

OPENING DOORS

Expanding Access to Sexual &
Reproductive Health:
Successes From Across the Pacific 2015-2018





Executive Directors of Pacific Member Associations with Dr Alvaro Bermejo, IPPF Director-General, at the launch of the Niu Vaka Pacific Strategy in October 2018

FOREWORD



As External Advisor to IPPF's Governing Council, I am so pleased to share with you stories of the lifechanging work that IPPF and its Member Associations do in the Pacific.

What struck me most when reading this collection of stories was the power of localisation. Throughout this collection, we see that IPPF's approach to promoting sexual and reproductive health and rights works – IPPF Member Associations are strengthened both by their local roots and their global connections.

These stories bring to life the work that IPPF Member Associations do across the region, work that will be amplified under the IPPF Niu Vaka Pacific Strategy 2019 – 2022. The Niu Vaka, launched in 2018, represents the next step in delivering and promoting sexual and reproductive health and rights in the region, and, crucially, it was developed for the Pacific, by the Pacific.

I congratulate IPPF on the incredible work that these stories represent and look forward to seeing the change that they are able to drive under the Niu Vaka.

Dr Sharman Stone

External Advisor to IPPF's Governing Council



IPPF is committed to achieving a world in which all people are free to make choices about their sexuality and well-being. This collection of stories shows the very real ways in which our Member Associations across the Pacific are making this vision a reality.

These stories also provide a window into the contexts in which Member Associations work and the challenges they face. Reading the collection, I am humbled by the hard work and dedication of the staff and volunteers working on the ground to deliver sexual and reproductive health services and defend human rights. I am inspired by their dedication, passion, and creativity in responding to the challenging circumstances in which they work. These stories demonstrate their resilience, and their drive to ensure that no one is left behind.

I would like to take this opportunity to thank our Member Associations, and the staff at the Sub-Regional Office for the Pacific who support them. Without you, this work would not have been possible. These stories only give a glimpse into the work our Member Associations do – for every story printed here, there are a hundred others that we could share.

We hope you are as inspired reading the stories as we have been.

Karen Hill

Director of Programs and Operations, Pacific

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Young pregnant woman, Fiji, IPPF/Sanjit Das

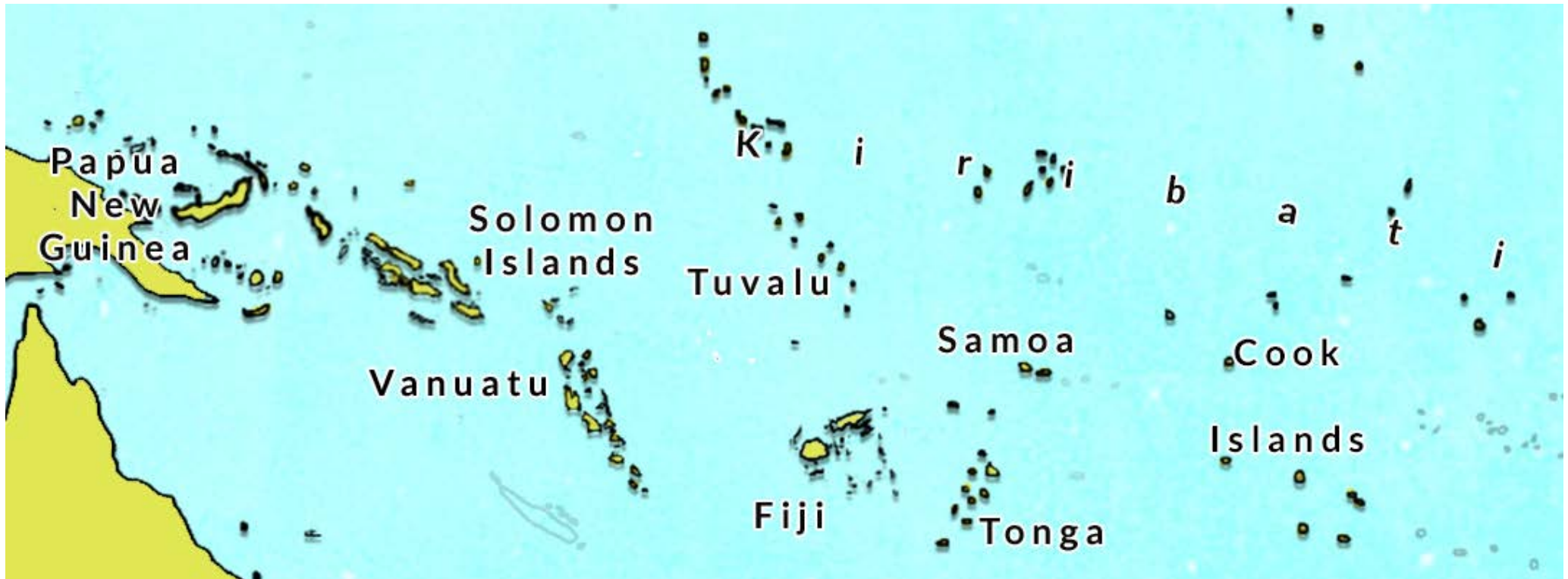
The International Planned Parenthood Federation (IPPF) is a global, non-government organisation comprising 134 Member Associations working across 145 countries, with another 26 collaborative partners working in 21 countries.

Our vision is for all people to be free to make choices about their sexuality and well-being, in a world free of discrimination.

We are committed to leaving no one behind, ensuring sexual and reproductive health services reach everyone, no matter who they are or where they live. In the Pacific, we work in nine countries: Cook Islands, Fiji, Kiribati, Papua New Guinea¹, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Our Member Associations are nationally governed and led, based in the communities whom they serve.

From 2015 to 2018, we implemented the Australian Government funded Partnerships for Health and Rights Program. The program aimed to advance the health and wellbeing of communities by improving access to lifesaving sexual and reproductive health services in Pacific Island countries. Through the program, Pacific Member Associations provided quality, rights-based sexual and reproductive health education and services to all, with a particular focus on reaching the most marginalised and underserved individuals, including those in remote communities.

Here, we share some of the stories from the program. These stories provide a glimpse of the realities of delivering sexual and reproductive health services and championing rights, and the challenges our Member Associations have overcome through the program. We offer a way forward to ensure that all people across the Pacific are free to make choices about their health, sexuality and well-being without discrimination.



¹Please note, Papua New Guinea was not part of the Partnerships for Health and Rights Program.

