'click!'

North Fly
Health Services
Development Program

2012 ANNUAL REPORT

NORTH FLY HEALTH SERVICES DEVELOPMENT PROGRAM



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ACRONYMS

ACT	Artemisinim-based combination therapy
ANC	Antenatal care
ASR	Annual Sector Review
AWS	Area Wide Services
CHS	Catholic Health Services
CHW	Community Health Worker
ECPNG	Evangelical Church of Papua New Guinea
HEO	Health Extension Officer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICC	Implementation Coordinating Committee
IEC	Information, Education and Communication
LLIN	Long Lasting Insecticide Treated Net
MCH	Maternal and Child Health
MCM	Montfort Catholic Mission
MDR	Multi Drug Resistant
M&E	Monitoring and Evaluation
NACS	National AIDS Council Secretariat
NDOH	National Department of Health
NFDA	North Fly District Administration
NFDHS	North Fly District Health Service
NFHSDP	North Fly Health Services Development Program
NHIS	National Health Information System
OTML	Ok Tedi Mining Limited
PAG	Program Activity Group
PICT	Provider Initiated Counselling and Testing
PNG	Papua New Guinea
RDT	Rapid Diagnostic Test
SIA	Supplementary Immunisation Activity
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TUC	Tabubil Urban Clinic
VCCT	Voluntary Confidential Counselling and Testing

FOREWORD

The North Fly Health Services Development Program (NFHSDP) is a partnership between Ok Tedi Mining Limited (OTML), Evangelical Church of PNG (ECPNG), Catholic Health Services (CHS), North Fly District Health Services (NFDHS) and Abt JTA. In 2012, the Program continued to make significant inroads into addressing the underlying health issues in North Fly.

The Papua New Guinea National Department of Health 2013 Annual Sector Review reported that health service provision across the North Fly District remained above national averages for 8 of the 14 indicators used to monitor the performance of the health system across the country in 2012. Key areas of progress in the North Fly included:

- Pneumonia related deaths in children under 5 years of age decreased from 4.5% in 2011 to 3.2% in 2012
- The percentage of low birth weights decreased from 13% to 8%
- A substantial decrease in the incidence of malaria from 342 per 1000 population in 2011 to 207 in 2012
- The proportion of women having supervised births in health centres and hospitals remains high at 95%
- The adequacy of medical supplies with the percentage of months that facilities have no shortages remains high at 84%
- 3rd dose pentavalent coverage remains high at 74%

While many challenges remain, I take note of the fact that the NFHSDP and its Partners recognise the need to improve all health indicators. The Partners have worked together again in 2012 to not only continue to address the areas that have improved, but also to address the poor performing indicators, many of which reflect high incidence of preventable conditions.

I congratulate all Partners for your continual efforts to improve the quality and coverage of both primary health care and clinical care for the people of North Fly. This is evident in the urban areas, from the fixed and outreach clinic services provided by the Tabubil Urban Clinic, to a range of services being improved at Kiunga Hospital, and through the efforts of the NFHSDP Area Wide Services team who work in Partnership with ECPNG, CHS and DHS to provide a range of primary health care and clinical services to the rural and remote populations of North Fly.

These improvements are a credit to all North Fly health workers and management teams and I urge you to continue to challenge and overcome the many obstacles that this difficult environment presents. I applaud you for your efforts to date and encourage you to continue so that the required further improvements will continue to be addressed.

Mr Musje Werror,

General Manager, Government and External Relations, OTML, and
Chairman of the North Fly Health Services Development Program Steering Committee

NORTH FLY HEALTH SERVICES DEVELOPMENT ROGRAM ANNUAL REPORT 2012 HIGHLIGHTS

15,042
Outpatient visits to the Tabubil Urban Clinic

93
Health workers received formal training

47,630
Number of bed nets distributed

5
Number of kit homes for health workers completed

14
Number of scholarships awarded in 2012

39%
The per cent reduction in malaria presentations per 1000 people in 2012 compared to 2011

13,356
Condoms distributed

97%
Proportion of National Health Information System reports submitted

1 INTRODUCTION

The North Fly Health Services Development Program (NFHSDP) is implemented in line with the National Department of Health's (NDOH) National Health Plan 2011–2020 with its theme 'Back to Basics: Strengthening primary health care for all and improved service delivery for the rural majority and urban disadvantaged'. The NFHSDP's key focus is to strengthen primary health care across the entire North Fly District.

The purpose of this 2012 Annual Report is to inform Ok Tedi Mining Limited's (OTML) Executive and NFHSDP stakeholders of the activities undertaken within the NFHSDP and to report progress against key performance indicators. An overview of the stakeholder engagement activities, human resource management and administrative support is also provided.

1.1 BACKGROUND TO THE NORTH FLY HEALTH SERVICES DEVELOPMENT PROGRAM

In 2008, OTML requested that Abt JTA (previously JTA International) develop a way forward for improving the provision of health services across the North Fly District, including suggestions on how OTML could best support improving health services. Abt JTA proposed a Health Services Development Program for the North Fly District to the OTML Board in August 2008. The program proposal addressed:

- the main causes of illness and death in North Fly District;
- the priority areas for improvement to strengthen health service delivery - effective health intervention, essential infrastructure and logistics, human worker capacity, community participation and population coverage;
- suggestions for improved collaboration between all health service providers and managing agencies in North Fly; and
- estimated financial requirements.

A key principle of the proposed program was to support the existing health system, rather than developing a new or parallel system. Support for existing health service providers was recommended to enable them to deliver improved health services in line with PNG National Health Service Standards. The OTML Board approved the proposal and committed PGK20 million over five years to the NFHSDP. Abt JTA was contracted as the Implementing Service Provider (ISP) and mobilised the Program in January 2009.

1.2 ANNUAL REPORTS

The Annual Report is a key outcome of the Program's monitoring and evaluation (M&E) component. In preparing the 2012 Annual Report, data was drawn from:

- NFHSDP Monthly and Quarterly Reports;
- Available North Fly District health facility performance data;
- Program-specific activity and service provision data;
- NDOH 2008-2012 Annual Sector Review (ASR);
- Interviews with Program partners, including digital media interviews;
- Results of the NFHSDP Mid-Term Review (2011);
- Health Capacity Diagnostic Mission Report (2012), Papua New Guinea National Department of Health and AusAID; and
- Mining Companies and Health Service Delivery in Papua New Guinea: Ok Tedi Mining Limited Case Study (2012), Montrose and Health Partners International.

2 PROGRESS AGAINST PROGRAM ACTIVITIES

Key achievements for each of the Program areas against key Program indicators are outlined in this section.

The NDOH ASR indicators referenced in this report provide a 'snapshot' of district performance. There are no doubt some limitations to the ASR results but as a published NDOH document, these results provide the program with an indication of the NFHSDP contributions that have worked and those that have not worked so well. Indicators that are calculated using population data such as rates per 1000 population and vaccine coverage percentages, can be unreliable due to the lack of accurate population data. However, while the indicators calculated using population data may in reality be higher or lower, the trends over time provide an indication on whether an indicator is improving or deteriorating.

2.1 MATERNAL AND CHILD HEALTH SERVICES

The NFHSDP Maternal and Child Health (MCH) Program is the cornerstone of the NFHSDP as it shares and supports a range of goals and objectives with other Program areas, including: reducing malaria mortality; controlling the transmission of tuberculosis (TB); working towards preventing the spread of HIV and AIDS; raising awareness of the importance of environmental health factors; and ensuring the availability of essential drugs and medical supplies, including maintaining the integrity of the cold chain system to protect the potency of vaccines.

"All in all I'm very happy with NFHSDP, I have not stopped talking about it since day 1 when I was there at the very start of it, and we're journeying together".
Sr Anna Sanginawa, Health Secretary,
Catholic Health Services (CHS)

The NFHSDP MCH Program supported and delivered the following activities in 2012:

- immunisation against vaccine preventable diseases;
- distributed long-lasting insecticide-treated nets (LLIN) to pregnant mothers and children;
- outreach antenatal care (ANC) and MCH clinics; and
- interventions to improve both mother and child nutrition, and family planning advice and methods.

Capacity development initiatives to improve both primary care and essential obstetric care knowledge and skills among health workers also continued in 2012 through the provision of scholarships, assistance for in-service training and on the job training.

Performance against six of the eight MCH indicators from the Annual Sector Review remained well above national averages in 2012 (Table 2-1) including the percentage of children who receive 3rd dose pentavalent, antenatal coverage, the incidence of malnutrition and supervision of births. Pneumonia case fatality rates, although marginally below national performance figures, improved in North Fly to 3.2% in 2012 from 4.5% in 2011. NFHSDP continues to work with Partners to improve the diagnosis of pneumonia using the Integrated Management of Childhood Illnesses (IMCI) approach. The Program also provides supplementary oxygen to health facilities, the correct use of which can contribute to decreasing the mortality rates. Child immunisation coverage indicators are discussed in Section 2.2.1. Rates for antenatal coverage and the incidence of malnutrition among children also continue to show good performance, although the rates for these outreach related services have decreased marginally in 2012 compared to 2011.

