detection, and counselling for GBV; and prevention, detection, and treatment of cervical cancer. The commission stressed that adolescents should have access to SRH information and services regardless of age or marital status and that countries adopt practices that enable health care providers at facilities offering contraceptives to provide integrated comprehensive counselling—i.e., contraceptive methods, STIs, HIV, cancers, pregnancy, and delivery.[32] Solomon Islands RMNCAH related policies have also promoted a similar package of service.

Within this framework, the assessment reviewed the current status of integrated maternal health services in Solomon Islands (i.e., whether facilities are offering: FP, ANC, PNC, delivery, and post -miscarriage services). Analysis revealed that 25% of the 196 facilities in Solomon Islands—60% of hospitals, 40% of AHCs, and 19% of RHC/UHCs—provided five services. When HIV/STI, cervical cancer, AYF, and GBV services were included to reflect integrated SRH, only one (Buala Hospital) of the facilities meet these criteria.

Table 24: Summary of Integrated Sexual and Reproductive Health Services Provided at Facilities

Provides removal of retained products of conception	27%	Provides cervical cancer screening	11%
Provides delivery services	81%	Provides adolescent and youth-friendly services	64%
Provides HIV/STI services	16%	Provides antenatal Care	96%
Provides postnatal services	97%	Provides FP services	99%
Provides GBV services	58%		

n=196



3.12. Services for Clients with Disabilities

13% of facilities are **have a ramp for wheelchair access**

On average, about 15% of the population in a given country is living with a disability. According to the 2015 DHS, the number of people estimated to be living with either moderate or severe disabilities was 4.5% of the population, or around 27,270 people.[18] Women with disabilities experience significant barriers to realizing their sexual and reproductive rights. A 2013 UNFPA study found that women living with disabilities in Solomon islands found particular challenges in using health services due to communication issues.[33] MHMS has recognized the need to better support people living with disabilities. The NHSP gives priority to people with disabilities across all programs and provinces.

Of the 196 facilities assessed, only 10% of facilities reported having guidelines or job aids for providing services to people with disabilities, and only 12% had staff trained to work with people with disabilities. Just four facilities reported having information and forms that have been assessed for readability, and only one facility (NRH) reported having information about available services available in digital formats. Sixteen percent of facilities reported being able to provide clients with assistive devices such as hearing aids, wheelchairs, crutches, or prosthetics.

Less than 15% of facilities have any structural provisions for clients with disabilities (Table 25). Additionally, very few facilities reported having IEC materials designed for clients with disabilities. Just one facility (Helena Goldie Hospital, Western Province) had IEC materials with braille, and only one (Vulavu, Isabel Province) had material for individuals with limited motor coordination.

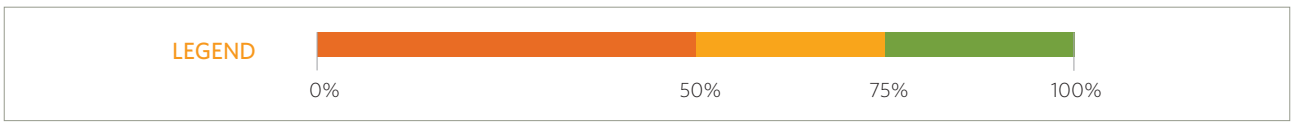
Table 25: Structural Provisions for Clients with Disabilities

Ramp for wheelchair access	13%	Marked pathways for easy/independent navigation	3%
Examination rooms with wheelchair access	9%	Wheelchair accessible restroom	8%
Adjustable examination beds	3%		

Table 26: IEC Provisions for Clients with Disabilities

Materials addressing SRH issues for clients with disabilities	5%	Material in simplified language	2%
Materials that feature people with disabilities	5%	Information in digital formats	1%
Material with large print or contrasting color	5%	Material for individuals with limited motor coordination	0.5%
Material with braille	0.5%		

n=196

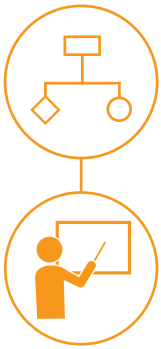


4. Commodity Management and Health Management Information Systems

This section focuses on findings related to commodity management and HMIS, specifically the use of current HMIS reports and records (including stock cards), expiries, training, and supportive supervision. Stock keeping records is a fundamental part of any supply chain, providing decision makers with essential data on stock levels within the system. Unavailable or outdated stock records represent gaps in a logistics system because current information is not available for stock management. The existence of expired stock at health facilities can be indicative of a number of problems within the health commodities supply chain. For example, a lack of records that leads to inaccurate needs forecasts can result in an overstock of products, resulting in expiries even when the product is being used regularly. Disorganized storage spaces can result in a facility misplacing stock or using new stock while old stock slips toward its expiration date, resulting in sudden stockouts when all the new stock has been used and all the old stock expires. Communication and transportation problems can lead to stock sitting in warehouses and expiring, even while community level facilities are stocked out.

Finally, a critical part of the provision of quality services is well-trained personnel that are regularly and suitably supervised. This helps to ensure not only the quality of care given by health personnel to clients but also that the systems, including the flow of commodities from one level to another, are functioning properly. Supervision is therefore discussed in this section on logistics management.

Service overview



42% of facilities have **guidelines for HMIS reporting**

50% of facilities have **staff trained in logistics management for health supplies**

88% of facilities use **current HMIS tools for data collection and reporting**

31% of facilities have **received FP supervision visits in the previous 6 months**

The assessment found that HMIS guidelines, which include reporting of services and products, were available in 65% facilities, with enumerators able to verify copies in 42%. Most facilities reported having recent copies of HMIS tools, with 88% able to produce them for the enumerators. Enumerators were also able to confirm that most facilities (85%) sent reports to higher levels according to expected policy.

According to the facility in-charge, 50% of facilities had staff trained in logistics management for health supplies. When broken down by subject area, however, more staff had been trained in certain components. Facility in-charges from 65% of facilities reported having staff trained in assessing stock, including knowledge of minimum and maximum stock balances, while 69% reported having staff trained in making requests or ordering for restocking. Fifty-four percent reported having staff trained in recordkeeping and 60% reported having staff trained in proper health product storage practices.

Facilities were also asked about the last time they had received supervision visits for the family planning and maternal health programs. Ninety-two percent of facilities were able to provide information on when their most recent FP supervision had been, while 90% were able to provide information on when their

most recent maternal health (MH) supervision had been. More than 60% of the facilities reported that it had been more than six month since they last received an FP or a MH supervision visit. Seven percent of facilities reported receiving a FP supervision visit within the previous 30 days, while 5% had received a MH supervision visit in the previous 30 days.

When asked about what topics the supervision visits had covered within the past six months, 21% of facilities reported that the visit included a review of staff clinical practices, 3% reported it included observations of drug stock outs and expiry, 12% reported it included staff availability training, 17% reported it included review of guidelines or job aids, and 12% reported it had included data completeness, quality, and reporting.

Significant gaps were found in the stock keeping records for family planning products. As shown in Table 27, 10% or less of facilities managing a product consistently maintained stock cards to track their family planning products. Very few had stock cards, and fewer had stock cards that had been updated during the previous 30 days. (Five facilities—four in HCC, one in Western—were found to be using mSupply, which does not include historical information or when data was last updated. We were therefore unable to determine whether the data was current.) When disaggregated by level, stock cards were generally more available and updated at Hospitals compared with AHCs and RHC/UHCs. When combining the lack of stock keeping records with the limited number of staff trained in assessing stock levels, it is reasonable to assume that stockouts of family planning products are likely to occur more frequently than previously reported.