LEAVING NO ONE BEHIND

“IF WE CAN DO THIS TOGETHER, WE CAN DEFINITELY MOVE THE WHOLE COUNTRY FORWARD”

Outreach: Mobilising Communities to Drive Change in Kiribati

When Kiribati Family Health Association (KFHA) expanded their outreach program from six island councils to 15, they had to find new ways to reach people and empower communities to take control of their own health. The traditional outreach model, where an organisation brings their pre-determined services to a community and then leaves, was not going to be enough.

Instead, KFHA flipped the traditional model on its head, reaching out to communities and island councils to find out what their priorities and needs were, not just for sexual and reproductive health but for community development more generally. From here, KFHA worked with the island councils, the traditional local governance structures, to develop Island Development Plans. These plans provide ambitious, yet practical, targets for the next five years across issues relating to peace, economic development, sustainability, and health, including sexual and reproductive health.

As well as empowering communities to set their own targets and priority areas, KFHA also added an extra incentive for communities to achieve their goals: at the end of the year, KFHA would host a symposium where each island council would present on their progress and one island would be crowned the winner! The prize? A stunning trophy and bragging rights over the other island councils... until the competition begins again the next year, that is.

Throughout 2018, KFHA regularly visited each island involved, checking in with the island councils on progress made, any challenges they were facing and, of course, providing sexual and reproductive health services to the communities. Always conscious of the sustainability and consistency of service delivery, KFHA have also established relationships with the government health services on each island and work closely with the nurses there to build their capacity, as well as providing the necessary equipment, to deliver



Minister of Environment (left) with traditional leader of Aranuka, 2018

ongoing sexual and reproductive health services, like pap smears and the provision of contraceptives.

Towards the end of 2018, KFHA brought together nine island councils from across Kiribati to compete for the first time at their inter-island symposium. Each community took ownership of monitoring and evaluation and each island council presented on the progress their community had made, rooted in the data. At the end of the hotly contested three days, Aranuka, a small atoll just north of the equator, was crowned the winner.

Karen Hill, SROP Director of Programs and Operations, Pacific, felt privileged to attend the symposium, saying:

“The presentations were energetic and impressive, based on evidence, with all islands addressing child protection, water supply and sanitation, maternal and child health seeking behaviour, youth pregnancy, nutrition, SGBV and environmental stability through crop diversification.

“It was truly amazing how much the communities were able to achieve in just one year when the community works together with a clear, defined purpose and mobilises resources to achieve their goals. Representatives also brought local produce from their communities to sell in Tarawa as an income generating initiative.

“And of course, it would not have been a i-Kiribati event without the wonderful singing and dancing that was enjoyed by all, including the chief guest, the Minister for Health.”

Romano Rio, of Betio Town Council, the most densely populated area of Kiribati, said the symposium was inspiring: “If we can do this together, we can definitely move the whole country forward.”

As we left the meeting with Romano, his parting words were that at the next symposium, Betio were sure to come away with a medal.

It looks like the 2019 competition is already heating up.



Traditional i-Kiribati dance at the symposium, 2018

Outreach: Forging Partnerships to Overcome Barriers

Delivering outreach in the Pacific is no easy task. The terrain of some countries, like Vanuatu and Solomon Islands, can be challenging to traverse, with mountains, flowing rivers, and volcanoes, and limited road infrastructure for transport. For others, like Kiribati and Tuvalu, the sheer distance between coral atoll islands means reaching remote communities can be prohibitively time-consuming and expensive for many organisations.

It's not uncommon for outreach trips to involve hours of walking, carrying supplies, to reach communities; cancelled boat trips; lengthy and unforeseen periods away from family; and the need to develop improvised facilities. Due to staff shortages, when nurses go on outreach trips, Member Associations often have to close their largest "static" clinic for the duration of the trip. Nevertheless, inspired by IPPF's mission of 'leaving no one behind', Member Associations across the Pacific are rising to the challenge and finding new ways to reach remote and under-served communities.

The Solomon Islands Planned Parenthood Association (SIPPA) empower their volunteer network of highly engaged Community-Based Educators and Distributors (CBEDs) to deliver their outreach program in partnership with the Ministry of Health, ensuring that no-one is left behind, no matter how remote.

Susan, a Community-Based Educator and Distributor at SIPPA, manages the drama group, who join the outreach team to raise awareness of sexual and reproduction health issues. We asked Susan to tell us more about her experiences of SIPPA's outreach program.

"I was first selected to join SIPPA as a Church Youth representative. I was a youth leader in my local church and had been engaged with religious youth activities for a few years. Coming to SIPPA was a challenge as in church youth groups you don't openly talk about sensitive issues such as Sexual Reproductive Health, but I had an overwhelming determination to work with young people and that helped me to refine and come up with ways to integrate the information learnt into our youth programmes.

"As my confidence grew, I became more involved with the broader SIPPA CBED programme.



Susan, CBED, SIPPA, Solomon Islands, 2019

“The Medical Missions would be the key highlight for me. The Medical Mission is when we SIPPA CBEDs team up with [Ministry of Health] nurses from a particular Province and we cover certain remote or otherwise distant parts of the Province that have not had access to SRH clinical or awareness activities. ... Our partners normally provide logistical support... and provision of nurses as contribution for the mission.

“The most stand out medical mission was our trip to Kuvamiti area along the Longu River in East Guadalcanal. We had to climb 7 mountains and cross the river repeated many times to reach the villages and it took about 6 hours of walking.

“During our first talk with the village people it was clear that the males in the villages did not allow their partners to use contraceptives, and amongst the women folk there was a lot of myths associated to the various contraceptives. Our CBEDs did a lot of drama skits, focus group discussions and showed videos... After the activities, lots of women came forward for contraceptive use. It was the first time for most. Even the males allowed their partners to access services.

“The most stand out and positive change for me was when mothers were bringing their teenage daughters forward for contraceptives insertions, particularly the ‘Jadelle’. Even parents were consenting to some high school girls between the ages of 15 – 18 for uptake of contraceptives. I would assume they knew their [child] was sexually active.”

In Tuvalu, the Tuvalu Family Health Association (TuFHA) also work with the Ministry of Health to conduct outreach visits, ensuring that even the most remote communities can access sexual and reproductive health care.

Tuvalu is the fourth smallest country in the world in terms of land mass², but its nine islands are spread out and travel between them is unreliable at best. Often, the boat schedules will change at the last minute, leaving the outreach team unable to return home.