The number of children seeking treatment for diarrhoeal disease increased in 2012 compared to 2011 and although diarrhoeal disease remains high across Western Province as a whole, it is encouraging to see that access to treatment for these services is available and being utilised in North Fly. NFHSDP continues to work with Partners to improve water quality, food hygiene and personal hygiene, all possible contributing factors to diarrhoeal disease.

Table 2-1 Progress against NDOH Annual Sector Review Maternal and Child Health indicators

*Indicator	♣Baseline (2007)	*National progress			*North Fly District progress		
		2010	2011	2012	2010	2011	2012
Antenatal coverage (% of women that attended at least 1 ANC)	57%	62%	65%	69%	74%	100%	92%
Supervision of births in health centres and hospitals	51%	40%	35%	44%	79%	96%	95%
% of children <1 year of age who receive 3rd dose Pentavalent	55%	51%	52%	47%	75%	75%	74%
% of children <1 year of age who receive measles vaccination (9-11 month dose)	45%	50%	48%	52%	54%	50%	45%
Outreach clinics undertaken per 1000 children < 5 years	17	42	38	33	41	46	31
Diarrhoeal disease in children < 5 years (who seek treatment)	375	276	222	244	615	496	540
Pneumonia case fatality rates for children < 5 years	2.4%	2.8%	3.0%	2.9%	2%	4.5%	3.2%
% of children who attend MCH clinics that are severe to moderately malnourished	26%	28%	26%	25%	27%	21%	21%

* Source: NDOH ASR reporting 2008-2012 performance ♣ Source: NDOH 2008 ASR reporting 2007 performance

The number of outreach clinics per 1000 children less than five years decreased in 2012 from 46 to 31. Data was requested from the National Department of Health Monitoring and Evaluation Branch on the outreach clinics conducted by health facility in North Fly District. In 2012, while many health facilities conducted a similar or a higher number of outreach clinics, there was a marked decrease in the number of outreach clinics from Golgobip, Iowara, Mougulu and Ningerum health facilities. However, the absolute number of outreach clinics was 415 in 2012 which is similar to the number of outreach clinics on 2010 (417) and well above the number of outreach clinics in 2008 (118). NFHSDP will continue to work with the Partners to increase the number of outreach clinics.

Table 2-2 Number of outreach clinics by health facility in North Fly District 2008-2012

Health facility	2008	2009	2010	2011	2012
Debepari	2	2	29	9	43
Dome	0	6	2	0	1
Golgobip	3	16	25	33	20
Haewenae	3	25	34	19	26
Iowara	25	14	3	85	5
Kiunga Hospital	0	0	0	0	0
Kiunga Catholic Urban Clinic	0	32	24	40	38
Kungim	0	5	14	10	32
Matkomnai	13	49	4	14	24
Mougulu	0	1	24	16	2
Ningerum	4	3	13	19	2
Olsobip	0	0	13	1	1
Rumginae	14	70	68	88	74
Tabubil Hospital	41	34	128	107	102
Tarakbits	0	13	6	22	23
Membok	13	10	30	17	12
Tabubil Urban Clinic*	NA	NA	NA	NA	10
Total	118	280	417	480	415

*Tabubil Urban Clinic opened 21 December 2010 and was registered with the National Department of Health in 2012
Source of data: General report for Western Province, Monitoring and Evaluation Branch, National Department of Health

2.2 OUTREACH PATROLS

The geography of the North Fly District means outreach patrols are logistically challenging. Wherever possible, NFHSDP program areas collaborate to undertake combined patrols. This allows for an integrated range of services to be provided while ensuring time and transport costs are minimised. In 2012, more than 76 villages across North Fly were visited in collaboration with Partners. In 2012, partner organisations demonstrated growing capacity by undertaking additional patrols without NFHSDP support. MCH-specific service provision during patrols included antenatal clinics and the administration of thousands of vaccines.

"Prior to NFHSDP we did not have proper outreach programs, we did not have a coordinated approach and we lacked resource support. We now know our roles and responsibilities well and have better communication".

Mr John Lari

Manager District Health Services North Fly

To view Mr Lari's full interview, visit http://www.youtube.com/watch?v=5zYPhKGiv0o

2.2.1 Child immunisation coverage

The administration of vaccines to children is a key NFHSDP MCH program activity and a total of 6,907 immunisations were administered by NFHSDP staff in 2012: 1,553 doses at fixed clinics and 5,354 doses administered during outreach patrols. These figures do not include the immunisation services provided directly by our Partners ECPNG, CHS and the North Fly District Health Service. Pentavalent[1] vaccine coverage across the North Fly remained high in 2012 at 74% compared to the national average of 47%. Measles coverage decreased by 5% in 2012 compared to 2011 (Table 2-1). Although not optimal, coverage has not fallen below the baseline rate in 2007 Outreach immunisation services need to be strengthened so that children in PNG continue to be protected against this vaccine preventable disease.

"The villages along the Erevara River are government catchment villages. There is a government Aid Post which is run by a male CHW. Prior to the NFHSDP visit in 2012, almost 90% of the children in this catchment had not received vaccines since the SIA program in April 2010, as government services had no funds to reach these villages. This resulted in these children missing out on their second and third doses of vaccines. The children from the villages beyond Gasuke (Dibi, Emera and Kana) had not been vaccinated because they are so isolated. The combined NFHSDP and government patrol to these villages provided an opportunity to administer a range of vaccines to children up to eight years of age, who had previously not been fully vaccinated."

Veronica Kekae,
MCH Midwife, and NFHSDP Employee of the year 2012

2.2.2 Maintaining a functional cold chain system

An integrated cold chain system supports the safe transportation, storage and administration of vaccines. A 100% cold chain integrity rate was recorded for North Fly hospitals and 88% for health centres in 2012. In addition, a 100% integrity rate was recorded for vaccines fridges in other facilities, including the District Health Office and Catholic Health Services office/clinic (Table 2-3).

NFHSDP support for maintaining the cold chain system in North Fly has again been constant in 2012. However, maintaining 100% integrity is becoming more difficult as vaccine fridges age and require additional maintenance. NFHSDP is currently working with Partners to identify a sustainable solution to this problem, as Partners do not currently have personnel responsible for monitoring and maintaining vaccine fridges.

[1] Pentavalent vaccine is a combination of five vaccines in one: diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenza type b (the bacteria that is one of the causative agents of meningitis, pneumonia and otitis media)

Table 2-3 Progress against cold chain integrity indicator

Indicator	Baseline (2007)	Target	North Fly District progress			
			2009	2010	2011	2012
Number of health centres (HC) and hospitals with functioning cold chain	3/3 hospitals	100%	100%	100%	100%	100% Total of 6 fridges at - Kiunga – 1 - Rumginae x 2 fridges - Tabubil x 3 fridges
	10/14 Health Centres	100%	100%	100%	100%	86% 12/14
Number of Aid Posts with functioning cold chain	Nil	Specific to partner needs (reviewed annually)	Nil	Nil	Neogamban x 1	Neogamban x 1* Bolivip x 1
Number of other facilities with functioning cold chain	Nil	Specific to partner needs (reviewed annually)	Nil	N/A	100% (total of 3/3 fridges working) at District Health office x 2 Kiunga Catholic Clinic x 1	100% (total of 3/3 fridges working) at District Health office x 2 Kiunga Catholic Clinic x 1

* The Neogamban Aid Post fridge was out of order as of 31st Dec 2012 and was identified for repair early in 2013

2.2.3 Other MCH outreach services

In addition to immunisation services provided during outreach patrols, Table 2-4 provides a synopsis of other MCH related services provided by NFHSDP during outreach patrols to rural and remote North Fly areas.

Table 2-4 Outreach services provided on patrol - 2012

Services Provided	Total
ANC clinic checks	992
ANC mothers immunisations for Tetanus	400
Family Planning advice and modern methods supplied	2,454
Information, Education and Communication (IEC) materials distributed	796
Nutritional status of children assessed	860
LLINs distributed at ANC clinics	227
Sick patients treated (1,526 children < 5 years and 1,406 adults)	2,932
Population reached through formal MCH related health awareness [including family planning, nutritional education, diarrhoea, proper sanitation, malaria, TB, safe drinking water, importance of immunization, cholera, pneumonia, regular antenatal care and safe delivery]. Note: Informal education/information sessions were also provided to 1,000s of mothers at ANC and MCH clinics	1,304

2.2.4 Family planning support

NFHSDP provides a range of family planning services including information about modern family planning methods and the distribution of family planning drugs to the thousands of women who attend NFHSDP supported ANC and MCH clinics throughout North Fly. Despite a significant increase in family planning practices in 2010 (reported in the 2011 ASR) to 729 couples years of protection (per 1000 women aged 15 to 44 years), compared to 183 in 2009, there was a sharp decline in reported practices in 2011, to 215, and a further decline in 2012 to 158. The decline in the 2011 and 2012 ASR results is not explained in either ASR report; however the 2010 results were a major outlier compared with the national average of 74. Despite the results, the MCH team continued to provide family planning advice and modern family planning at every opportunity in 2012.