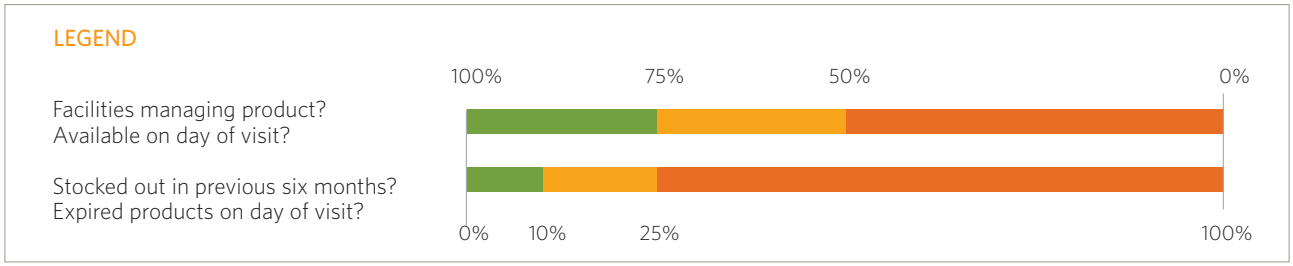
Additionally, the presence of expired products, particularly female condoms, progesterone-only pills, and IUDs indicate poor planning and management of supplies among facility staff as well as insufficient supervision by the higher levels.

Table 27: Stock Management of Family Planning Products

	Facilities managing product	Expired products on day of visit?	Stock cards available?	Available stock cards updated?
Male Condoms	94%	3% [6]	21%	34% [13]
Female Condoms	57%	34%	21%	35% [8]
Combined Oral Contraceptive	88%	22%	21%	23%
Progestin Only Pills	84%	35%	18%	23% [7]

	Facilities managing product	Expired products on day of visit?	Stock cards available?	Available stock cards updated?
Injectables	94%	4% [7]	22%	35% [14]
Emergency contraception	6% [11]	9% [1]	0% [0]	N/A
Implants	45%	5% [4]	9% [8]	25% [2]
IUDs	20%	31% [12]	10% [4]	100% [4]

Note: Numerators less than 20 are presented in brackets [ ]. Denominator for "Expired products on day of visit" and "Stock cards available" are based on number of facilities "managing" the product." The denominator for "Available stock cards updated" is based on the number of stack cards available (and excludes the five facilities using mSupply).



5. Recommendations

General

- Update Essential Medicine List to match services listed in the Role Delineation Policy.
- Update Role Delineation Policy to align with global best practices for providing comprehensive RMNACH service across all facility levels as well as ensure current facility practices are in-line with government policies. This includes updating language on provision of pre-packed emergency contraception, secondary prevention of cervical cancer services, GBV services, AYF services, and screening of HIV and other STIs.

Maternal Health

- Update all maternal and newborn care guidelines, protocols and standards to ensure consistency and alignment with current evidence and international standards. Updated guidelines and materials should be widely disseminated and made available at all levels of care. Providers should have easy access to documents and be able to refer to them while on duty.
- Ensure that providers are appropriate training to provide expected services and offer routine refresher trainings.
- Provide ongoing structured mentoring and support for staff from managers and supervisors to ensure quality of maternal and newborn health care services.
- Ensure that integrated ANC services are available at all facilities in the country and include: prevention of parent-to-child transmission of HIV (PMTCT), hepatitis B and syphilis; family planning; sexual and reproductive health; point of care testing/screening for HIV and STIs; and cervical cancer screening. Services should be provided by appropriately trained providers receive appropriate training and staff supervision of clinical practices should be prioritized to ensure staff are following international standards and protocols for MH services.
- Invest in infrastructure and equipment to ensure ANC services and safe deliveries can be provided in accordance with the RDP and standard service guidelines. All facilities earmarked to provide delivery services should be properly equipped with essential equipment and medicine to function properly in compliance with the policy (including provision of BEmONC and CEmONC services). Facility managers and government health officials should conduct internal audits of equipment and repair or replace broken pieces. SOPs should also be developed to ensure that specific items are always located in delivery rooms and are maintained so that they can be used without any additional steps that would delay immediate response to an emergency.
- Prioritize improving the capacity of AHC to reach BEmONC standards and address gaps in staffing, equipment and drugs at hospitals and AHC to enable them to provide all signal functions of BEmONC and CEmONC.
- Strengthen systems for identifying and disposing of expired medicines and products, including increased supportive supervision from higher levels.

Family Planning

- Review and revise family planning guidelines in accordance with updated global recommendations. These updated guidelines should be widely disseminated and promoted to health service managers, supervisors and providers. Providers should also receive structured refresher course on revised guidelines and practices.
- Update current policy to enable provision of implants at lower levels of the health system as part of efforts to ensure clients have a choice for a long-term methods.
- Establish MOUs with non-government partners/organisations to expand FP services in the country. Through these agreements, the MOH must also ensure a ready supply of a wide range of short-, long-acting and emergency contraceptives to all implementing agencies.

- Ensure that family planning services, including choice of contraception, are provided free of coercion and conducted in a private, comfortable and confidential environment. Choice of contraception should be decided by the individual client regardless of age, marital status or disability status.

Cervical Cancer

- Finalize National Cervical Cancer Prevention Policy and Guidelines. Once endorsed, ensure that guidelines are dissemination to all facilities.
- Expand availability of secondary cervical cancer prevention services, including screening for and treatment of pre-cancer lesions to all facility levels and integrated into ANC and other RMNCAH service per recommended polices.
- Strengthen efforts to equip health care providers with the necessary competencies and skills to provide secondary cervical cancer prevention services on a routine basis. All health workers operating from facilities designated to deliver secondary cancer prevention, treatment of pre-cancerous lesions and primary referral services should receive initial and follow-up training on the cervical cancer clinical guidelines. Trainings should be reinforced through structured supported supervision.
- Create awareness on preventability of cervical cancer, including availability of services including screening, referrals and HPV vaccination though structured outreach in communities and other lower level facilities.
- Ensure consistent availability of Pap Smear kits and related consumables in all facilities providing secondary cervical cancer prevention services.
- Establishment of a national cancer registry for all cancers (including cancers of the reproductive system) to track screening, testing, and treatment regimes, outcomes and duration.
- Incorporate EPI policy on HPV vaccination into RMNACH program.

STI, including HIV, Services

- Revise National STI/HIV Testing and Counselling Policy, and HIV Testing Guidelines. Once completed, these guidelines should be widely disseminated and promoted to health service managers, supervisors and providers to help strengthen voluntary confidential counselling and testing at hospitals, outpatient clinics and antenatal services. Providers should also receive structured course on guidelines and practices.
- Scale-up HIV and STI point of care/rapid testing (inclusive of stock supply, SOPs and training for health workers), and where these are not available/appropriate, expand resourcing for improved laboratory capacity (including sufficient trained human resources to cover periods of staff absence, and appropriate stocks of consumables and equipment).
- Integrated prevention of parent-to-child transmission of HIV, Hepatitis B and syphilis through antenatal care clinics, and consultations for family planning and sexual and reproductive health.