To work around this, TuFHA have developed an extended-outreach model and now plan to stay on each island for up to three weeks, working with the nurses at the local clinics and the Kaupule, island leaders, and delivering health services and awareness sessions to as many people as possible.



Outreach clinic, Solomon Islands

²UNOCHA, www.unocha.org/office-pacific-islands/tuvalu

“SOME ARE GETTING SOME AND SOME ARE GETTING NONE”

Comprehensive Sexuality Education in Special Schools, Fiji

Almost half of Fijians are under the age of 25³ and the Reproductive and Family Health Association of Fiji (RFHAF) is passionate about ensuring that they are able to make informed decisions about their sexuality and relationships. However, through their engagement with young people, RFHAF noticed that one group was often excluded: young people living with disabilities.

In Fiji, although the Ministry of Education has developed a sexual health curriculum that schools are mandated to implement, the actual information delivered in schools is haphazard and falls short of the necessary Comprehensive Sexuality Education (CSE): that is, sexual and reproductive health education that is complete, accurate, rights-based and quality assured.

The curriculum is commonly covered in science classes and misses out the nuances of the full experience: shying away from topics like healthy relationships, consent and pleasure. Additionally, many teachers are uncomfortable teaching the curriculum, don't understand the information themselves or only feel comfortable discussing certain parts of the curriculum.

Sera Ratu, Program Manager at RFHAF, says, “Some teachers are comfortable talking about girls' puberty and some are comfortable talking about boys' puberty. So some [young people] are getting some [information] and some are getting none. And that's where we come in.”

This is especially the case for the many Special Schools around Fiji for young people living with disabilities. Sera says that there is a large amount of work to be done to remove the stigma surrounding people living with disability – from service providers, teachers, families and the broader community.



Sera, Disability Inclusion training, Fiji, 2019

Often teachers at Special Schools do not view their students as young people with the same rights and needs as young people without disabilities, and therefore do not provide adequate CSE. As part of the Partnerships for Health and Rights Program, Sera and the RFHAF team have been able to expand their outreach to Special Schools across Fiji, delivering a contextualised CSE package. The program covers a range of topics including respectful relationships, understanding feelings, and recognising appropriate and inappropriate physical contact.

Comprehensive Sexuality Education is crucial to empowering young people to make informed decisions about their sexuality. It can also be a tool to protect young people from sexual abuse and exploitation, something which disproportionately impacts young people with disabilities³. When young people are aware of the differences between appropriate and inappropriate touching, and feel empowered to make autonomous decisions about their bodies and relationships, they are more likely to disclose inappropriate behaviour.

As part of the CSE program in Special Schools, RFHAF also run concurrent sessions for the teachers, families and the broader community and disability inclusion has been integrated into all of RFHAF's programs. All program managers are disability inclusion trainers. The next step, Sera notes, is providing health services that are truly disability inclusive. Many people living with disabilities are reluctant to go to the hospital or health centres due to discriminatory service provider attitudes.



In addition to running training sessions with service providers to improve attitudes and services to people living with disabilities, RFHAF is also working with local Disabled Persons' Organisations (DPOs) to arrange regular clinic dates at locations that people living with disabilities already feel comfortable with.

Sera notes the impact that working with RFHAF and IPPF has had on her professional development and ability to talk about sensitive and complex issues, like sexual and reproductive health and disability. When Sera first joined RFHAF, as a youth volunteer, she was reluctant to run awareness sessions on her own. However, through observing and learning from senior members of staff, as well as targeted support and capacity building, Sera's confidence grew.

Sera says, "I always travel with the old staff and they build my capacity to talk about SRH ... I think that's the biggest change for me as well – being comfortable talking about SRH to anyone."

In addition to leading the delivery of CSE to young people with disabilities in Fiji, Sera has also worked across the Pacific to promote disability inclusion. Supported by Family Planning New South Wales, Sera co-facilitated training for board members, program managers, clinical staff and volunteers at six Member Associations, in Vanuatu, Solomon Islands and Tonga in 2017 and 2018.

Sera was also able to present her experiences at the 9th Asia Pacific Conference on SRH in Vietnam. In all our work, IPPF is committed to supporting and building local knowledge and expertise, to ensure the sustainability and local ownership of the program.

³Fiji Census, 2017, www.statsfiji.gov.fj/

⁴UNFPA, 2018, www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence

Nothing About Us Without Us: Making Sexual and Reproductive Health Accessible

People living with disabilities face many difficulties in accessing healthcare, particularly sexual and reproductive healthcare. First-hand stories from across the Pacific paint a picture of negative provider attitudes, inadequate sexual and reproductive health information and healthcare, and social isolation for many people living with disabilities.

When the Solomon Islands Planned Parenthood Association (SIPPA) began renovating their Honiara clinic, it was important that the new clinic be truly accessible for people living with disabilities.

Built over 50 years ago, the building was one of the oldest in Honiara and required significant modernisation to allow SIPPA to continue providing high quality services for all. SIPPA partnered with People with Disability Solomon Islands (PWDSI), the local Disabled Persons' Organisation (DPO) throughout the renovations, to ensure that the clinic would be inclusive for people living with disabilities seeking health care.

PWDSI conducted an audit of the old building and reviewed plans for the renovation to provide a series of recommendations, including levelling the entire floor, using plain, anti-glare flooring, and widening doorways and the toilets. While these recommendations were costly to implement, it was crucial to SIPPA that the clinic was accessible for all clients seeking healthcare.

The clinic renovations attracted significant attention and the new clinic was launched by the Australian High Commissioner to Solomon Islands in March 2019, following a visit from Australia's Minister for Foreign Affairs the prior month. SIPPA's new clinic houses two additional consultation rooms is expected to enable SIPPA to see up to 50% more clients per day.

Inspired by SIPPA's approach, other Member Associations have also undertaken disability audits with their local DPOs.

Sometimes, seemingly minor changes, such as ensuring the box for feedback forms is located at an accessible level, can have a major impact on the ways in which people with disabilities receive and experience services. Now, Member Associations ensure that DPOs are consulted early and often.



Awareness session with DPO, Tuvalu



SIPPA Clinic, Solomon Islands, 2019

Member Associations are also working to involve more people living with disabilities in program design and delivery during both normal times and humanitarian crises – embodying the principle of ‘nothing about us, without us’.

To further this, staff, board members and volunteers at all Member Associations received capacity building on disability inclusion in 2017 and 2018, led by Family Planning New South Wales and supported by Sera Ratu, RFHAF Program Manager.