In addition to regular family planning services, including education and modern family planning methods, offered by the Program during outreach and fixed MCH clinics, a selection of over 3000 oral and injectable family planning methods and over 880 family planning IECs were provided to Partners for display and distribution at their facilities during 2012.

The MCH Team also undertook a small 'Knowledge, Attitudes and Practices' (KAP) survey during an outreach patrol to Gusiore. A group of 11 child-bearing women aged 15 – 45 were interviewed. Although the numbers were small, the purpose of the survey was to identify the knowledge, attitude and practises of child bearing age women (and men) in this village in relation to family planning and child birth. It also provided insight into understanding and beliefs about modern family planning contraceptives compared to traditional methods. Key findings included:

- The women believed Health Centre staff-assisted delivery is much safer than village birth
- Just over half of the women interviewed had no knowledge of family planning
- Almost all women interviewed understood the importance of attending antenatal clinics
- There was little understanding of the complications that can occur during pregnancy

The team used the results to tailor awareness programs and family planning services to this community during subsequent outreach visits.

NFHSDP to the Rescue!

NFHSDP officers are often seen travelling on the highway between Kiunga and Tabubil; their colorful t-shirts with the 'click' logo make them stand out from the crowd. Most times they are travelling to a specific destination to provide health services, and sometimes they are able to assist friends along the way, just by chance.

On one such occasion in May 2012, HEO Mark Yatsa from Tabubil Urban Clinic was travelling from Rumginae to Matkomnai, on a routine clinic and to deliver immunization awareness materials to Rumginae Hospital. Upon arriving at Matkomnai (with a flat tyre) to deliver medical supplies to the health centre, a worried-looking CHW approached Mark and the Program driver Joe, exclaiming "could you people help us with transporting our vaccines? Our team at Yenkenai called some hours ago saying they ran out of vaccines and need restocking, but we have no transport and no vaccine carrier".

Vaccines are very sensitive to heat and must be stored and transported at the correct temperature. NFHSDP had recently repaired the solar vaccine fridge at Matkomnai and had supplied a cool box for transporting vaccines.

With this equipment available, Mark and Joe were able to transfer the vaccines from the fridge to the cool box and then load the cool box into the vehicle and proceed to Yenkenai. The CHS team at Yenkenai received the vaccines and was able to continue with their immunization program.

The assistance was timely since it occurred during the National Supplementary Immunisation Activity when women and children aged 15-45 years were being immunized against measles, polio and tetanus.

The Health Capacity Diagnostic Mission (2012) to the Western Province report noted that Western Province had recorded an 'outstanding result' in family planning, as evidenced in the 2011 ASR and recommended the NDOH assess which contributing factors could be replicated in other districts:

> "This is the outstanding result for the Province and is largely due to a dramatic increase in activity in the North Fly…. This increase is not fully explained but some of the contributing factors include:
>
> - Increased supply of contraceptives with NFHSDP filling the gaps when stock-outs occurred
> - Increased use of Depo injections by providers who previously did not support this method
> - Increased access through increased patrols, better reporting"[1]

2.2.5 NFHSDP support for the prevention and management of common childhood illnesses

The ASR reported that malaria cases in North Fly decreased in 2012 to 207 presentations to a health centre or hospital per 1000 population, compared to 342 in 2011 and 412 in 2010. Although the ASR results do not provide a breakdown for the number of children who present with malaria, these figures include children and the positive trend is very encouraging. However, improving this indicator remains a goal of the Program and its Partners. Continued support in this area for antenatal mothers and children include the regular supply of LLINs at first antenatal visits. Total bed net distribution across North Fly is discussed in Section 2.4.2.

2.2.6 Training support for MCH health workers

In line with the Partners' preferences for on-the-job training, formal in-service MCH-related courses were kept to a minimum in 2012, with one in-service program, an IMCI course, held. Attended by 25 health workers, the course covered: management of several common neonatal and childhood conditions; common causes of fever (acute and chronic otitis media, typhoid fever and meningitis); treatment of acute respiratory infections; treatment of dysentery; use of antibiotics in severe acute malnutrition; use and delivery of oxygen therapy in children and supportive care. The following on-the-job training was provided throughout the year:

> *"So these are some of the things we were working on together, on our program activities especially MCH. We've been working together and it's been good to see what needed to be done"*
> Sr Cathy Yaki
> Officer in Charge, Catholic Health Services

- Use of IMCI approach (using wall chart) to diagnose and manage a range of childhood illnesses
- Importance of LLIN distribution at first antenatal visit and teaching mothers to use them properly
- Breastfeeding
- Family planning
- Referral of high risk mothers
- Importance of maintaining cold chain
- Use of oral rehydration salts

2.3 SUPPORTING THE PREVENTION AND TREATMENT OF STIS, HIV AND AIDS

A range of support services were provided to Partners by NFHSDP for HIV and AIDS and the prevention and management of sexually transmitted infections (STIs) in 2012. In 2011 there were several issues with accrediting Voluntary Confidential Counselling and Testing (VCCT) clinics and also issues with perceived stigma associated with attending a dedicated HIV centre. In response, the NDOH introduced Provider Initiated Counselling and Testing (PICT). It was also recommended that all HIV counselling and testing providers broaden their offerings to include family planning, MCH, TB, STI and laboratory and blood bank services. Progress against NFHSDP key STI and HIV and AIDS indicators is presented in Table 2-5 and Table 2-6 outlines key strategies and progress in relation to supporting Partners HIV and AIDS and STI programs. In line with the NDOH initiated introduction of PICT, the NFHSDP indicator has been revised to reflect services delivered through PICT

World AIDS Day community activities at Rumginae

World AIDS Day (1st December) was well commemorated at Rumginae with a host of activities organised including drama, dancing and singing. Events were held both in the afternoon and evening and drew crowds of over 1,200 people. In previous years WAD activities were not well attended, however this year because of both afternoon and evening activities many youth, women and children participated. This year, for the first time, Rumginae was supported by the Western Provincial AIDS Council and we extend our gratitude to Mr Renagi Raga, HIV Response Coordinator, for his support. Thanks are also extended to NFHSDP for their financial support.

World AIDS Day has been celebrated globally on 1st December since 1988 to provide an opportunity to reflect on the epidemic and the work being carried out to minimize the incidence of HIV and AIDS. The day is about increasing awareness, fighting stigma, improving education, mobilising resources and raising funds to better the global response to HIV and AIDS. We must continue to work in partnership to suppress the epidemic in the North Fly District. We are happy that so many youth attended the celebrations, as this young generation is responsible for promoting healthy lifestyles among their peers. I commend all involved for a job well done and look forward to working closely with you all in the coming years.

Giwa Hawe, Health Promotion Officer, ECPNG

Table 2-5 Progress against NFHSDP program indicators

Indicator	Baseline	Target	Progress		
			2010	2011	2012
Number of health centres and hospitals with VCCT and/or PICT services	1 at Tabubil Hospital 1 at Good Samaritan drop in centre	4 hospitals 3 health centres	2 VCCT sites (as per NDOH ASR)	Tabubil Hospital Good Samaritan Centre	Tabubil Hospital (VCCT) Good Samaritan Centre (VCCT) Tabubil Urban Clinic (PICT) Matkomnai HC (PICT) Rumginae Rural Hosp.: (3 PICT sites) Kiunga Hospital (9 PICT sites)
Indicator					
Number of condoms collected by distribution sites			7,131	9,834	11,856
Number of awareness sessions conducted by health workers and number of people reached			20 sessions (6,700 people)	19 sessions (4, 027 people)	21 sessions (over 2,300 people)
Number of IEC materials distributed			5,620	1,755	1,222
Number of HIV trainings delivered			1 training	6 trainings (72 trained)	Supported 1 provincial PICT training in Daru (5 trained)