Adolescent and Youth-Friendly Services

- Continue to strengthen and expand AYF services to all facilities, ensuring that services are more accessible, acceptable and affordable for young people. Health providers should receive training on AYF service provisions and referral pathways. Additionally, facilities should allocate spaces for counselling rooms that provide audio and visual privacy. For many facilities, investments in infrastructure will be necessary to ensure this privacy.
- Distribute updated AYF guidelines and associated IEC materials to all facilities. Health service managers, supervisors and providers should be trained on updated guidelines with practices reinforced through structured supervisory support.
- In line with guidelines, work with the individual communities served by the facility and identify opportunities to offer flexible hours of operation to better cater to client needs. This could include expanded evening or weekend hours.
- Development mechanisms to ensure youth engagement in the process of health service planning,

management, monitoring and delivery. Youth Council representatives at various levels should be encouraged to join/participate in community and provincial Health Committees, periodic monitoring and support to service delivery (through peer education, community mobilisation and outreach).
- Engage and sensitize school teachers and leaders of faith-based and community-based organization working with adolescents and youth on the importance of reproductive health services.

Gender-Based Violence Services

- Expand GBV services to all facilities in compliance with the Essential Services Package for Women and Girls Subject to Violence which includes appropriate facilities and staff competent to identify, refer, treat and document cases of GBV.31
- Ensure Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence are available at all facilities.
- In coordination with guidelines dissemination, develop job aids and IEC materials for health workers and clients to better identify, treat and provide services to survivors.
- Continue to invest in strengthening health workers capacity on the provision of health care responses for survivors of GBV, including treatment and safe and effective referral to specialist services. Structured training should include empathetic reception, support and counselling practices, and confidentiality and referral protocols. Additionally, capacity building should also include components that challenges health worker attitudes toward gender and social norms, which can dictate response services.
- Invest in infrastructure to ensure that health facilities are equipped with confidential examination rooms providing audio and visual privacy in order to protect the survivor's confidentiality and support a high level of comfort as well as the appropriate resources to receive and provide immediate health and social support to survivors. This to include maintenance of sexual assault examination and testing kits ('rape kits'), emergency contraceptives and post-exposure prophylaxis for HIV and STIs.
- Strengthen linkages between health facilities and cross-sectoral networks (with counselling and social support organisations, law enforcement and community-based support individuals and organisations), and regularly reviewing and updating contact names and details to ensure support to survivors when needed. Develop provincial level MOUs with other agencies to provide these services.
- Identify GBV focal points in each province to ensure quality of trainings and provide ongoing structured mentoring and support to ensure survivors of GBV receive comprehensive and continuous care.
- Increase support for collecting data related to identified cases of GBV, including the development of stronger case management systems that support countrywide referral and administrative data collection.

Integrated Maternal and Reproductive Health Services

- Increase availability of integrated maternal and reproductive health services in line with Solomon Island's package of essential health services. This includes ensuring that family planning information and commodities, point of care testing/screening for HIV and STIs; cervical cancer screening and other RMNACH essential services can be accessible from a health facility at any time, regardless of the main reason for the visit.
- Ensure health care providers have the necessary competencies and skills to provide integrated maternal and reproductive health services.
- Expand management of ECs to lower level facilities, especially those intended for GBV response.
- Supply Chain and Reproductive Health Commodity Security
- Review National Medical Store procurement and distribution practices to ensure that all products listed in Solomon Island's EML are in full or near-full supply at the appropriate levels.
- Finalise, adopt and roll out updated Contraceptive Logistics Management System SOPs with update logistics management tools and practices, including stock/bin cards, ordering and resupply forms, and data reporting, and ensure their availability and use at each level of the supply chain.
- Review current policies for disposal of expired medicines and equipment unable to be repaired and, if necessary, conduct dejunking exercise to remove and dispose of all expired products and broken

equipment in health facilities. Develop waste management protocols to ensure safe disposal of expired commodities consistent with environmental conservation commitments, and to mitigate further exacerbation of climate effects. Identify appropriate incinerators for disposal of expired goods and medications.

- Strengthen health providers capacity in logistics management, specifically, proper use of logistic management forms, understanding of stockouts or low supply, and proper policy around stock management. It is important to strengthen capacity in logistics management through training, supportive supervision, and the availability of guidelines and/or job aids that enable health workers to do their job more accurately and effectively.
- Invest in expanded digital logistics and stock management information systems and tracking platforms, such as mSupply.
- Review quantification and supply planning procedures, and ensure all personnel are trained in quantification. Quantification and supply planning should also take into account stock requirements of non-government service providers operating under an MOU with the MHMS.
- Update supportive supervision practices to ensure facilities that fall behind in logistics management can be identified and receive the support that they need.
- Create provincial level teams that routinely review facility performances including quarterly review of spot check data to identify and address supply chain issues.
- Invest in training adequate appropriate cadres of staff – dispensers, pharmacists.

Health Management Information System

- Continue roll out of updated registers/tally sheets and HMIS summary tools to ensure that services provided are accurately captured and reported to the higher authority.
- Incorporate NRH reproductive health data into DHIS2 System.
- Revise reporting procedures and develop reporting cycles to enable transparency and information sharing at all levels of the system.
- Train staff in the proper use of health management forms and reporting cycles. Routine supportive supervision visits should be used to reinforce this learning.

Disability-inclusive Services

- Adopt a twin-track approach to the provision of SRH and GBV services to guarantee that persons with disabilities have access to the range of services, involvement, and integration necessary to realize their rights. Following this approach, expand the availability of disability-inclusive sexual and reproductive health and gender-based violence services.
- In addition to ensuring that all facilities are fully accessible to people with disabilities and up to building codes, the MHMS should guarantee the availability of disability-inclusive intake forms and IEC materials in accessible formats (Braille; large print; audio; digital formats, compatible with screen readers; sign language with an interpreter of a preferred gender, captioning; simplified formats; and pictorial guides).
- Train staff on how to provide disability-inclusive services to people with disabilities and provide them with guidelines and job-aids that outline standard operating procedures to serve patients with disabilities. Engage women and young persons with disabilities, disabled person's organizations, and families of persons with disabilities (where appropriate), in all stages of the review and development of these guidelines and protocols.
- Strengthen networks, partnerships and linkages between facilities and disability organizations and associations to promote resource sharing and to bolster available support services.
- Implement programme and policy safeguards to ensure that all SRH services are only provided on a voluntary basis with the free and informed consent of the person with a disability, including for disclosure of information. Implement monitoring mechanisms that provide oversight to SRHR service providers to ensure that informed consent is being attained appropriately.

Endnotes

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Annex 1: Definitions

The following definitions were used during the assessment:

"In the facility":

- For AHCs and RHC/UHCs, this refers to the facility as a whole.
- In hospitals, this refers to all the areas/units/wards where the RMCH services are provided plus the main pharmacy and store rooms (e.g., enumerators went into surgery wards to assess availability of equipment and supplies.)

"In the delivery room":

- This refers to the room(s) or nearby area(s) where deliveries take place. In cases where a medicine cart was used, if the cart was positioned outside of the delivery room, with the expectation of being rolled into the room during delivery, it was considered "in the delivery room." If a medicine cart was located elsewhere (e.g., in the PNC ward) it was not considered "in the delivery room."