This training provided Member Associations with the skills and knowledge to embed disability inclusion in every aspect of their work.

For example, in Samoa, Samoa Family Health Association (SFHA) are working with the local DPO, Nuanua O Le Alofa (NOLA), to develop joint preparedness and response initiatives in case of humanitarian crises. SFHA has also been involved in policy reviews for people living with disabilities (PLWD) in partnership with government, strengthening the association’s capacity to provide accessible services and awareness sessions. The Cook Islands Family Welfare Association (CIFWA) provides regular service delivery to Tekaiga (women and girls disability centre) and a home visit program through mobile outreach.



SPPA clinic launch, Solomon Islands, 2019

YOUTH: SOLVING THE WORLD'S MOST INTRACTABLE PROBLEMS

Empowering Young People: In Photos

Peer educators, volunteers, community-based distributors, performers, actors, musicians, researchers... the list goes on. Young people play many roles across IPPF, including in our Member Associations, and are an integral part of what we do. Without them, our work would not be possible.



IPPF/Alana Holmberg



Photos:

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Vanuatu Family Health Association youth volunteer provides information materials on sexual and reproductive health at a mobile clinic in Vanuatu, 2018.

Filitonu, the drama group of Tonga Family Health Association, rehearse for their latest play to raise awareness of key issues, including gender-based violence, 2018.

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Kiribati Family Health Association youth demonstrates correct condom use, 2016.

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Kiribati Family Health Association youth at awareness session, 2016.

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RFHAF youth volunteer meets with IPPF Director-General, Dr Alvaro Bermejo, on his visit to Fiji in 2018. Mere shared her experiences at RFHAF's youth-run CSE advocacy event with parliamentarians.

CIFWA youth run a comprehensive sexuality workshop with school children in Cook Islands, including exercises on respectful relationships, 2018.



IPPF/Jack Robert-Tissot

Reflections From Volunteers

At IPPF, we prioritise building the capacity and skills of our youth volunteers to support them in their contributions to solving some of the world's most intractable problems.

Speaking with six young volunteers from Fiji, who had been involved in RFHAF for between two and nine years, the first thing that comes across is their passion for sexual and reproductive health and their confidence discussing associated issues, despite socio-cultural sensitivities. Although the youngest of the volunteers have only recently started high school, they speak with conviction and confidence about complex issues that many find awkward and taboo. One of the older volunteers, Paul, mentions how volunteering with RFHAF has made him more open-minded and confident, and the other volunteers agree.

Working with our Member Associations has also helped volunteers professionally, building their skills and capacity. As Dean Tangata, Cook Islands Family Welfare Association (CIFWA) youth representative and volunteer and Ministry of Health Nurse, notes that his seven years of volunteering with CIFWA has greatly developed his confidence and improved his career prospects by equipping him with relevant skills and knowledge.

Dean says, "The SRHR [sexual and reproductive health and rights] and CSE [comprehensive sexuality education] training I have done with CIFWA allowed me to confidently [present] my education seminars [during his degree] ... with accurate and concise information... none of which (confidence to stand and present included), I would be able to do without my work and experience I have gained through CIFWA."



SPOTLIGHT: Joshua Isikeli Sefesi, Queen's Young Leaders Award



Joshua Isikeli Sefesi receiving his award, United Kingdom, 2018

In 2018, Tonga Family Health Association (TFHA) youth campaigner, Joshua Isikeli Sefesi, was presented with a Queen's Young Leaders Award at Buckingham Palace in the United Kingdom.

Joshua has volunteered with TFHA for almost a decade to raise awareness of sexual and reproductive health issues across Tonga, helping to educate young people about prevalent issues faced by women and girls, such as adolescent pregnancy and gender-based violence. He holds sessions with men to educate them on equality and safe sexual practices, informs women about the support available to them, and is a champion for better quality, comprehensive sex education.

Upon receiving his award, Joshua described the event as: "Mind-blowing, such an incredible opportunity and privilege to represent my country and receive an award from the Queen herself."

Asked what he will do in the future, Joshua said, "I hope to approach people that are involved in governments and especially in schools as well, so we can negotiate something to include [my work] in the schools, and to reach out for more young people."

The Queen's Young Leader programme was designed to develop the recipients' leadership skills further, and ensure they are best placed to lead the way in the future to tackle some of the world's most pressing issues. As a Queen's Young Leader, Joshua has gained access to bespoke mentoring and training through the University of Cambridge's Institute of Continuing Education.



EXPANDING AND INNOVATING SERVICES

Pap smear, Tonga, 2018, IPPF/Alana Holmberg

Providing Ongoing Access to Services for the First Time

In the last four years, we launched five new clinics across the Pacific, in Samoa, Vanuatu and Fiji, expanding our services to more islands and communities, often providing ongoing, consistent access to sexual and reproductive health services for the first time.

Expanding Sexual and Reproductive Health Services in Samoa

In 2018, Samoa Family Health Association (SFHA) opened two new static clinics, in Moto'Otua on the main island of Upolu and Salelologa on Savai'i.

The clinic in Motootua also functions as SFHA's head office. The Salelologa clinic has allowed SFHA to expand their service deliver to the communities of Savai'i as it also acts as a base from which SFHA have expanded their mobile outreach to the rural communities on the island, ensuring that no one is left behind.

"It is an exciting time for SFHA," said Executive Director of SFHA, Liai Iosefa Siitia. "With this expansion we are better supported to serve more of the Samoan people who are in need of our services."

By opening the two new clinics⁵, SFHA has greatly improved the accessibility and availability of its health services, reducing the distance that clients must travel to get to a clinic, saving them time and money.

The waiting rooms of all SFHA's clinics are regularly full and the clinics stay open late to accommodate all the clients seeking services.

At all their clinics, SFHA aim to offer a 'one-stop-shop' for all sexual and reproductive health services, making their services more convenient for those using them.



Clinic launch in Savai'i, Samoa, 2018



Clinic launch in Moto'Otua, Samoa, 2018

⁵These were funded principally through the support of the DFAT bilaterally-funded Impact Project, with contributions from the Partnerships for Health and Rights Program

The Development Humanitarian Nexus: “Not only in good days but also in times of crisis, we always make sure that no one is left behind”

The Pacific region is particularly vulnerable to natural disasters and IPPF and our Member Associations are at the forefront of working across the humanitarian development continuum. As Leiloa Asaasa, Program Manager at Samoa Family Health Association (SFHA), put it: “Not only in good days but also in times of crisis, we always make sure that no one is left behind.”