Table 2-6 NFHSDP support for STI, HIV and AIDS activities

Strategy	2012 Achievements and Progress
Outreach services	• Combined MCH and HIV patrol up the Fly River- Swetiken, Maropen and Biyangabip. • Assisted Rumginae with mobile VCCT program in Debepari • Outreach patrol with the Good Samaritan Centre to Kokonda village at the request of Stanley Resources • Two integrated HIV and TB awareness patrols to Gii and Tiomnai villages
Supporting health centres and rural hospitals to operate STI clinics	• STI workshop (including Syndromic Management, Reporting and Drug Ordering) • Assisted Kiunga Hospital develop HIV/AIDS Program • Rapid Diagnostic Tests stock audit done • Audit of 16 health centres found that all centres had sufficient stock of STI standard treatment manuals and STI syndromic charts • Rapid Diagnostic (RDT) tests kits delivered to Ningerum and Hawenae • Worked with Tingim Laip, who was engaged under the National Election Program (funded by PAC), and the Kiunga Election Team to provide HIV awareness and to distribute condoms during the election period • Staff attachment to Kiunga Hospital STI Clinic • Clinic visits to MCM Urban Clinic, Kiunga Hospital, Rumginae and Matkomnai
Support for VCCT	• NFHSDP HIV and AIDS Program staff conducted 160 VCCT consultations at fixed and mobile VCCT clinics • Work scope completed for CHS plan for renovation and extension of building at Matkomnai Health Centre for combined PICT/VCCT, ANC, STI and TB clinic • Clinical attachment with Kiunga Hospital TB Clinic and Good Samaritan Centre for 1 week in July • Clinical attachment with 6 other PICT sites in Kiunga Hospital • A comprehensive HIV counselling and testing services audit was completed in December 2012 in order to identify gaps in service required for NDOH accreditation
PICT and ANC services	• NFHSDP HIV and AIDS Program staff conducted 82 PICT consultations at both fixed and mobile clinics. • PICT supervisory visit in Q1 and found that PICT services were being provided at the following locations: 〉 Kiunga Hospital - 9 departments 〉 Rumginae Hospital - 3 areas: Outpatients, TB and Ward 〉 Matkomnai Health Centre 〉 Tabubil Urban Clinic
Condom distribution	• 13,356 condoms distributed by NFHSDP (HIV and AIDS, MCH and TUC) • Note: Tingim Laip maintained condom stock to business houses, agencies and Government Departments.
Education programs	• Assessed 2 Tepmin Ambip STI clinic health workers in Q2 and found them both to be employing best practice methods for managing patients • 5 officers from North Fly District attended PICT training in Daru
Promotion of community HIV and AIDS awareness	Awareness sessions conducted at : • Village communities in Pampenai, Weringre, Bige, Debepari Station, Kiunga Defence camp reaching 90 people • Pampenai, Wanginae and Bige Villages during elections in May reaching over 150 people • Kuda, Yoks, Tomotana, Beledin, Ibidi, in June reaching 370 people • Kokonda, Kiunga TB ward, and Kiunga ANC reaching 92 people • East Awin, Iowara (reaching 230), Komokpin (reaching 30), Kungim, Yogi, Dome and Tarakbits reaching 120 people • World AIDS Day on 1st December was commemorated with Partners in Kiunga and Rumginae. This included a mobile VCCT clinic, awareness program and a video show in Kiunga Town Council Chambers and in Rumginae. Over 1200 people attended these celebrations
Adequate stocks of IEC materials	• 1085 IEC materials were distributed throughout the year • Distributed 12 STI syndromic management flow charts and 12 STI Syndromic Management booklets to 12 health centres.

2.4 CONTROLLING THE TRANSMISSION OF TUBERCULOSIS

An independent study conducted in Western Province in 2012 reported that "While TB is the third leading cause of death in the Western Province at 10.7 per cent and still in the top ten of all admissions at 2.9 per cent, cases of pulmonary/sputum smear positive tuberculosis are on the decline in North Fly District as standards of living rise and the diagnosis and treatment of TB improves."[2]

Reducing the transmission of TB requires a multi-agency approach to improving surveillance, detection, diagnosis and treatment. The NFHSDP role in reducing TB in North Fly is to work with both local and international agencies and stakeholders at all levels to strengthen the continuum from surveillance to treatment. The following table provides a synopsis of the assistance provided by NFHSDP for reducing the transmission of TB in North Fly.

Table 2-7 NFHSDP support for the TB Program

Strategy	Progress in 2012
Support for Administering the North Fly TB program	• NFHSDP TB Officer worked with provincial counterparts in Daru to update the TB database for 2009-2011 • 2,000 TB tablets sourced from Daru in quarter 1: 1,000 distributed to Rumginae Hospital and the remaining 1,000 tablets were stored and distributed to Kiunga Hospital on a needs basis during the year • Participated in NF District supervisory visit with national and provincial TB team • Assisted in orientation of TB M&E officer based in Kiunga • Assisted in compiling TB reports for the district • Logistical support for Dr. Moke TB Physician from Daru Hospital to visit Kiunga
Outreach	• Conducted 2 village outreach patrols and reviewed 40 cases (TB defaulters and new cases) • Collected 40 sputum specimens for microscopy during outreach • Treated 15 TB cases and supported follow-up for the first case of MDR TB in Kiunga
Education and Training	• NFHSDP supported 6 NF officers to attend a TB Clinicians Training in Daru • In-service on TB DOTS recording and reporting for 6 Moian Aid Post staff
IEC Materials	• 630 TB IEC materials distributed
Community Awareness	• World TB day awareness at Wangbin Primary school in March reaching over 60 school children • Awareness conducted at Pampenai, Wanginae and Bige villages in May reaching over 150 people • Introduction to Directly Observed Treatment-Short course (DOTS) program at East Awin reaching 6 people • TB awareness at East Awin Iowara (reaching 230), Komokpin (reaching 30), Kungim, Yogi, Dome and Tarakbits (reaching 90 people)

[2] Mining Companies and Health Service Delivery in Papua New Guinea: Ok Tedi Mining Limited Case Study, 2012, pp.11-12

TB specialist's visit to North Fly

Dr Moke, a TB Specialist based in Daru, travelled to Kiunga in October 2012 to conduct awareness on Multi Drug Resistant (MDR) TB in response to a request from North Fly health service providers, as a case of MDR TB was diagnosed in the district. NFHSDP organized the logistics and co-funded Dr Moke's visit.

During his visit, Dr Moke provided in-service training to six staff and reviewed TB patients. As it was the first time a case of MDR TB had been identified in Kiunga, it was very important that staff knew how to recognize, treat and manage MDR TB. TB awareness was also provided for 30 health workers.

Dr Moke also provided a session on DOTS. Officers involved in providing TB-related health care, both primary and clinical care, were reminded of the significant responsibilities they have in preventing TB and other emerging diseases in the District. The District Disease Control Officer is working with colleagues and partners, including NFHSDP, to promote lifestyles and habits to prevent the spread of TB. Some of the most recent improvements at Kiunga Hospital can be seen at the TB clinic in terms of cleanliness, general tidiness and staff attendance. Kiunga Hospital staff are proud that the TB program in the North Fly District can move forward.

2.4.1 Working towards reducing and preventing malaria

Malaria poses one of the biggest health risks in PNG and for many years has been one of the leading causes of death and illness in the country. However it is a preventable disease and the NFHSDP Malaria Program has been working with Partners, communities and other stakeholders to raise awareness and support the implementation of prevention strategies. Table 2-8 below shows the progress in terms of the incidence of malaria in North Fly and the ongoing efforts to distribute LLINs across the District.

Table 2-8 Progress against malaria-related indicators

Indicator	Baseline (2007)	Target	North Fly District progress			
			2009	2010	2011	2012
Nunmber of patients presenting for simple malaria (per 1,000 population) (Based on clinical diagnosis not RDT or microscopy)	439	150/1000	*316	*412	*342	207
Bed nets distributed to North Fly Population	Nil	80%	24,229	11,914	4,303	47,630

*Source: NDOH ASR 2013 (reporting 2008-2012 performance)

Malaria incidence rates are monitored through outpatient reports at aid posts and health centres. As shown in Table 2-8 above, the incidence of malaria continues to decrease in North Fly, showing a desirable sustained downward trend since 2010. The decrease may in part be due to the increased use of RDT where people with an illness consistent with clinical malaria but a negative RDT, indicating that they do not have malaria, will not be counted as malaria cases.

However malaria still poses a significant risk to the North Fly population and NFHSDP continues to work with Partners and key stakeholders, including Rotarians Against Malaria (RAM), to prevent exposure and relapses.

Accurate reporting is essential to monitoring this trend and NFHSDP has been working closely with health facility staff to ensure reports are accurate and submitted on time to the District Health Information Officer. Diagnosis of malaria has improved with the increase in the availability of rapid diagnostic testing. Following the introduction of rapid diagnostic testing for malaria in North Fly in 2011, NFHSDP were one of the first districts to roll out the new Artemisinin-combination

therapies (ACT) treatment regime[3] in 2012 and the Program continued to support the availability and use of rapid testing for malaria at health facilities across North Fly.

The Malaria and Environmental Health Program Activity Group (PAG), where all Program Partners are represented, plays a key role in planning, information sharing and monitoring progress of the North Fly Malaria Program. The PAG held regular meetings in 2012, starting with a review of the 2012 Annual Plan in February and subsequent quarterly meetings in April, August and December.

2.4.2 Bed net distribution

Bed net distribution across the North Fly achieved a coverage rate of more than 100% (1 net per 1.6 people). The NFHSDP worked closely with RAM and Partner agencies throughout the year. Key bed net distribution activities for 2012 are listed below.

- A total of 47,630 LLINs were distributed to communities and health facilities. 34,692 of the nets distributed in 2012 was done in partnership with RAM
- LLIN registers distributed to health facilities and communities
- Supported RAM through the distribution of bed net questionnaire for participating antenatal clinics across the District
- 65 LLINs delivered to Rumginae CHW School, 65 to Swetiken and Marofen villages and 130 to Ningerum, Matkomnai and the MCH patrol down Fly
- 8 village recorders were trained to undertake, and then completed, LLIN household surveys during a patrol to Mogulu with the District Environmental Health Officer
- Supported RAM to undertake a household survey District-wide LLIN distribution program
- Supported RAM distribution program with logistical (air, water and road transport) and assisted with the distribution of 6,624 bed nets to Kiunga rural and urban areas (covering a population of 13,246)
- NFHSDP and Tabubil Hospital Public Health team distributed 560 nets in and around Tabubil

NFHSDP will continue to work with RAM in 2013 to further improve coverage by providing additional nets to the Matkomnai locality, which was not covered during the 2012 distribution exercise.