Availability/Expiries on day of visit:

- Any usable and/or expired medicines located in the delivery room were considered to also be available/expired in the facility. The reverse however was not assumed.
- For usable/expired FP product counts, products located in the facility's primary FP storage area (e.g., room, cabinet, drawer) were included in the count. Those that had already been dispensed to other wards were excluded.

Stockout/unavailable: Absence of any usable product within designated areas.

Foetal stethoscope: Doppler/ funduscope/ CTG (i.e., any foetal heart monitoring device). Adult or nurse stethoscope were not considered to be a foetal stethoscope.

Examination light: Any light source, including a flashlight, that can be focused on a specific area; general overhead lights were excluded.

Towel for drying babies: Any small/medium piece of cloth designated for drying babies; regular bed sheets were excluded.

ICT (mobile/internet): Only considered available if provided by the facility

Clock with a timer: Owned by the facility and located on the wall or otherwise in clear sight of delivery beds or part of the official uniform. Personal watch or phone were excluded

Annex 2: Product List

Group	Products	
Family Planning	Combined Oral Contraceptives (Microgynon)	Intrauterine Devices (IUD)
	Female Condoms	Male Condoms
	Implants (Jadelle)	Pre Packed Emergency Contraceptives
	Injectable Contraceptives (DMPA-IM/Depo)	Progestin-Only Pills (Microlute)
Maternal and Newborn Health (ANC and PNC services)	Antibiotic eye ointment for newborns	Iron Tablets/Tonic *(Ferrous Sulphate or Ferrous Gluconate, etc.)*
	Antibiotics (Ampicillin, Azithromycin, Benzathine Penicillin, Cefixime etc.)	Lancets
	Anti-hypertensive medicines (Hydralazine, Methyl Dopa, or Nifedipine)	Mebendazole
	Calcium Gluconate	Metronidazole
	Corticosteroids Betamethasone or Dexamethasone)	Microcuvettes
	Folates/Folic Acid	Tetanus Toxoid
	Glucose Test Strips (to Use With Glucometer)	Urine Dipsticks
Safe Delivery	Ergometrine	Magnesium Sulphate
	Oxytocin	Misoprostol
	Sodium lactate solution/infusion (Ringer lactate) or normal saline	
HIV and STI	HIV Test Kits	Syphilis Test Kits

Annex 3: List of Facilities Visited

Province	Area	Facility Name	Type	Public/Private
Central Province	Central Big Gela	Tulagi	Hospital	Public
	East Big Gela	Borohinaba	RHC	Public
		Taroniara	AHC 1	Private
		Vura	RHC	Public
	Russels	Louna	RHC	Public
		Pepesala	RHC	Public
		Yandina	AHC 2	Public
	Sandfly & Buenivesta	Leitongo	RHC	Public
		Olevuga	AHC 1	Public
		Tathi	RHC	Public
		Toga	RHC	Public
	Savo	Bonala	RHC	Public
		Kaogele	RHC	Public
		Koela	RHC	Public
		Panueli	AHC 1	Public
	Small Gela	Belaga	RHC	Public
		Dede	RHC	Public
		Koilovala	RHC	Public
		Salisapa	AHC 1	Public
		Vuturua	RHC	Public
Choisuel Province	North East	Nuatabu	RHC	Private
		Pangoe	AHC 2	Public
		Susuka	RHC	Public
		Varuqa	RHC	Public
	North West	Moli	RHC	Private
		Polo	RHC	Public
		Sirovanga	RHC	Private
		Taro Hospital	Hospital	Public
		Voza	RHC	Public
	South	Luti	RHC	Public
		Papara	RHC	Public
		Posarae	RHC	Public
		Sasamuga	AHC 2	Private
		Wagina	RHC	Public
Guadalcanal Province	Aola	Aola	AHC 2	Public
		Bualale	RHC	Public
		Bubuhunu	RHC	Public
		New Tenabuti	RHC	Public
		Verani	RHC	Public
	Avuavu	Avuavu	AHC 1	Public
		Kuma	RHC	Public
		Mandacacho	RHC	Public
	Grove	Balasuna(GPPOL 3)	RHC	Private
		Good Samaritan	AHC 2	Public
		Ngalimbiu(GPPOL1)	RHC	Private
		Tetere(GPPOL 2)	RHC	Private
		Turarana	RHC	Public

Province	Area	Facility Name	Type	Public/Private
Guadalcanal Province	Marara	Marara	AHC	Public
		Tamboko	RHC	Public
		Visale	AHC 2	Private
	Marau	Balolava	RHC	Public
		Luguvasa	RHC	Public
		Marau	AHC 2	Public
		Saro	RHC	Public
		Totongo	RHC	Public
	Tangarare	Foxbay	RHC	Public
		Mbabanakira	RHC	Public
		Tangarare	AHC 2	Public
		Viso	RHC	Public
Honiara	Honiara	National Referral (NRH)	Hospital	Public
Honiara City Council	Central	Mataniko	UHC 2	Public
		MBokonavera	UHC 1	Public
		Pikinini Clinic	UHC 2	Public
	East	Vura	UHC 1	Public
		Naha	UHC 1	Public
	West	Mbokona	UHC 2	Public
		Rove	UHC 2	Public
		White River Clinic	UHC 1	Public
Isabel Province	Bolotei	Baolo	RHC	Public
		Bolotei	AHC 1	Public
		Goveo	RHC	Public
	Buala	Buala AHC	AHC 2	Public
		Buala Hospital	Hospital	Public
		Guguha	RHC	Public
		Hoffi	RHC	Public
		Visena	RHC	Public
	Kia	Kia	AHC 1	Public
		Moloforu	RHC	Public
		Samasodu	RHC	Public
	Konide	Kolomola	RHC	Public
		Kolotubi	RHC	Public
		Susubona	RHC	Public
	Tatamba	Kalenga	RHC	Public
		Kamaosi PSS	RHC	Public
		Lelegia	RHC	Public
		Poro	RHC	Public
		Tasina/Sigana	RHC	Public
		Tatamba	AHC 1	Public
		Vulavu	RHC	Public
Makira-Ulawa Province	Arosi	Aringana	RHC	Public
		Ngarigohu	RHC	Public
		Tawaraha	AHC 2	Public
		Ubuna	RHC	Public
		Waikaha	RHC	Public

Province	Area	Facility Name	Type	Public/Private
Makira-Ulawa Province	North Coast	Kirakira	Hospital	Public
		Maepua	RHC	Public
		Maerongasia	RHC	Public
		Manasugu	RHC	Public
		Naharahau	RHC	Public
		Narame	RHC	Public
	Starharbour	Aorigi	RHC	Public
		Gupuna	RHC	Public
		Namuga	AHC 2	Public
		Narate	RHC	Public
	Ulawa/Ugi	Haupala	AHC 1	Public
		Kerepei	RHC	Public
		Suulopo	RHC	Public
		Taheramo	RHC	Public
	Weathercoast	Parego	AHC 1	Public
		Tetere	RHC	Public
		Waihaga	RHC	Public
Malaita Province	Central	Auki	AHC	Public
		Busurata	RHC	Public
		Dala	RHC	Public
		Fauabu	RHC	Public
		Gwaifai	RHC	Public
		Gwaonaoa	RHC	Public
		Hauhui	RHC	Public
		Kilu'ufi	Hospital	Public
		Kiu	RHC	Public
		Lesiala	RHC	Public
		Maoa	RHC	Public
		Oneoneabu	RHC	Public
		Rafufu	RHC	Public
		Sinamauri	RHC	Public
		Talakali	RHC	Public
	East	A'arai (Kibakosi)	RHC	Public
		Atoifi	Hospital	Private
		Manawai	RHC	Public
		Nafinua	AHC 2	Public
		Namolaelae	RHC	Public
		Olomburi	RHC	Public
		Sinaragu	RHC	Public
	North	Arao	RHC	Public
		Ataa'a	RHC	Public
		Bita'ama	RHC	Public
		Fo'ondo	RHC	Public
		Gwaunatolo	RHC	Public
		Keukwao	RHC	Public
		Kwailabesi	RHC	Private
		Malu'u	AHC 2	Public
		Sulagwalu/Matakwalao	RHC	Public
		Takwa	AHC 1	Public