In recent years, four of our Pacific Member Associations have responded to humanitarian crises, including multiple cyclones, an earthquake and a volcano. Member Associations, by strengthening their mobile outreach during stable times, have been able to smoothly transition to providing the Minimum Initial Services Package (MISP) for sexual and reproductive health in crises.

Additionally, humanitarian responses have allowed Member Associations to see gaps in current service provision, allowing them to adapt their programming post disaster to reach more people, as Vanuatu Family Health Association (VFHA) did when they responded to Cyclone Pam in 2015.

With climate change increasing the frequency and intensity of natural disasters and the protracted nature of crises slowing the recovery, the lines between stable times and crises in the Pacific are becoming increasingly blurred. Rather than existing as two separate programs, we are now planning and delivering activities across the development-humanitarian continuum, ensuring that disruptions to services are minimised.

Working in Tanna: from crisis to sustainability

When Cyclone Pam hit the island of Tanna in Vanuatu in 2015, many on the island already lacked immediate access to sexual and reproductive healthcare, with most communities living far from the limited medical facilities and women often unable to reach them to give birth. This resulted in a high unmet need for contraception and other sexual and reproductive health services, which was then exacerbated by the cyclone.



VFHA staff arrive on Ambae island, Vanuatu, 2018, IPPF/Alana Holmberg

As Tanna is a remote island with limited paved roads and infrastructure, it lacks many key services. Tanna is also home to some very traditional communities – myths and misinformation about sexual and reproductive health are rife.

In 2015, VFHA provided lifesaving, emergency sexual and reproductive healthcare to the people of Tanna following Cyclone Pam . As many people on the island had not had regular access to these services before the disaster, it was particularly fortunate that VFHA were there. The VFHA team provided general health checks, contraceptives, counselling and awareness about Sexual and Gender Based Violence, maternal care and awareness and prevention of HIV and Sexually Transmitted Infections (STI).

Since responding to Cyclone Pam in Tanna, VFHA has built a close relationship with communities on the island, regularly delivering mobile clinics. Rather than simply providing services during the emergency response, Danstan Tate, Executive Director of VFHA, recognised the need for ongoing support. With no specialist sexual and reproductive healthcare before the cyclone, there was significant need for consistent access to sexual and reproductive healthcare, including antenatal care. Initially this was provided through regular mobile clinics, but Danstan was passionate about establishing a permanent clinic on the island to provide the continuity and consistency of care that the communities needed.

Due to the remoteness of the area and the limited infrastructure, VFHA had to overcome significant practical challenges, such as establishing a supply of clean water and transporting the building materials to open the clinic. The clinic was opened by the Australian Deputy High Commissioner and the Minister of Internal Affairs in 2018. The launch was a day of celebration, with dancing and entertainment, as well as a high demand for services, with a queue snaking round the clinic! The clinic is already a key part of the community, with passers-by often dropping in for a cool drink of water on their way past.



Celebrations at the launch of the Tanna clinic, 2018

Cervical Cancer: Expanding Access & Driving Behaviour Change

Bringing cervical cancer screening and treatment to remote communities, Fiji

The Reproductive and Family Health Association of Fiji (RFHAF) is revolutionising access to cervical cancer screening for women across Fiji.

Using visual inspection of the cervix with acetic acid (VIA) and cryotherapy, RFHAF nurses reduce the need for multiple visits to the clinic and long waits for results from screenings.

In many Pacific countries, where large proportions of the population live in rural areas, there are significant gaps in cervical cancer care as women do not return to the clinics for results, treatment or follow up appointments. VIA and cryotherapy have the power to change this, as screening, results and first-line treatment can all be provided in one short visit.

The current cervical cancer program, which revolutionises screening and treatment in rural areas, is the result of the ongoing collaboration between RFHAF, Fiji Cancer Society and the Ministry of Health. The Fiji Cancer Society provide the gas necessary for the cryotherapy, and the Ministry of Health provide the equipment.

In her previous role as Project Officer for cervical cancer prevention at the Fiji Ministry of Health, sister Karolina Tamani brought together RFHAF and the Fiji Cancer Society. The Fiji Cancer Society runs awareness and outreach events across Fiji but lacks the clinical staff to offer screenings and treatment.

That's where RFHAF comes in.

The clinical team at RFHAF, now led by sister Karolina, has joined the Fiji Cancer Society at their outreach and awareness events to screen women for cervical cancer. Using VIA and cryotherapy, RFHAF nurses can screen women for cervical cancer and get immediate results to provide the first-line treatment on the spot if necessary. The combination of VIA and cryotherapy, which can both be done in the field with basic equipment, is changing the lives of women in rural Fiji. These ground-breaking techniques remove the need for laboratories and transportation of specimens and eliminate wait times for results and treatment.

VIA & Cryotherapy

Visual inspection of the cervix with acetic acid (VIA) is a technique in which the cervix is swabbed with acid to screen for pre-cancerous lesions, which turn white when the acid is applied.

Unlike other techniques, like pap smears, VIA can be performed almost anywhere and provides immediate results, which don't require a laboratory. This allows for the immediate treatment of pre-cancerous lesions with cryotherapy, if the test is positive.

Cryotherapy uses gas to freeze and destroy pre-cancerous lesions on the cervix. Treatment can take as little as 15 minutes.

Being able to provide immediate results and early stage treatment is a significant advantage.

Previously, the RFHAF team could only offer their clients referrals to the local hospital and hope that the women went. As Sera Ratu, RFHAF Program Manager, noted, “sometimes they go, sometimes they don’t go.”

In many Pacific countries, where certain lab tests need to be conducted overseas, it can take months for women to receive their results. This necessitates multiple visits to the clinic for tests, results and treatment – if the health centre is not easily accessible for women, particularly those living in rural areas, this can result in long, costly journeys and a high drop-off rate of women not returning for their results and potential treatment.

This contributes to the high mortality rate for this eminently preventable cancer.

Now, it takes the RFHAF nurses just one minute to do the test. They get the results on the spot and then only need 15 minutes to conduct cryotherapy if first-line treatment is necessary.



RFHAF clinical team, Fiji, 2019

Additionally, as sister Karoline notes, “You can do it anywhere, just as long as you have privacy.” This means that RFHAF can reach women where they feel most comfortable, when they’re available rather than relying on them to come to the clinic.