[3] ACT is the current drug regime for treating malaria, also known as Mala 1, the brand name available in PNG.

2.4.3 Support for other aspects of the Malaria Program

NFHSDP supported Partners to improve the diagnosis of malaria and the promotion of preventative measures. This support was provided through:

- Delivery of 1 box of RDTs and 29 boxes of Artemisinin-combination therapies (ACT) during a patrol to Mogulu with the District Environmental Health Office. During the patrol, health awareness sessions were conducted, IEC materials distributed and RDT and ACT refresher training was provided for health workers.
- Support for the NDOH Malaria M&E Officer to undertake supervisory visits to Rumginae, Kiunga Hospital, Kiunga Urban Clinic.
- An integrated Environmental Health /Malaria outreach patrol to Alice Kona which included the provision of on-the-job training for health workers in Kiunga Hospital, Montfort Urban Clinic and Rumginae and Membok Health Centres. Topics covered included malaria, cholera, breastfeeding and MALA 1 (the brand name of current ACT in use).
- Supervisory visit to Dome Sub-Health Centre with Mr Mulat Kenegip, the North Fly Logistics, Malaria and Aid Post Supervisor. Activities undertaken during the visit included:
  - delivery of a supply of Lumartem (a new brand of Artemisinine–Lumefantrine, temporarily replacing MALA1)
  - removal of old stock of ACTs and malaria medications
  - delivery of RDT kits and LLINs for antenatal clinics
  - audit of malaria registers and NHIS monthly reporting requirements.

2.5 ENVIRONMENTAL HEALTH IN FOCUS

Environmental health activities include water supply and sanitation, food sanitation, quarantine, building and plumbing, waste management and health impact assessments. Environmental health also focuses on educating, promoting and improving the health of the general population through healthy lifestyles. NFHSDP conducted a number of environmental health activities in 2012 with our Partners, with a particular focus on water and sanitation.

2.5.1 Water supply

Rain water tanks were installed at health facilities in Membok, Kuiyu and Timinsiriap in 2012. The need for tanks in these communities was identified during supervisory visits carried out with Partners in 2011, which found that the existing tanks in Membok and Kuiyu were rusty and leaking, while Timinsiriap did not have a tank.

In keeping with the partnership approach, NFHSDP purchased the three 2000 litre Tuffa brand water tanks and the North Fly District Health Services engaged a labourer to make the tank stands in Kiunga. In Timinsiriap, the local councilor prepared the site and arranged transport by road and boat to his village. In Membok the tank was connected to the delivery ward and

"Last year (2012) I was happy because after the planning workshop, the NFHSDP team went to Membok and Iowara with CHS health workers and went to refugee camps and identified some water and sanitation issues, then the NFHSDP team took action by building and installing water tanks".

Sr Anna Sanginawa, Health Secretary, CHS

outpatient department, while in Kuiyu and Timinsiriap a tap was connected to each tank.

Repairs made to defective guttering at Neogamban Aid Post and a survey of the water source at Hoponai village was undertaken at the request of the resident community, to assist them develop a proposal to a donor agency for the donation of a water tank.

2.5.2 Hygiene and sanitation

NFHSDP supported the installation of a Ventilated Improved Pit (VIP) toilet at Matkomnai Health Centre. The partnership approach was again demonstrated with the community digging the pit and NFHSDP and North Fly District Health Service Environmental Health Officers working together to make the cement slab and erect the shelter. A second cement slab was made in anticipation that the community will install another VIP toilet.

2.5.3 Other environmental health activities

Other environmental health activities carried out in collaboration with our Partners in 2012 included:

- Environmental health sessions with Rumginae CHW School students which demonstrated VIP toilet construction
- Household survey and distribution of LLINs in Kiunga urban and rural areas
- Facilitated the transportation of a Tuffa tank by chopper to Haewenae
- Inspected food establishments in Kiunga Town
- Inspected drainage in Kiunga Town
- Assisted OTML Public Health Team with awareness during World TB Day in Tabubil
- Assisted OTML Health Surveyor to conduct a drainage inspection at Tabubil Golf Club.

2.6 COMMUNITY AWARENESS ACROSS ALL PROGRAM COMPONENTS

An essential component of improving population health is the provision of current health information. The NFHSDP works with partner agencies during outreach patrols and fixed clinics to provide education to the rural and remote population of the North Fly. IEC materials are also provided. In 2012, more than 2,300 IEC materials, including pamphlets and posters about maternal and child health, malaria, STIs, HIV and AIDS, and TB, were distributed and more than 3,600 people were reached through community awareness programs.

Community awareness topics discussed during 2012 patrols and clinics included:

- Hygiene, sanitation, and safe drinking water
- Communicable diseases
- STIs/AIDS
- Immunisation
- Family planning and birth spacing
- Importance of antenatal clinics
- Safe deliveries
- Anaemia
- Tetanus toxoid vaccinations for antenatal mothers
- Identifying signs of moderate to severe pneumonia
- Nutritional and home remedy advice for simple illnesses
- Pneumonia
- Importance of immunisations
- TB/HIV/STI
- VCCT and HIV/TB
- Malaria and Mala 1
- RDTs
- LLIN use, abuse and care
- Prevention of cholera and typhoid

3 SUPPORTING FUNDAMENTAL FACTORS THAT ENABLE THE PROVISION OF CORE HEALTH SERVICES

3.1 SUPPLEMENTING ESSENTIAL DRUGS AND MEDICAL SUPPLIES

"Essential medicines are those that satisfy the priority health care needs of the population. They are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford" (WHO 2008).

Table 3-1 below shows North Fly's progress against the indicator for facilities reporting nil shortages of essential drugs.

Table 3-1 Progress against indicator for reporting of nil shortages of drugs

Indicator	Baseline	North Fly Progress				National average
	2008	2009	2010	2011	2012	
Centres reporting nil shortages (of 8 selected supplies) for more than a week in any month	63%	68%	58%	84%	84%	83%

Source: NDOH ASR 2013 (reporting 2008-2012 performance)

Since 2009, the Program has invested over 1,660,000 PGK on essential medical supplies for partner agencies, including 339,205 PGK for 2012. NFHSDP support for the provision of essential drugs and medical consumables has been aimed at not only improving the availability of affordable medicines in North Fly, but also strengthening the supply system. As shown in Table 3-1, the NDOH reported a significant increase (from 58% in 2010 to 84% in 2011 and 84% again in 2012) in the availability of essential medical supplies in North Fly. Such results are very encouraging and reflect the attention of the Program to improving all stages of the essential drugs and medical consumables supply chain - from Port Moresby to the North Fly, to partner agencies and to their respective health facilities.

> *"Drug supplies were followed up by NFHSDP so we had good supplies last year (2012). There were some drugs we were short of like vaccines and anti-malarials so we asked NFHSDP to help. We got equipment too, auroscopes and stethoscopes that were sent out to facilities (scales were sent by NFHSDP in previous years)".*
>
> Sr. Cathy Yaki, Officer in Charge
> Catholic Health Services

In 2013, the NFHSDP team will focus on strengthening district capacity to better manage the procurement, distribution and imprest management of essential drugs. The focus will be on ensuring that demand for the NFHSDP to provide direct assistance for the procurement, dispatch from the national medical store and distribution of essential medicines to partner agencies is eliminated. This will mean a greater focus on building district capacity and ensuring the District Government can fulfill its responsibility, without NFHSDP assistance, to ensure essential medical supplies are available and delivered across North Fly.

Table 3-2 provides a snapshot of the Program's contribution to assisting Partners and to strengthening the essential drugs and medical supply processes.

Table 3-2 NFHSDP supply of supplementary drugs and medical supplies to Partner agencies 2012

Partner	Support provided
ECPNG	**Rumginae Rural Hospital** • 1000 TB drugs delivered (sourced from Daru during TB officers visit) • 200 vials of Pentavalent and 100 vials Oral Polio Vaccine (OPV) • 7 medical oxygen cylinders Facilitated first 6 months diesel supply of 15,000 litres and a further 15,000L of fuel (funded by Donations Committee) for Rumginae Hospital generator.
CHS	**Matkomnai** • Purchased vaccine cold boxes and 100 vials of Pentavalent for the supplementary immunisation activity (SIA) program • Assisted with purchase and supply of 8000L of petrol and 70L of oil to assist the transportation of food and medical supplies for flood affected victims in Middle Fly.
Government	**Ningerum** • 75 vials of Depo-Provera injections and 40 packets oral family planning pills supplied • 100 vials of Pentavalent for Ningerum **Kungim** • Ordered parts for solar vaccine fridge repair, new solar lights regulator purchased and solar repaired **Olsobip** • Arranged chopper to drop off medical supplies **Kiunga Hospital** • Delivered 70 cartons of normal saline • Supplied X-Ray chemicals • Supplied 4 medical oxygen cylinders • Supplied 2000 immunisation syringes for MCH Ward • Supported Labour Ward with the repair of oxygen concentrator • Assisted in facilitating the logistical arrangements for 32 cartons of RDT kits from NDOH • Supplied urgent antibiotics and anti-malarial drugs • Supplied 500 Mama Bel clinic books, 250 adult clinic books and 250 child clinic books for MCH team • Contact established with provincial TB Officer to release supplementary TB drugs for Kiunga (and Rumginae) • Kiunga Hospital Administrator and dispenser spent a day at AMS in October to follow up orders and packed 20 boxes of drugs and medical supplies for delivery. They also brought back 10 boxes of medications that were urgently needed for Tabubil Urban Clinic **TUC** • Engaged OTML Infrastructure Support Services to convert a 20ft shipping container into an air-conditioned drug storage unit • Received and delivered the first consignment of direct medical supplies from NDOH for TUC • Arranged airfreighting of the new malaria treatment drugs

3.2 HEALTH RADIOS

The maintenance of the health radio system is vital to supporting core health services in North Fly and continued to be a priority for the NFHSDP in 2012. Eight radios were repaired and a new high frequency (HF) radio was finally at Kamfurabip as bad weather and the unavailability of radio technicians in December 2011 hindered plans to install although the equipment had been purchased in 2011. The average integrity of radios across the year was 91%. As of 31st December 2012 Mogulu, Membok and Neogamban health centres were identified as needing repair. Table 3.3 outlines the integrity of the health radio system from 2010 to 2012.