Province	Area	Facility Name	Type	Public/Private
Malaita Province	South	Afio	AHC 2	Public
		Rohinari	RHC	Public
		Rokera	RHC	Public
		Sa'a	RHC	Public
		Takataka	RHC	Public
		Taramata	RHC	Public
		Tarapaina	RHC	Public
		Tawaro	RHC	Public
		Uhu	RHC	Public
Rennell-Bellona Province	Bellona	Nuku	RHC	Public
	Rennell	Tengano	RHC	Public
		Tingoa	AHC 2	Public
Temotu Province	Lata	Kati	RHC	Public
		Lata	Hospital	Public
		Lata CHT	AHC 1	Public
		Otomongi	RHC	Public
	Nangu	Dendu	AHC 1	Public
		Lagoon	RHC	Public
	Reefs	Manuopo	AHC 1	Public
		Nuoba	RHC	Public
	Vanik-Utupua-Duffs	Emua	AHC 1	Public
		Nembao	RHC	Public
		Ngauta	RHC	Public
Western Province	Central Islands	Gizo Hospital	Hospital	Public
		Guns	UHC 2	Public
		Kukundu	RHC	Private
		Poitete	RHC	Public
		Ringgi	AHC 1	Public
	East New Georgia	Arara	RHC	Public
		Batuna	RHC	Private
		Cheara	RHC	Public
		Keru	RHC	Public
		Seghe	AHC 2	Public
		Viru	RHC	Public
	Ranogga/Simbo	Kara	RHC	Public
		Koriovuku	AHC 2	Public
		Lale	RHC	Public
		Pienuna	RHC	Public
	Shortlands	Falamae	RHC	Public
		Harapa	RHC	Public
		Nila	AHC 2	Private
		Toumoa	RHC	Public
	Vella La Vella	Dovele	RHC	Public
		Kolokolo	RHC	Public
		Leona	RHC	Public
		Vonunu	AHC 1	Public
	West New Georgia	Buni	RHC	Public
		Helena Goldie (RHD)	RHC	Private
		Helena Goldie Hosp	Hospital	Private
		Noro Public	AHC 1	Public
		Noro Taiyo	RHC	Private
		Olive Aswani	RHC	Public
		Paradise	RHC	Public

Number of women who have received services in the last 6 months

(Based on available records and reports)

	Central		Choisuel		Guadalcanal		HCC		Honiara		Isabel	
	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting
ANC services	1,009	19	1,751	14	4,108	24	5,869	6	1,279	1	257	20
PNC services	432	18	746	14	1,054	24	1,706	7	1,585	1	245	19
Delivery services	228	18	364	12	764	19	-	-	2,566	1	358	19
Received FP service*	3,319	19	905	14	5,506	24	2,634	6	123	1	335	19
New users/ acceptors of modern FP methods*	98	19	116	14	237	22	400	7	-	-	132	19

	Makira		Malaita		RenBel		Temotu		Western		Total	
	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting	Number of women	Number of facilities reporting
ANC services	1,405	18	2,737	36	49	3	924	10	2,474	27	21,862	178
PNC services	409	19	942	25	13	3	333	11	1,732	28	9,197	169
Delivery services	629	22	1,579	31	25	2	229	9	1,286	27	8,028	160
Received FP services*	1,473	17	3,388	31	34	3	405	11	4,842	26	22,964	171
New users/ acceptors of modern FP methods*	213	17	312	32	13	3	169	11	315	25	2,005	169

** Number of women who have received services in the last* 3 months

Number of Healthcare Workers in Solomon Islands by Cadre

Generalist- Full Time	75	Midwife-Full Time	110
Generalist-Part Time	6	Midwife-Part Time	9
Specialist-Full Time	55	Pharmacist	38
Specialist-Part Time	3	Lab Techs	80
Nurse Practitioner	35	Assistants/Other	402
Nurse-Full Time	852	CHWs	26
Nurse-Part Time	60		

These figures are inclusive of all healthcare workers based throughout the entire facility and are based on information collected by enumerators during facility visits. As such, figures might differ from those listed in the "State of the Pacific 2019 RMNCAH Workforce" report.

Definitions
Generalists: Generalist or registrars (someone who will rotate between areas/wards)
Specialists: Consultants or Specialist (someone who is stationed in the ward and has a post degree/advanced degrees)
Nurse practitioners: Practicing NPs
Nurses: Diploma, bachelor, masters, and RNs
Midwives: Practicing Midwives in the facility
Pharmacist: Pharmacists (bachelor), Pharm officers/technicians (certification/diploma)
Lab tech: Lab tech, phlebotomist, microscopists
Assistants/ Other: Nurse aid, orderly porters (who move patients), drivers of ambulances
CHW: Peer educators, community health volunteers/ community based educators and distributors (CBED)

Annex 5: UNFPA PDD Indicators

1. Percentage of Primary SDPs that are providing at least 3 modern methods of contraception on the day of assessment. [UNFPA Supplies Indicator 1.3.1]	66%
2. Percentage of Secondary/Tertiary SDPs that are providing at least 5 modern methods of contraception on the day of assessment. [UNFPA Supplies Indicator 1.3.2]	10%
3a. Percentage of SDPs with stockout of any family planning method or product (day of last visit)	49%
3b. Percentage of SDPs with stockout of any family planning method or product/last 6 months). [UNFPA Supplies Indicator Proposed 1]	41%

Note for Indicator 3a and 3b. Facilities were only considered stock-out of method if facility reported managing product during the previous 12 months. Indicator 3b is calculated based on responses from provider and considered 6 month recall.