Sister Karolina also reflected on the changing behaviour, with women now more likely to come forward for testing, saying, “People are starting to understand the reality that people are dying of cancer.”

She puts the behaviour change down to the increased availability and awareness of data and information on cervical cancer. RFHAF also conducts regular follow-ups with the communities and women visited and disseminates information to promote health-seeking behaviours.

RFHAF’s cryotherapy skills are in high demand in Fiji and across the Pacific – both as service providers and as trainers of other service providers. They are currently the only organisation with the necessary expertise in Fiji and one of very few in the Pacific.



Fiji Cancer Society give out bras at RFHAF outreach event, Fiji, 2018

Changing Health Seeking Behaviours Around Cervical Cancer Screening in Kiribati and Vanuatu

Cervical cancer is a major cause of mortality in women across the Pacific, however many women are reluctant to come for screenings. Our Member Associations in Vanuatu and Kiribati are finding new ways to raise awareness and improve health seeking behaviours across their respective countries.

In Vanuatu, Nellie Olul Masing, the indomitable nurse at Vanuatu Family Health Association (VFHA), is championing awareness of cervical cancer. Nellie regularly takes to the airwaves to dispel myths around cervical cancer and encourage women to come forward for testing. This approach is proving to be effective: as Nelly explained, “Our women are very superstitious... but more are coming [for pap smears]”.

Nellie has also joined forces with Max, a young ni-Vanuatu musician whose mother was a breast cancer survivor. Max had decided to dedicate part of his income to supporting Nellie in her mission to raise awareness of cervical cancer and ensure women come for screening.

In Kiribati as well, Kiribati Family Health Association (KFHA) are raising awareness of how preventable and treatable cervical cancer is, through radio programs, youth drama productions and outreach to the outer islands.

KFHA also conduct capacity building with Ministry of Health staff on outer islands to ensure that women’s health issues are prioritised and that women don’t have to travel all the way to the KFHA’s static clinic on the main island of South Tarawa for cervical cancer screening. The KFHA nurses train healthcare workers on the outer islands on conducting pap smears, provide the necessary equipment and establish pathways to make it easier for women to access results.

After the screening, samples are sent to KFHA’s static clinic for testing. As KFHA offers their own laboratory services, they can reduce wait times for results and ensure that women can receive their results directly from their local health centre.

In both countries, the clinics report changes in health seeking behaviours. Previously, women were reluctant to come for pap smears.



Nellie Olul Masing, Vanuatu, 2018

Romano Rio, of Betio Town Council, the most densely populated area of Kiribati, said, “Kiribati people are very shy in showing what’s wrong with them” and are reluctant to seek medical assistance, particularly when it concerns an area which isn’t typically discussed openly.

However, Tiero Tetabea, Lab Technician at Kiribati Family Health Association (KFHA), says that this is changing and that the clinic on Tarawa has seen a large increase in women requesting pap smears, without waiting for symptoms. There has also been an increase in women keeping follow up appointments and scheduled check-ups. She says, “it’s really good to see women coming out of their shell... once they understand the benefits of the test, they would rather have the test!”

In addition to raising awareness and improving health seeking behaviours, it is also crucial to remove the barriers that prevent women from accessing cervical cancer screenings and treatment. Both Vanuatu and Kiribati are made up of many islands and it can be difficult and costly for women to travel to the main island for screening and treatment. To make screening more accessible, KFHA is working with Ministry of Health nurses on the outer islands to ensure that they have the skills and resources to provide pap smears, meaning women don’t have to travel long distances to access tests and results. The public health nurses then send the slides to KFHA’s laboratory for analysis.



Tiero Tetabea, Kiribati, 2018

Going forward, there is potential for Member Associations across the Pacific to build on the work of RFHAF and use VIA and cryotherapy to provide low-resource healthcare to women in rural communities (p.25). As such, we will be facilitating MA-to-MA capacity building to roll out the techniques to other Pacific countries under the Niu Vaka Pacific Strategy.



Cervical cancer awareness session, Vanuatu, 2018

Expanding Contraceptive Choices: In Photos



IPPF/Kathleen Prior



IPPF/Kathleen Prior

At IPPF, we are committed to ensuring people are free to make choices about their sexual and reproductive health. To achieve this, we work to expand the contraceptive options available to women by building the capacity of local clinicians to administer contraceptives and through advocacy with governments to ensure their accessibility.

Over the last four years, we have worked to ensure the availability of Long Acting Reversible Contraception (LARCs). Many women find LARCs, including contraceptive implants which last either three or five years and intrauterine devices (IUDs) which last up to 10 years, more convenient than other contraceptive forms, as, once they are inserted, no further action is needed.

With many women in the Pacific living in remote communities, LARCs, which don't require frequent visits to health centres to restock, are a crucial option. Over the last four years, IPPF and our Member Associations in the Pacific have trained over 126 clinicians on the insertion of implants and IUDs. In 2018 alone, we provided over 6,600 LARCs across the Pacific.

Additionally, our advocacy on Implanon™, an implant which lasts three years and many women find ideal for spacing their children, has seen it added to six countries' Essential Medicines List since 2016, giving women more choice.

Photos:

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Nurse from the Family Planning Organization of the Philippines unackages IUD at LARC training in Philippines, 2016. JICA volunteer with VFHA demonstrates contraceptive options in Vanuatu, 2017. Nurse practices implant insertion during LARC training in Tonga, 2018.

p.30

VFHA nurses in Vanuatu explain contraceptive options with women as part of humanitarian response to Ambae volcano, 2017. SIPPA nurse in Solomon Islands demonstrates where the implant will be inserted, 2016.

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VFHA nurse in Vanuatu inserts implant during a mobile clinic, 2018.



IPPF/Jack Robert-Tissot



SPOTLIGHT: Liai Iosefa Siitia, Maternal Health Visionaries Award

In 2018, Liai Iosefa Siitia, Executive Director of Samoa Family Health Association (SFHA), became the first Pacific recipient of the Maternal Health Visionary Award.

Conferred by the Maternal Health Task Force at Harvard University to celebrate the 10th anniversary of the task force, Liai was one of just ten recipients.

The Maternal Health Visionary Awards recognise individuals who have made a significant impact in the field and who drive innovation.

Liai received the award “for her inclusive, client-centred approach to care which makes everyone feel welcomed and for her collaborative management style which inspires those who work with her to engage in creating a better future for women and their families.”

A highly respected sexual and reproductive health practitioner, in 2017, Liai was recognised by the Samoan Government for her courage, perseverance and commitment to sexual and reproductive health advocacy.