Table 3-3 Functioning health radio system

Indicator	Baseline	Target	Progress		
			2010	2011	2012
Number of health centres and prioritised aid posts with a radio*	HCs 11/14 APs 8/49 Clinics -Nil	100% of health centres	100% of Health Centres (14/14) 22% of Aid Posts (11/49) have functioning radio at end of 2010	100% of Health Centres (14/14) 22% of Aid Posts (11/49) 1 radio installed at Tabubil Urban Clinic	88% of Health Centres (11/14) 1 radio installed at Kamfurabip Aid Post 25% of Aid Posts (12/49)

Reliance on NDOH technicians to carry out maintenance is an ongoing issue due to limited availability and capacity to provide a regular service to North Fly District. Through the Implementation Coordinating Committee (ICC), NFHSDP will continue to lobby Partners to nominate staff to be trained in health radio (and cold chain) maintenance in 2013. These staff would be dedicated to monitoring and maintaining the radio system so that radio integrity can again reach, and be sustained, at 100%.

3.3 STRENGTHENING HEALTH WORKER PERFORMANCE

3.3.1 Education and training

Human resources are the most important asset for any health service. Without appropriately trained and adequate numbers of staff, health services at any level cannot be delivered effectively. NFHSDP's contribution to strengthening health worker performance is delivered through its support for formal and on-the-job training programs and via a scholarships program. Table 3-4 outlines on-the-job training supported by NFHSDP in 2012.

Table 3-4 NFHSDP facilitated on-the-job training

Participants	Topic	# Attendees
Kiunga Hospital health workers	TB	7
Rumginae CHW School students (on placement at Kiunga Hospital)	TB	7
Kiunga Hospital staff	Fixed dose combination (FDC) therapy for TB	8
	10 step Checklist for AN/FP	3
Kiunga Hospital staff	ART Management	12
	PICT	2
	Kit storage, labeling and data entry for HIV and AIDS	12
Membok Health Centre health workers	Malaria	3
	New Malaria Protocol	
	Clinical Diagnosis of Malaria	
	Diagnosing using RDTs	
	Current Malaria Treatment	
	How to Prescribe Mala-1	
	Prophylaxis	
	Reporting Malaria Cases	
	NHIS and Malaria register forms	
	How to do a RDT test	
East Awin Iowara health workers	Introducing DOTS: the internationally recommended TB strategy	2
Iowara health workers	TB: New Patient and Treatment Support Cards	6
Kiunga Hospital MCH staff	IMCI on-the-job Training	2
Rumginae health workers	On-the-job training - CHW from Rumginae	8
Kiunga Hospital – MCH staff	Training on IMCI 8/10 Step Checklist	2
Moian Aid Post	In-Service - TB DOTS Recording and Reporting	6
Total number of attendees		**80**

Formal training programs this year reached 93 health workers and included:

- STI Syndromic Management for 11 health workers
- Malaria: data recording and current malaria treatment for 12 health workers
- Two officers from Kiunga Hospital completed Dangerous Goods training
- Five North Fly Health workers and 1 NFHSDP attended a TB Clinicians workshop and a PICT training in Daru
- Two-week IMCI course for 25 health workers
- Basic skills in Microsoft Excel for 5 health information officers
- Support for CHS lead VHV training for 15 volunteers.

Support specific to Rumginae CHW training school included:

- Delivery of 65 LLINs for students
- Lectures assessing water supply and water testing guidelines
- Supported librarian to undertake training at IEA TAFE, Port Moresby, and assisted in arranging on -the-job training
- Facilitated session on TB case reporting to 1st year students
- Construction of a VIP toilet for 30 Rumginae CHW training school students
- Guidelines for assessing water supply and water testing for 30 Rumginae CHW training school students
- Extended internet service from Rumginae Rural Hospital to the CHW training school.

Installation of Internet Service at Rumginae Community Health Worker Training School

The internet services extension at Rumginae CHW Training School was completed by the NFHSDP in December. Previously the School was using the internet at the Rumginae Rural Hospital's doctor's office. It is from a cable internet service funded by the Provincial Government. Since the installment of the service at the Hospital some 3 years ago, I was frequently going back and forth to the doctor's office with my laptop and sometimes got frustrated because someone was already using it when I needed to use it, or other times I felt uncomfortable using the doctor's office. Now that NFHSDP has extended the service to the school I can access it from my office table and communicate faster with partners. I can now look for information and news relevant to the training of CHWs and others. Other staff can now also access the internet. I acknowledge the continued support of OTML through the NFHSDP.

Amos Kupaloma
Principal, Rumginae Community Health Worker Training School

3.3.2 NFHSDP scholarship program

The NFHSDP scholarship program continued in 2012, with 14 new scholarships awarded, 12 students continuing from 2011 and 7 students completing their studies. Scholarships are provided for both technical studies and also literacy and numeracy studies where it is deemed these courses will improve an applicant's ability to either complete further technical studies or to better fulfill a current role within the health service. Table 3-5 provides details of NFHSDP scholarships awarded since 2010.

Table 3-5 NFHSDP Scholarship Awarded and Completed – 2010-2012

Indicator	2010	2011	2012
Number of new scholarships awarded	18 in total 〉 Diploma in Health Administration x 1 〉 Diploma in Midwifery x 1 〉 Literacy and numeracy x 16	12 health related scholarships awarded 〉 Diploma in Anaesthetics x 1 〉 Diploma in Nursing x 1 〉 Bachelor of Nursing x 2 〉 Diploma in Health Administration x 2 〉 Bachelor of Medicine / 〉 Bachelor of Surgery (MBBS) x 1 〉 Bachelor of Environmental Health x 1 〉 Certificate in Community Health Work x 4	14 scholarships awarded in 2012 〉 Diploma in Nursing x 1 〉 Diploma in Nursing/Midwifery x 1 〉 Bachelor of Nursing x 1 〉 Bachelor in Health Sciences (HEO) x 2 〉 Bachelor in Health Administration x 1 〉 Certificate in Community Health Work x 1 〉 Literacy and Numeracy x 7
Number of scholarships completed	1 completed 〉 Diploma in Midwifery x 1	17 scholarships completed in 2011 〉 Diploma in Health Administration x 2 〉 Diploma in Anaesthetics x 1 〉 Diploma in Nursing x 1 〉 Literacy and Numeracy x 11	7 scholarships completed in 2012 〉 Certificate in Community Health Work x 3 〉 Bachelor of Health Science (HEO) x 1 〉 Diploma in Nursing/Midwifery x 1 〉 Literacy & Numeracy x 2

Profiling Raymond Singamis. – NFHSDP nursing scholarship recipient

My name is Raymond Singamis. I am from Olsobip Local Level Government (LLG) in North Fly District, Western Province, Papua New Guinea. I was accepted by Pacific Adventist University to study nursing in 2007 and started studies that year. I left school in 2009 due to some personal problems and went to study Information Technology and Media at Brisbane North TAFE College in Australia. Upon completion of my studies in Australia I returned to Papua New Guinea and worked with a multimedia company called POM Productions at the beginning of 2010 in Port Moresby, the Nation's Capital. At the end of 2010, I moved to Tabubil in Western Province to work with Tabubil Engineering as their safety officer for one year and six months. This was from September of 2010 to March of 2012. It was there that I found out about the North Fly Health Services Development Program so I applied and was accepted. In March I started my third year in the Bachelor of Nursing program at the Pacific Adventist University. 2013 will be my final year in the course.

I chose nursing as a career for three reasons. Firstly, I saw a need in my village, Baktaman, and my district, Olsobip. I observed that many people were dying of treatable diseases such as malaria, TB, typhoid and other diseases. My people associated many of these deaths with sorcery as a cause of death. As a result, people were killing those who were suspected of practicing sorcery. A lot of innocent lives were being destroyed and the communities were dividing. With that I took up this course so that I can be in a better position to explain to my people in their own language so they understand. The second reason is my mother, who died of womb cancer. And the third reason is I want to be a doctor. When I was younger, I always wished to be a doctor so I can save lives. I still have that passion therefore after nursing as a career; I would like to further my studies in becoming a doctor. These are the three reasons that motivated me to be a nurse.