Staff and Services

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Choisuel	Taro Hospital	Hospital	Secondary	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Moli	RHC	Primary	✗	✗	✓	✓	✓	✗	✗	✓	✗
	Voza	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Sasamuga	AHC 2	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Papara	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Luti	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Posarae	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Wagina	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
	Varuqa	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Nuatabu	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Pangoe	AHC 2	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Susuka	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Polo	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
	Sirovanga	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
Central	Tulagi	Hospital	Secondary	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Toga	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✗
	Olevuga	AHC 1	Primary	✗	✗	✗	✓	✓	✓	✓	✓	✗
	Tathi	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Taroniara	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Koilovala	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Dede	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Vuturua	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Salisapa	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Belaga	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Borohinaba	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Kaogele	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✓	✗
	Panueli	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Koela	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Louna	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Yandina	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Pepesala	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Leitongo	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✓	✗
	Vura	RHC	Primary	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Bonala	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✗

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Guadalcanal	Ngalimbiu(GPPOL1)	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✓	✗
	Turarana	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Balasuna(GPPOL 3)	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✗	✗
	New Tenabuti	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Aola	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✗	✓	✗
	Bubuhunu	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Verani	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Bualale	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✗	✗
	Totongo	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
	Tamboko	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✓	✗
	Visale	AHC 2	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Good Samaritan	AHC 2	Primary	✓	✗	✓	✓	✓	✓	✓	✓	✗
	Tetere(GPPOL 2)	RHC	Primary	✓	✗	✓	✗	✓	✗	✗	✗	✗
	Marau	AHC 2	Primary	✓	✗	✓	✓	✓	✓	✓	✓	✗
	Luguvasa	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Saro	RHC	Primary	✓	✗	✓	✗	✓	✓	✓	✓	✗
	Balolava	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Avuavu	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Mandacacho	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Kuma	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Viso	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Mbabanakira	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✗
	Foxbay	RHC	Primary	✓	✗	✓	✓	✓	✓	✓	✗	✗
	Tangarare	AHC 2	Primary	✓	✗	✓	✓	✓	✓	✓	✓	✗
Honiara	National Referral (NRH)	Hospital	Tertiary	✓	✓	✓	✓	✓	✓	✗	✓	✗
HCC	Mbokona	UHC 2	Primary	✓	✓	✓	✓	✓	✗	✗	✓	✗
	Vura	UHC 1	Primary	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Naha	UHC 1	Primary	✓	✗	✓	✓	✓	✗	✗	✓	✗
	Mataniko	UHC 2	Primary	✓	✓	✓	✓	✓	✗	✓	✓	✗
	Pikinini Clinic	UHC 2	Primary	✓	✗	✓	✓	✗	✗	✗	✗	✗
	MBokonavera	UHC 1	Primary	✓	✓	✓	✓	✓	✗	✓	✓	✗
	Rove	UHC 2	Primary	✓	✗	✓	✓	✓	✗	✓	✓	✗
	White River Clinic	UHC 1	Primary	✓	✗	✓	✓	✓	✗	✓	✓	✗
Guadalcanal	Marara	AHC 1	Primary	✓	✗	✓	✓	✓	✗	✓	✓	✗

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Makira	Haupala	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Taheramo	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Suulopo	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Kirakira	Hospital	Secondary	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Maepua	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Narame	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Maerongasia	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Naharahau	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Namuga	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Gupuna	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Aorigi	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Narate	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Waihaga	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Parego	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Tetere	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Ngarigohu	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Tawaraha	AHC 2	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Waikaha	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Ubuna	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Aringana	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Manasugu	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
	Kerepei	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
Malaita	Oneoneabu	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Busurata	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✗
	Gwaifai	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✓	✗
	Talakali	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Rafufu	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Sinamauri	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Maoa	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✗
	Lesiala	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Hauhui	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✗	✗
	Kiu	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Rohinari	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Uhu	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✗	✗

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Malaita	Afio	AHC 2	Primary	✓	✗	✓	✓	✓	✓	✓	✗	✗
	Rokera	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✓	✗
	Sa'a	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Tawaro	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Tarapaina	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Taramata	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Takataka	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Manawai	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Olomburi	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Kilu'ufi	Hospital	Secondary	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Auki	AHC 1	Primary	✗	✗	✓	✓	✓	✗	✗	✗	✗
	Gwaonaoa	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Dala	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Fauabu	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✓	✗
	Arao	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Fo'ondo	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Bita'ama	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Malu'u	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✗	✓	✗
	Sulagwalu/ Matakwalao	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✓	✗
	Keukwao	RHC	Primary	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Kwailabesi	RHC	Primary	✗	✗	✗	✓	✓	✓	✗	✓	✗
	Takwa	AHC 1	Primary	✗	✗	✗	✗	✓	✓	✗	✓	✗
	Gwaunatolo	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✗
	Ataa'a	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Nafinua	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✗	✓	✗
	A'arai (Kibakosi)	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Namolaelae	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Atoifi	Hospital	Secondary	✗	✓	✓	✗	✓	✓	✗	✗	✗
	Sinaragu	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✗	✗
RenBel	Tingoa	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Tengano	RHC	Primary	✗	✗	✓	✓	✓	✗	✓	✗	✗
	Nuku	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Temotu	Lata	Hospital	Secondary	✗	✓	✓	✓	✓	✓	✓	✓	✗
	Lata CHT	AHC 1	Primary	✗	✗	✓	✗	✓	✗	✓	✗	✗
	Kati	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✗	✗
	Otomongi	RHC	Primary	✗	✗	✓	✗	✓	✗	✓	✗	✗
	Lagoon	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Dendu	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Nembao	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Ngauta	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Emua	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Manuopo	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✗
	Nuoba	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
Western	Falamae	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Harapa	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Nila	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Toumoa	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Gizo Hospital	Hospital	Secondary	✓	✗	✓	✓	✓	✓	✗	✗	✗
	Guns	UHC 2	Primary	✗	✗	✓	✓	✓	✗	✗	✗	✗
	Lale	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Kara	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Pienuna	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Koriovuku	AHC 2	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
	Vonunu	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Kolokolo	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Dovele	RHC	Primary	✓	✓	✓	✗	✓	✓	✓	✗	✗
	Leona	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✗
	Seghe	AHC 2	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗
	Batuna	RHC	Primary	✗	✓	✓	✗	✓	✓	✗	✗	✗
	Cheara	RHC	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✗
	Viru	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Keru	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Paradise	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Helena Goldie Hosp	Hospital	Secondary	✗	✗	✓	✓	✓	✓	✗	✓	✗
	Helena Goldie (RHD)	RHC	Primary	✗	✗	✓	✓	✓	✗	✓	✓	✗
	Noro Public	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗

Island/ group/atoll	Facility Name	Facility Type	Level	Availability of trained staff				Availability of services				Availability of updated stock records
				Medical Doctor	Specialist Doctor	Nurse	Midwife	Family Planning	Delivery	Adolescent and Youth Friendly	Sexual and Gender-based Violence	Emergency contraceptive pills
Western	Noro Taiyo	RHC	Primary	✗	✗	✓	✗	✓	✗	✗	✓	✗
	Olive Aswani	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Buni	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Arara	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Ringgi	AHC 1	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✗
	Poitete	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Kukundu	RHC	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗
Isabel	Buala Hospital	Hospital	Secondary	✓	✗	✓	✓	✓	✓	✓	✓	✗
	Buala AHC	AHC 2	Primary	✗	✗	✓	✓	✓	✗	✓	✓	✗
	Guguha	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Goveo	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗
	Bolotei	AHC 1	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Baolo	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Kia	AHC 1	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✗
	Samasodu	RHC	Primary	✗	✗	✓	✗	✓	✓	✓	✓	✗
	Moloforu	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Susubona	RHC	Primary	✗	✗	✗	✓	✓	✓	✓	✓	✗
	Kolotubi	RHC	Primary	✗	✗	✗	✓	✓	✓	✓	✗	✗
	Kolomola	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Lelegia	RHC	Primary	✗	✗	✗	✗	✓	✓	✗	✓	✗
	Vulavu	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✓	✗
	Kalenga	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Tasina/Sigana	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Kamaosi PSS	RHC	Primary	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Tatamba	AHC 1	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Poro	RHC	Primary	✗	✓	✓	✗	✓	✓	✓	✓	✗
	Visena	RHC	Primary	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Hoffi	RHC	Primary	✗	✗	✓	✗	✓	✓	✗	✗	✗