Also in 2017, SFHA was awarded the Samoa Disability Human Rights Awards by NOLA, in recognition of their valuable contribution to initiate and enforce inclusive disability measures in their work.



Liai Iosefa Siitia, Samoa, 2018

REMOVING BARRIERS



Tura Lewai and Liai Iosefa Siitia at CSW63, New York, 2019

Driving Legislative Change

Mobilising civil society organisations in Cook Islands

In 2017, the Government of Cook Islands drafted the Crimes Bill 2017 (the Bill), to modernise the 1969 Crimes Act. This provided the Cook Islands Family Welfare Association (CIFWA) with an opportunity to advance gender equality and sexual and reproductive health and rights.

Bringing together key stakeholders from across women's and youth groups, international NGOs and other civil society organisations, CIFWA hosted three consultations to understand the priorities of key groups, including women, young people and women living with disabilities, and develop submissions for the parliamentary committee. The consultations were facilitated by the IPPF Sub-Regional Office for the Pacific and UNDP. The final submissions focused on the sub-sections of the Bill relating to abortion and sexual offences, and represented the views of 30 key stakeholders. CIFWA's submissions recommended increased access to abortion in cases of rape and incest and broadening the definitions of sexual offences and sexual assault.

Although the Bill has not been tabled yet in Cook Islands Parliament due to a change in government resulting in a hung parliament, the submissions have been well received by the review committee and the process has elevated CIFWA's profile in-country. Through support from UNDP and IPPF SROP, CIFWA staff and volunteers have reported feeling more confident engaging with governmental processes at this level.



CIFWA presenting in parliament, Cook Islands, 2016

Engaging Communities for Change

Engaging Men as Partners in Kiribati

Often, sexual and reproductive health is treated as a “woman’s issue”, with programs focused on educating and empowering women to exercise their rights. However, this misses out half the equation, not to mention half the population.

To drive meaningful change in attitudes and behaviours, it is crucial to engage men, as partners, husbands, fathers and rights-holders, as well. To better reach men as partners for change, Kiribati Family Health Association (KFHA) ran awareness and information sessions with young couples across Kiribati throughout 2018. These sessions focused on engaging men in joint decision-making with their partners and encouraging them to share responsibility for family planning.

Betio is the most densely populated area of Kiribati – with population density on a par with Hong Kong! There, in late 2018, KFHA hosted a workshop with 50 couples. Taare, vice chair of Betio community, praised the workshop and delivery, saying, “That’s an important workshop for us to attend.”

Including information on sexual and reproductive health and family welfare more broadly, the workshop focused on “helping the family and children to live in good health”.

Among other topics, participants discussed issues facing their own families, including alcohol abuse and how to approach sensitive topics, such as contraception and teenage pregnancy, with their own children.

At times emotional and moving and at times ribald and funny, the workshops encouraged the couples to reflect on their own behaviour and consider how they can better look after their family and themselves. As Taare put it: “All population issues are rooted in the family.”

From the workshops, couples came away more informed about family welfare generally and sexual and reproductive health. As a result, KFHA has been requested by the town council and other community groups to come back regularly to the community in Betio to ensure they can access the services and that the impacts remain.



Betio, Kiribati, 2019

Working with Traditional Communities on Tanna

Vanuatu Family Health Association (VFHA) have been working to bust the myths around sexual and reproductive health through their radio program and awareness raising events but they realised that a more personal approach was necessary too.

The VFHA team regularly hear harmful myths about sexual and reproductive health and stories of women who have been coerced into sex or have been unable to choose whether and when to become pregnant. Recently, some women in Vanuatu, particularly in remote communities, have been forced to remove their contraceptive implants by their partners or communities who believed that the contraceptive device was unsafe or immoral.

This is what led VFHA to a meeting with key traditional leaders on the island of Tanna in May 2018. Tanna is home to many traditional communities with a high unmet need for sexual and reproductive health services. VFHA has a long-standing relationship with communities on Tanna, since delivering sexual and reproductive health services in the wake of Cyclone Pam in 2015, but still face significant barriers to providing services on the island due to the rampant myths and cultural practices that restrict women from exercising their reproductive health rights.

The meeting was used as an advocacy platform to encourage leaders in North Tanna to be supportive of the sexual and reproductive health of their communities, particularly the health of women and girls. The meeting focused on the importance of planning one's family, accessing contraception, and the role of leaders in protecting these rights.



Tanna advocacy event, Vanuatu, 2018

The meeting brought together key stakeholder groups, including church leaders and traditional chiefs from 18 tribal villages. The participants were moved by the information presented, saying, "Information is coming to us too late, we already have very big numbers of children, but we are happy to receive it, we'll help to pass it over to our young generation, so they can have a happier future."

They noted that family planning was not a new concept, saying, "Our ancestors used to practice [traditional methods of] family planning, when the wife and husband had to live in separate villages for a few weeks. The ancestors used to tell our forefathers that, having a lot of children shortens life and having fewer children prolongs one's life."

After the meeting, leaders decided to break into small group, to develop and carry out similar advocacy meetings in their communities, targeting their fellow leaders who were not present at the initial meeting.

Late in May, a group of 5 leaders from the advocacy session organised a community awareness session, delivered in the local language, at the Irmavin village in north Tanna, with over 40 attendees. Since then, VFHA has set up a permanent clinic on the island (see p.24), which is already a key part of the local community.

SPOTLIGHT: Norma Yeeting, Distinguished Service Award

In July 2018, Norma Yeeting, Executive Director of Kiribati Family Health Association (KFHA), was presented with Kiribati's Distinguished Service Award. This prestigious award was presented by His Excellency the President of Kiribati, Taneti Mamau, as part of Kiribati's 39th Independence Day celebrations.

The award recognises Norma's service to advancing sexual and reproductive health and rights and her contributions to the development of Kiribati.

Norma was nominated for the award by KFHA staff and board members and her application was staunchly supported by the mayors of Kiribati's island councils, who stressed the impact that Norma and KFHA's work has had on their island communities.

This is testament to KFHA's outreach and advocacy work and the time they have taken to forge relationships with the local communities across Kiribati's islands. KFHA's outreach to the outer islands focuses on community development in addition to sexual and reproductive health and rights, empowering the community to set their own priorities and take ownership of projects (see p.8).