My favourite areas of nursing are maternal health and child health. Maternal health is to help mothers because my mother died of a maternity-related problem and many other mothers are dying as well. Also research from National Department of Health in Papua New Guinea confirms that about 4000 mothers die every year, therefore I am enjoying this subject to learn more and help mothers. Mothers are important because they determine the life of a lawyer, doctor, teacher, etc. for the first nine months. Children determine the next generation, and will be the future leaders of this nation; therefore, I want to give special attention to the children.

I also have a musical hobby. It started off when I was about 15 years old. I developed it at Church. As time went on, I developed my musical talent and so thought it would be better to turn my hobbies into something at a professional level, so I started reading bookings on studios. This motivated me to go to Australia to study Information Technology and Multimedia in 2009. I studied there for 6 months came back and started my multimedia studio in Tabubil. I look forward to graduating in November 2013. I would like to thank the North Fly Health Services Development Program for assisting me.

3.4 INFRASTRUCTURE

The infrastructure work undertaken by NFHSDP is designed to improve Partner agencies' facility structures in order to meet the PNG National Minimum Standards for Health. Construction work is tendered through a competitive process to local companies and building materials are procured following the NFHSDP and OTML procurement guidelines.

Support for infrastructure in 2012 included:

- Completion of 4 kit houses at Rumginae. Certificate of completion was subsequently awarded by the Provincial Building Board
- Completion of 1 kit house at Ningerum
- Scoping work completed at Matkomnai Health Centre for a proposed extension and conversion of a tool shed to a VCCT and multipurpose building
- Began refurbishing Kiunga Hospital TB and surgical wards and morgue commenced.

3.5 ENABLING THE COLLECTION OF ROUTINE HEALTH INFORMATION

Accurately recording and reporting of health information system data supports effective health service delivery planning and management. NFHSDP has been working to improve the collection and reporting of National Health Information System (NHIS) data across the District and The North Fly reporting submission rate to the NDOH in 2012 increased to 97% compared to 95% in 2011.

> "*Statistics were followed up by George (NFHSDP Data Manager) so that our statistics were up to date with the District and at NDOH*"
>
> Sr Cathy Yaki
> Officer in Charge and Health Information Officer,
> Catholic Health Services

The NFHSDP Data Manager works with partner agency health information officers to ensure data is collected monthly and submitted to the District Health Information Officer. Support is also provided to the District Health Information Officer to submit District reports to the Provincial Health Information Officer. Similar support is then provided to the Provincial Health Information Officer to ensure data is submitted to the NDoH Monitoring and Research Department. It is the responsibility of this Department to ensure that all health information system data is incorporated into the ASR data analysis and reporting process. NFHSDP support for Partners in 2012 also included a one week health information management training program for health information officers.

4 TABUBIL URBAN CLINIC

In an effort to decentralise outpatient services from Tabubil Hospital, the Tabubil Urban Clinic was established in 2010 and registered as an NDOH facility in 2011. The NFHSDP continues to manage and operate the Clinic, including the provision of its full staffing compliment. Tabubil Urban Clinic provides general outpatient services and outreach along the highway towards Ningerum.

4.1 GENERAL OUTPATIENT SERVICES

Clinic attendance continued to increase in 2012 with over 15,000 occasions of service provided at fixed clinics. Of these, 12,480 were new attendees and 2,562 re-attendees. Of the new attendees, approximately 25% (3,256) were diagnosed with pneumonia or diarrhoea, 4% (347) with malaria and < 1% (14) with malnutrition. These particular presentations are monitored by the NFHSDP as they are key programs indicators and can pose particular risks to the population. Table 4-1 provides a breakdown of the number of adults and children who presented at Tabubil Urban Clinic with pneumonia, diarrhoea, malaria or malnutrition.

Table 4-1 Presentations to Tabubil Urban Clinic by age category for 4 specific health conditions, 2012

Diagnosis	Number of presentations	Proportion of total presentations	Presentations by age group	
			5 years and older	Under 5 years old
Pneumonia	1,849	15%	786	1063
Diarrhoea	1,407	11%	558	849
Malaria (clinical diagnosis)	186	1%	158	28
Malaria (RDT/Slide)	161	1%	112	49
Malnutrition	14	<1%	2	12
All other presentations	8,863	71%		
Total	12,480	100%		

4.2 OPPORTUNISTIC IMMUNISATIONS

A total of 309 opportunistic vaccinations were administered at Tabubil Urban Clinic in 2012. The Clinic does not currently offer a specific MCH program or fixed antenatal clinics, however if a child presents, their immunisation status is checked and opportunistic vaccinations are administered.

4.3 OUTREACH SERVICES

The Tabubil Urban Clinic HEO treated more than 500 patients through monthly clinical field visits along the highway and at Sisimakam, Ningerum, Matkomnai and Yenkenai. Tabubil Urban Clinic staff participated in the SIA in Q2.

4.4 Other Tabubil Urban Clinic activities

Other key activities undertaken at the Tabubil Urban Clinic in 2012 included:

- Clinic's drug storage unit fitted out, including roofing, shelving, power and air conditioning
- Bed nets given to patients under 5 years of age with positive malaria RDT result
- Distributed more than 1500 condoms
- Conducted regular health education and awareness talks to patients at general children and adult outpatient clinics.
- Provided PICT for HIV at every opportunity

Tabubil Urban Clinic in focus

Greeting a crowd of waiting patients with health information is how each days starts for staff of Tabubil Urban Clinic. The clinic, located on the outskirts of Tabubil, sees an average of 50-70 patients each day with people arriving from before 7am.

The team of nurses, CHWs and an HEO start each day with group health education for patients who are waiting for the morning clinic to commence. The topics vary each day according to the most common health issues seen the previous day or week. The importance of clean water and sanitation are regular topics, particularly for the prevention of diarrhoea. The majority of patients live in settlements where living conditions are crowded, sanitation is poor and clean water is not readily available.

In November diarrhoea was again a critical topic of discussion with all patients, both individually and in groups, due to an outbreak of typhoid (14 cases diagnosed at the Clinic in November). Typhoid is a bacterial disease transmitted through contaminated food and water. The first case of the localised outbreak was recognised by HEO Mark Yatsa and laboratory tests confirmed the diagnosis. As required by public health regulations, the suspected case was reported to the Disease Control Officer then on to provincial and national offices. Further action instigated by Clinic staff included:

- Investigation and inspections of water and sanitation at Wangbin by Public Health Team
- Awareness sessions at Wangbin
- Awareness for staff and patients at the fixed clinic.

5 KIUNGA HOSPITAL

5.1 BACKGROUND

Kiunga town continues to grow with a current population of approximately 17,000 and an additional 11,000 in surrounding villages. Kiunga can only be accessed by air or river apart from one road link to the nearby town of Tabubil. There are a number of established businesses in the town and many new ones beginning to open. There is a large wharf in Kiunga, built on the Fly River which is used by all businesses to transport supplies, produce and equipment between Kiunga and Port Moresby and beyond.

In 2012 NFHSDP assumed the management of Kiunga Hospital and engaged Mr. Graeme Hill as the Hospital Administrator. Mr. Hill had previously successfully managed the Tabubil Hospital and during his time there the hospital was awarded a further 5 star accreditation status under the NDOH Medical Standards Division (Standards Accreditation Program).

Kiunga Hospital is the District Hospital for the North Fly that has been in operation since 1985. The Hospital is a government facility with a bed capacity of 51 and a workforce of 87. Historically, the Hospital has recorded staff shortages, however in 2012 the Provincial Administrator agreed to undertake a review of the staffing with a view to ensuring the Hospital can function more efficiently and effectively.

Services provided at the hospital include surgery, pathology, radiography, accident and emergency, general outpatient clinics, maternal and child health, and a dispensary. There are 4 wards: general; TB; surgical, and; obstetrics and gynaecology.

Kiunga Hospital relies on recurrent Government funding to support the running of the Hospital, with funds released from the NDOH on a quarterly basis. Administration challenges limit funds which are often paid in arrears. The funds are primarily allocated to operating costs and are often insufficient to cover the full costs of running the Hospital in line with the NDOH Minimum Standards. Subsequently, infrastructure such as staff houses and general wards has deteriorated to the point of being unsafe.

Kiunga Hospital has received significant support over the years from the private sector, including OTML, through funding, sponsorships and donations to assist with the purchase of major equipment items. In 2011, the Hospital received additional funding from the Tabubil-Kiunga Health Agreement[4] to upgrade the facility so that it can function more efficiently as a District Hospital. These funds are currently being used to employ two specialist medical officers and an anaesthetist. They are also being used to construct a 10-bed TB ward, an 11-bed surgical ward and an extension of the morgue.