Delivery

Island/ group/atoll	Facility Name	Level	BEmONC	BEmONC Signal Functions										CEmONC	CEmONC Functions		Delivery Equipment																									Neonatal resuscitation equipment							
			Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Choisuel	Taro Hospital	Secondary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✓	✓
	Moli	Primary	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Voza	Primary	✗	✗	✗	✓	✓	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Sasamuga	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✓
	Papara	Primary	✗	✓	✗	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗
	Luti	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Posarae	Primary	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✗	✓	✗	✗
	Wagina	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗
	Varuqa	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Nuatabu	Primary	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	✓
	Pangoe	Primary	✗	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗
	Susuka	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓
	Polo	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗	✓	✗	✓
	Sirovanga	Primary	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓
Central	Tulagi	Secondary	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓
	Toga	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Olevuga	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓
	Tathi	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Taroniara	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Koilovala	Primary	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✓	✓	✗	✓
	Dede	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Vuturua	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓
	Salisapa	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗
	Belaga	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗
	Borohinaba	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Kaogele	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗

			BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																						Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Central	Panueli	Primary	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗
	Koela	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Louna	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Yandina	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓
	Pepesala	Primary	✗	✗	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✓	✓	✗	✗	✗
	Leitongo	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Vura	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Bonala	Primary	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Guadalcanal	Ngalimbiu (GPPOL1)	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Turarana	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Balasuna (GPPOL 3)	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	New Tenabuti	Primary	✗	✗	✗	✓	✓	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Aola	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗
	Bubuhunu	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗
	Verani	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Bualale	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Totongo	Primary	✗	✗	✗	✓	✗	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗
	Tamboko	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Visale	Primary	✗	✗	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗
	Good Samaritan	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✓	✗
	Tetere (GPPOL 2)	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Marau	Primary	✗	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓	✗
	Luguvasa	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓
	Saro	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗

			BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																									Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Guadalcanal	Balolava	Primary	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Avuavu	Primary	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✓
	Mandacacho	Primary	✗	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓
	Kuma	Primary	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Viso	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Mbabanakira	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Foxbay	Primary	✗	✗	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✗
	Tangarare	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓
Honiara	National Referral (NRH)	Tertiary	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✓
HCC	Mbokona	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Vura	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Naha	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Mataniko	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Pikinini Clinic	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	MBokonavera	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Rove	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	White River Clinic	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Guadalcanal	Marara	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Makira	Haupala	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗
	Taheramo	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Suulopo	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Kirakira	Secondary	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓
	Maepua	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Narame	Primary	✗	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Maerongasia	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗

			BEmONC	BEmONC Signal Functions												CEmONC	CEmONC Functions		Delivery Equipment																								Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Makira	Naharahau	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Namuga	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗
	Gupuna	Primary	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✓	✓	✓	✗	✗
	Aorigi	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Narate	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Waihaga	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✗
	Parego	Primary	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗
	Tetere	Primary	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Ngarigohu	Primary	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Tawaraha	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Waikaha	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
	Ubuna	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Aringana	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Manasugu	Primary	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Kerepei	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
Malaita	Oneoneabu	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Busurata	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaifai	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Talakali	Primary	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Rafufu	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Sinamauri	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Maoa	Primary	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Lesiala	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Hauhui	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Kiu	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗

Island/ group/atoll	Facility Name	Level	BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																						Neonatal resuscitation equipment							
			Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
	Rohinari	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Uhu	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Afio	Primary	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
	Rokera	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Sa'a	Primary	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Tawaro	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
	Tarapaina	Primary	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
	Taramata	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗
	Takataka	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
	Manawai	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
	Olomburi	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Kilu'ufi	Secondary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✓	✓
	Auki	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaonaoa	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Dala	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Malaita	Fauabu	Primary	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✓
	Arao	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Fo'ondo	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Bita'ama	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Malu'u	Primary	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗
	Sulagwalu/ Matakwalao	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Keukwao	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Kwailabesi	Primary	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Takwa	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaunatolo	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Ataa'a	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Nafinua	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✓	✗	✗
	A'arai (Kibakosi)	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Namolaelae	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Atoifi	Secondary	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗	✗
	Sinaragu	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

			BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																						Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
RenBel	Tingoa	Primary	✗	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗
	Tengano	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Nuku	Primary	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✓	✗	✗	✗
Temotu	Lata	Secondary	✗	✓	✗	✓	✗	✓	✓	✓	✗	✗	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓
	Lata CHT	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Kati	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Otomongi	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Lagoon	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓
	Dendu	Primary	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓
	Nembao	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓
	Ngauta	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓
	Emua	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✓
	Manuopo	Primary	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
	Nuoba	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓
Western	Falamae	Primary	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓
	Harapa	Primary	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✓
	Nila	Primary	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
	Toumoa	Primary	✗	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗
	Gizo Hospital	Secondary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗	✓	✓
	Guns	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Lale	Primary	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓
	Kara	Primary	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗	✗
	Pienuna	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
	Koriovuku	Primary	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓
	Vonunu	Primary	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗

			BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																						Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Western	Kolokolo	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✗
	Dovele	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓
	Leona	Primary	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✓	✓	✗	✗
	Seghe	Primary	✗	✓	✓	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Batuna	Primary	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✓	✓	✗	✓
	Cheara	Primary	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Viru	Primary	✗	✓	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Keru	Primary	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✗	✓
	Paradise	Primary	✗	✗	✗	✓	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✓	✓	✗	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✓	✗	✓	✓	✗	✓
	Helena Goldie Hosp	Secondary	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓
	Helena Goldie (RHD)	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Noro Public	Primary	✗	✓	✗	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Noro Taiyo	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Olive Aswani	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Buni	Primary	✗	✗	✗	✓	✓	✗	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Arara	Primary	✗	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗
	Ringgi	Primary	✗	✗	✗	✓	✓	✗	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗
	Poitete	Primary	✗	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✓
	Kukundu	Primary	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓
Isabel	Buala Hospital	Secondary	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Buala AHC	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Guguha	Primary	✗	✓	✗	✗	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Goveo	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Bolotei	Primary	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗
	Baolo	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