Norma was keen to stress that this award was more than just a personal achievement, saying "it is a very big achievement for the organisation as a whole." The fact that Norma was one of only five recipients in 2018 confirms that the "government of Kiribati is recognising the good work and contributions of KFHA to the National Developments." Norma went on to say that she was, "very proud to go back to donors and show that what they have invested, the outcomes have been well recognized by the government."

In 2017, Norma was also acknowledged by the Secretariat of the Pacific Community (SPC), as one of 70 inspirational women in the Pacific, to mark the 70th anniversary of the SPC.



Norma Yeeting receiving her award, Kiribati, 2018

Changing Attitudes in the Church: Overcoming Religious Barriers to Work Together

A Catholic catechist demonstrating correct condom use is not a sight you'd necessarily expect to see. Traditionally viewed as opponents to sexual and reproductive health, particularly in the deeply religious Pacific context, IPPF Member Associations are nevertheless mobilising religious leaders and faith-based organisations to engage with religious groups who are often left behind when it comes to sexual and reproductive health.



Catechists demonstrating condom use, Kiribati, 2016

Kiribati Family Health Association (KFHA) understand the importance of engaging with the Catholic Church in Kiribati, where over 50% of the population is Catholic. As Norma Yeeting, Executive Director of KFHA and a Catholic herself, notes “[sexual and reproductive health] can not be a standalone program if we would like to ensure the good health of the people of Kiribati.”

This idea is embedded in KFHA's approach to their work. Through the Island Development Plans (see p.7), KFHA situates sexual and reproductive health as part of a broader community development plan, empowering communities to set their own priorities and targets. KFHA have approached advocacy with the Catholic Church in a similar way.

Population issues, such as teenage pregnancy and sharp population growth, the latter of which is exacerbated by climate change, affect the well-being of every i-Kiribati person and KFHA,

through careful advocacy and liaison with the Catholic Church, ensure that the importance of sexual and reproductive health is understood.

Following a long period of relationship building, KFHA was thrilled to receive a request from the Roman Catholic Head Office in Tarawa in 2016. The Head Office asked KFHA to send a team to Manoku Catechist Training Centre on the outer island of Abemama, in Central Kiribati. Manoku is the main training centre for Catholic catechists before they are qualified and dispatched to Catholic communities throughout Kiribati. The centre is run by a small staff of select priests from the Catholic Mission Headquarters, whose main tasks are to train new catechists on all spiritual aspects of the teachings of the Catholic faith as well as on how to administer to and manage the Catholic communities they will be responsible for.

A total of 30 catechists attended KFHA's week-long workshop in 2016, which covered a broad range of topics including contraceptive methods, gender-based violence, HIV and STIs, respectful relationships, and wider social and economic issues relating to population and family planning. The most significant impact of the program was the changes in the attitudes and understanding of the catechist trainers themselves, who run the institution.

KFHA's success in building a strong relationship with the Church is a key step in reaching over half of the population of Kiribati. Through KFHA's efforts, the Catholic Church has come to recognise its critical role in making real change possible to improve the general welfare and health of all the people of Kiribati.

In Tonga as well, Tonga Family Health Association (TFHA) have cultivated a close relationship with the Tongan Catholic Church. Cardinal Soane Patita Mafi, the first Pacific Roman Catholic Cardinal, is a core supporter of TFHA and was even the chief guest at their anniversary celebrations in 2018. He regularly advocates for sexual and reproductive health and rights in Tonga.

By forming non-traditional partnerships and changing perceptions of contraception and sexual and reproductive health, IPPF and our Member Associations across the Pacific have removed barriers to accessing services, ensuring that no-one is left behind.



Cardinal Soane Patita Mafi at TFHA's 10th anniversary celebrations, Tonga, 2018

THE WAY FORWARD

The *Niu Vaka*

Our work across the Pacific over the last four years has had a significant impact. In 2018 alone, we reached over 98,000 people with clinical services, provided 269,000 sexual and reproductive health services and delivered almost 39,000 Couple Years of Protection.

Support from the Australian Government to deliver the Partnerships for Health and Rights Program has been essential and a major contributor to this impact. But we know that we can do more.

The Pacific region continues to have some of the poorest health and social development indicators globally. We need a targeted plan to enable our Member Associations across the Pacific to drive positive impact and address the substantial unmet need within the communities they serve.

The inaugural IPPF *Niu Vaka* Pacific Strategy provides an opportunity to catalyse momentum and improve sexual and reproductive health outcomes for Pacific people. Developed through rigorous consultations with Member Associations and key stakeholders across the Pacific, the *Niu Vaka* highlights the bespoke, tailored support that will be provided to our Member Associations based on need, supporting them to deliver strong programs through which they can expand their reach. Importantly, the Strategy also identifies the key partners and stakeholders within and across the Pacific that will be engaged to enable sustainable impact.

The *Niu Vaka* strategy, developed for the Pacific by the Pacific, takes its name from two ideas which are central to the identity of Pacific Islanders: the *niu* and the *Vaka*. Pronounced 'new', the *niu* represents the next chapter in IPPF's Pacific voyage. Every part of the *niu* and the palm tree, often referred to as the tree of life, has a use in the Pacific – not a bit goes to waste. A powerful symbol of resilience and renewal, the *niu* floats between Pacific islands and puts down roots where it lands. The *Vaka*, used by ancient Pacific Islanders to journey vast distances between islands, also links Pacific islands together, symbolising our shared history, collective Pacific identity and the united vision of IPPF's *Niu Vaka* strategy. As we expand the reach of sexual and reproductive health services across the Pacific, we draw inspiration from the *Vaka* and the lengths our ancestors went to to ensure the wellbeing of their families. Together, the *niu* and the *Vaka* represent sustainability, resourcefulness and resilience, ideals that the *Niu Vaka* embodies.

It has never been more critical for a scaled-up effort in the Pacific region. Under this strategy over the next four years, IPPF will accelerate pace, strengthen coordination for shared learning and capacity building, and continually work to expand our reach to those most underserved.

As we embark on this new voyage, we remember the intrepid seafaring traditions of the Pacific and the resilience of the *niu*.

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Photos:

Cover
Young mother in Vanuatu,
IPPF/Alana Holmberg;
Delivering dignity kits after
Cyclone Gita in Tonga,
IPPF/Alana Holmberg;
Lab technician in Kiribati,
IPPF/Jack Robert-Tissot.

This page
The SROP team with IPPF
Director-General at the Niu
Vaka launch, 2018.

Back cover
Nurse records client details
during outreach in Samoa.