			BEmONC	BEmONC Signal Functions											CEmONC	CEmONC Functions		Delivery Equipment																					Neonatal resuscitation equipment							
Island/ group/atoll	Facility Name	Level	Fully BEmONC Compliant	Provides prevention & treatment of eclampsia & pre-eclampsia	Has magnesium sulfate, calcium gluconate, and antihypertensives in delivery room	Provides uterotonic drugs	Provides parenteral antibiotics	Has antibiotics in stock in delivery room on day of visit	Provides removal of retained products of conception	Provides basic neonatal resuscitation	Has functional resuscitation bag and mask size 1 for term babies in delivery room	Has functional resuscitation bag and mask size 0 for preterm babies in delivery room	Provides manual removal of placenta	Provides instrumental deliveries	Fully CEmONC Compliant	Provides emergency blood transfusions	Provides Caesarean Sections	Amnio hook	Blank partograph	Blood pressure apparatus	Cord clamp	Cusco's Speculum	Delivery bed	Disposable non-sterile latex gloves	Disposable sterile latex gloves	Elbow-length sterile gloves	Episiotomy scissors	Examination light	Fetal stethoscope	Forceps	Infant scale	Manual vacuum extractor	Needle holder	Oxygen tank	Pulse oximeter	Scissors or blade to cut cord	Self-inflating bag and mask (adult)	Sims Speculum	Suture material with needle	Thermometer	Towel for drying newborn	Suction bulb (multi-use)	Suction bulb (single use)	Incubator	Newborn suction catheter	Newborn bag and mask (size 1)	Newborn bag and mask (size 0)	Electric suction pump	Resuscitation table
Isabel	Kia	Primary	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Samasodu	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗
	Moloforu	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
	Susubona	Primary	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗
	Kolotubi	Primary	✗	✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
	Kolomola	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Lelegia	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
	Vulavu	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗
	Kalenga	Primary	✗	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗
	Tasina/Sigana	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✓	✗	✗
	Kamaosi PSS	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	Tatamba	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Poro	Primary	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
	Visena	Primary	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗
	Hoffi	Primary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗

Stock Record

Island/ group/atoll	Facility Name	Level	Availability of updated stock records							
			Male condoms	Female condoms	Combined oral contraceptives	Progestin-only pills	Injectable contraceptives	Intrautrine contraceptive devices	Implant contraceptives	Emergency contraceptive pills
Choisuel	Taro Hospital	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Moli	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Voza	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Sasamuga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Papara	Primary	✓	✓	✓	✗	✗	✗	✗	✗
	Luti	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Posarae	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Wagina	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Varuqa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nuatabu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Pangoe	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Susuka	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Polo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Sirovanga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Central	Tulagi	Secondary	✓	✓	✗	✗	✓	✗	✗	✗
	Toga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Olevuga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tathi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Taroniara	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Koilovala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Dede	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Vuturua	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Salisapa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Belaga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Borohinaba	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kaogele	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Panueli	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Koela	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Louna	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Yandina	Primary	✓	✗	✓	✓	✓	✗	✗	✗
	Pepesala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Leitongo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Vura	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Bonala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Guadalcanal	Ngalimbiu(GPPOL1)	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Turarana	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Balasuna(GPPOL 3)	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	New Tenabuti	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Aola	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Bubuhunu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Verani	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Bualale	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Totongo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tamboko	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Visale	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Good Samaritan	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tetere(GPPOL 2)	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Marau	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Luguvasa	Primary	✗	✗	✗	✗	✗	✗	✗	✗

			Availability of updated stock records							
Island/ group/atoll	Facility Name	Level	Male condoms	Female condoms	Combined oral contraceptives	Progestin-only pills	Injectable contraceptives	Intrautrine contraceptive devices	Implant contraceptives	Emergency contraceptive pills
Guadalcanal	Saro	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Balolava	Primary	✗	✗	✗	✗	✓	✗	✗	✗
	Avuavu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Mandacacho	Primary	✗	✗	✗	✗	✓	✗	✗	✗
	Kuma	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Viso	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Mbabanakira	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Foxbay	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tangarare	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Honiara	National Referral (NRH)	Tertiary	✗	✗	✗	✗	✗	✗	✗	✗
HCC	Mbokona	Primary	✓	✓	✓	✓	✓	✗	✗	✗
	Vura	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Naha	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Mataniko	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Pikinini Clinic	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	MBokonavera	Primary	✗	✓	✗	✗	✓	✗	✗	✗
	Rove	Primary	✓	✓	✓	✓	✓	✓	✓	✗
	White River Clinic	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Guadalcanal	Marara	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Makira	Haupala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Taheramo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Suulopo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kirakira	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Maepua	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Narame	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Maerongasia	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Makira	Naharahau	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Namuga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Gupuna	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Aorigi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Narate	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Waihaga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Parego	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tetere	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Ngarigohu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tawaraha	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Waikaha	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Ubuna	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Aringana	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Manasugu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kerepei	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Malaita	Oneoneabu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Busurata	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaifai	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Talakali	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Rafufu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Sinamauri	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Maoa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Lesiala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Hauhui	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kiu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Rohinari	Primary	✗	✗	✗	✗	✗	✗	✗	✗

Island/ group/atoll	Facility Name	Level	Availability of updated stock records							
			Male condoms	Female condoms	Combined oral contraceptives	Progestin-only pills	Injectable contraceptives	Intrautrine contraceptive devices	Implant contraceptives	Emergency contraceptive pills
Malaita	Uhu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Afio	Primary	✓	✓	✓	✓	✓	✗	✗	✗
	Rokera	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Sa'a	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tawaro	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tarapaina	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Taramata	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Takataka	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Manawai	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Olomburi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kilu'ufi	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Auki	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaonaoa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Dala	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Fauabu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Arao	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Fo'ondo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Bita'ama	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Malu'u	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Sulagwalu/Matakwalao	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Keukwao	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kwailabesi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Takwa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Gwaunatolo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Ataa'a	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nafinua	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	A'arai (Kibakosi)	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Namolaelae	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Atoifi	Secondary	✓	✗	✗	✗	✗	✗	✗	✗
	Sinaragu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
RenBel	Tingoa	Primary	✓	✓	✓	✓	✓	✗	✗	✗
	Tengano	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nuku	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Temotu	Lata	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Lata CHT	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kati	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Otomongi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Lagoon	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Dendu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nembao	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Ngauta	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Emua	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Manuopo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nuoba	Primary	✗	✗	✗	✗	✗	✗	✗	✗

			Availability of updated stock records							
Island/ group/atoll	Facility Name	Level	Male condoms	Female condoms	Combined oral contraceptives	Progestin-only pills	Injectable contraceptives	Intrautrine contraceptive devices	Implant contraceptives	Emergency contraceptive pills
Western Western	Falamae	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Harapa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Nila	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Toumoa	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Gizo Hospital	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Guns	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Lale	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kara	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Pienuna	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Koriovuku	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Vonunu	Primary	✓	✗	✗	✗	✓	✗	✗	✗
	Kolokolo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Dovele	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Leona	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Seghe	Primary	✓	✗	✓	✓	✓	✓	✗	✗
	Batuna	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Cheara	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Viru	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Keru	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Paradise	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Helena Goldie Hosp	Secondary	✗	✗	✗	✗	✗	✗	✗	✗
	Helena Goldie (RHD)	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Noro Public	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Noro Taiyo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Olive Aswani	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Buni	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Arara	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Ringgi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Poitete	Primary	✓	✗	✗	✗	✗	✗	✗	✗
	Kukundu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
Isabel	Buala Hospital	Secondary	✓	✗	✓	✗	✓	✗	✗	✗
	Buala AHC	Primary	✗	✗	✗	✗	✓	✓	✗	✗
	Guguha	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Goveo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Bolotei	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Baolo	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kia	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Samasodu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Moloforu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Susubona	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kolotubi	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kolomola	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Lelegia	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Vulavu	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kalenga	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tasina/Sigana	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Kamaosi PSS	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Tatamba	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Poro	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Visena	Primary	✗	✗	✗	✗	✗	✗	✗	✗
	Hoffi	Primary	✗	✗	✗	✗	✗	✗	✗	✗

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