[4] The Tabubil-Kiunga Health Agreement was signed by Fly River Provincial Government and OTML in 2011, authorizing OTML to deduct payment directly from Royalties due and allocate these funds for use at Tabubil and Kiunga hospitals

NFHSDP worked to strengthen systems and processes at Kiunga Hospital throughout 2012. Table 5-1 provides a brief description of some of the activities undertaken and the key achievements in our efforts to strengthen systems and processes across a range of hospital services.

Table 5-1 Key activities in 2012 to improve systems and processes at Kiunga Hospital

Area of Improvement	Quality Improvement strategies introduced
Hospital Governance and Management	• Reintroduction of staff and departmental meetings • A Hospital budget for 2013, the first for many years, developed and submitted to the Provincial office • Worked with department heads to develop departmental goals and objectives • Introduced a list of charges for private companies • Encouraged staff to become more responsible for their areas and their actions • Opened a Hospital bank account
Administration	• Introduced a number of pre-printed forms in pads rather than continually photocopying forms • Purchased a new photocopier
Human Resources	• Appointments of an administrator, paediatrician, surgeon and anaesthetist until December 2013
Clinical Care	• A new birthing bed for the midwifery ward
Infection prevention and control	• Installation and commissioning of a new steriliser in the operating theatre • Installation of a new diesel and electrical powered incinerator for the safe disposal of sharps/medical waste • Introduced proper garbage disposal to minimize dogs straying onto Hospital grounds
Occupational Health and Safety	• Introduced radiation monitoring badges for radiology staff • Urgent refurbishment and repair work undertaken at the nurses quarters and staff houses • Banned both the chewing of betel nut and smoking within the Hospital grounds
Essential drugs and medical supplies	• Review of the dispensary and the introduction of imprest lists for the wards • Purchased numerous pieces of new equipment for all departments • Contracted Meddent technicians from POM x 1 weekend to service medical equipment • Advertised request for tender for new equipment and a new ambulance (6 tenders received)
Communication and signage	• New PABX commissioned giving the Hospital internal and external telephone access 24hrs a day • Introduction of a bi-monthly Hospital newsletter
Infrastructure	• Commenced building a new surgical ward and a TB ward to increase bed capacity from 51 to 72. • Extension of the morgue to allow for the addition of a new refrigerator. • Request submitted to Provincial Administration Office to repair existing nurses and staff quarters and to build additional staff housing • Ten new air conditioners installed throughout the Hospital
Maintenance and beautification	• Asset register developed with assistance from OTML staff • General cleanup of the Hospital grounds • Toilets and showers refurbished • STI Clinic roof replaced
Public Private Partnerships	• Donation and installation of 21 computers from OTML • Kiunga Stevedoring donated K65,000 for the purchase of equipment • Castlemaine Rotary Club (Australia) commenced filling a container with equipment and transporting to Kiunga. • Created a temporary office space for the NFHSDP Area Wide Services team

5.2 MOVING FORWARD

The continued support of Hospital staff and government officials is vital if these positive improvements are to continue. If health service delivery at Kiunga Hospital can continue to improve, the catchment population will benefit from access to improved primary and clinical health care. We anticipate that 2013 will hold many opportunities for Kiunga Hospital.

Apart from improving the quality and range of services provided to the public, one of the biggest challenges will be to address staff accommodation needs. This project is essential to ensure current staff have comfortable, safe housing. It is also essential that accommodation is available for new staff that the Hospital is seeking to recruit, including staff for the new surgical and TB wards.

We look forward to working with our Provincial Government counterparts, for whom Kiunga Hospital remains a key responsibility, including ensuring the timely release of funds, and supporting them to achieve further improvements for Kiunga Hospital in 2013.

6 PROGRAM COORDINATION

Table 6-1 below shows the progress the Program has made in relation to the indicators for partnership coordination.

Table 6-1 Progress against NFHSDP partnership indicators

Indicator	Target	Progress		
		2010	2011	2012
ICC membership representative of all partners		Strong commitment and participation from all Partners	Strong commitment and participation from all Partners	Strong commitment and participation from 80% of Partners (See also Figure 6-1)
Number of ICC meetings per annum against meeting schedule	100%	6	6	5
Partner attendance at ICC	100%	69%	85%	88%
Annual Integrated Activity Plan developed and endorsed by Provincial Management team	As per Annual Plan	2010 Annual Plan approved by Provincial Management Team	2011Annual Plan approved by Provincial Management Team	2012 Annual Plan approved by Provincial Management Team
Number of PAGS established	As per Annual Plan	5 PAGS established	5 PAGS operating	5 PAGS operating
Number of PAG meetings held per year		MCH x 9 Education x 3 STI/HIV/TB x 5 Malaria and Environmental Health x 2 Medical Logistics and Cold Chain x 2	MCH x 6 Education x 2 STI, HIV/AIDS/TB x 3 Malaria and Environmental Health x 3 Medical Logistics and Cold Chain x 2	MCH x 6 Education x 2 STI, HIV/AIDS/TB x 6 Malaria and Environmental Health x 4 Medical Logistics, Cold Chain and Infrastructure x 1
Steering Committee assesses Program reports and progress	4 per year	4 meetings held	4 meetings held	4 meetings held

6.1 IMPLEMENTATION COORDINATION COMMITTEE

The ICC, as per its title, is the key to the success of implementing the Annual Activity Plans for the Program. Five ICC meetings were held in 2012. Partners also convened at a stakeholder workshop in Kiunga in March and an October planning meeting in Daru in lieu of ICC meetings planned for those months.

Figure 6-1 shows partner attendance at ICC meetings in 2012.

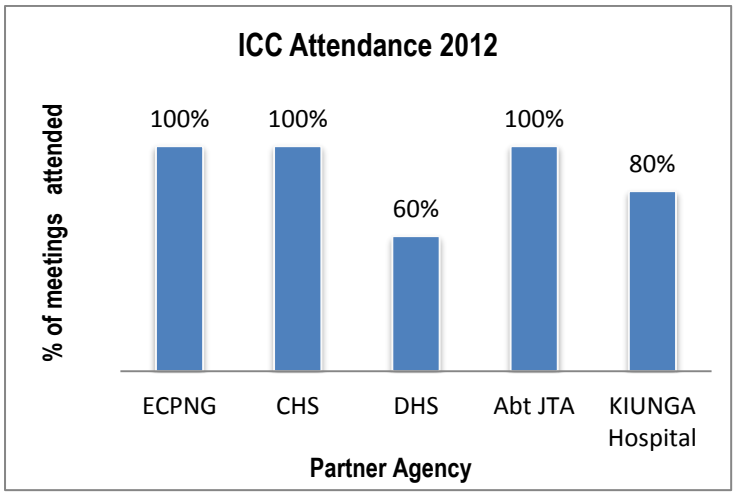

Figure 6-1 ICC attendance - 2009

6.2 Program Activity Groups

The purpose of the PAGs is to operationalise Program activities with Program Partners, and to improve collaboration and coordination in service delivery across the North Fly. The PAGs continued to operate at varying levels of efficiency in 2012, achieving mixed results. However the MCH and STI/HIV and AIDS/TB PAGs made significant progress in terms of improved coordination.

Members of the MCH PAG worked together to ensure health service providers coordinate patrol locations and dates. Prior to NFHSDP, patrols were not coordinated, resulting in MCH service duplication in some areas while other areas did not receive any services. The STI/HIV and AIDS/TB PAG has also made good inroads into coordinating activities across agencies, including a multi-agency approach to distributing condoms and support for PICT and VCCT services. This PAG also coordinated training required across partner agencies to more effectively treat people living with HIV and AIDS.

> "*Village health programs in the mountain area are the most difficult to access, whether we go in or they come out. I really do appreciate that the 3 of us – Mercy Works, Catholic Health, and NFHSDP - persist so that they do have access. We tried 3 times last year and in the end it was very expensive, but no one got angry or said "it can't happen". That shows people come first, especially those people who are hardest to get to*".
>
> Sr Maureen Sexton
> Coordinator Mercy Works, Kiunga Program (and member of Environmental Health PAG)

Table 6-2 provides a synopsis of the key partner coordination activities in 2012.

Table 6-2 Key partnership activities in 2012

Partnership Coordination
• Program Steering Committee meetings held in February, May, July and October. • ICC meetings held in February, May, July, September and November • The NFHSDP Manager and Public Health Adviser attended the Provincial Health Steering Committee in Port Moresby in March • A Stakeholder Consultation Meeting, facilitated by Ms Annmaree O'Keeffe was held in Kiunga in March. The findings of the Mid Term Review survey were presented and Partners discussed a way forward for NFHSDP 2012-2013 • The Program Manager and District Health Manager met with the Provincial Administrator and District Administrator in Kiunga in January to discuss NFHSDP and Kiunga Hospital initiatives
• NFHSDP team assisted Tabubil Hospital Public Health Team with the World Health Day program in April • Discussions were held with the District Administrator to request his attendance at the next ICC meeting • One day Health Promotion Workshop for 8 Ok Tedi Development Foundation staff facilitated by Public Health Adviser and Tabubil Hospital Health Promotion Officer in May
• Program Manager was interviewed for the AusAID-funded case study in PNG for Private-Public Partnerships on Health Programs (Dr Billy Selve and Barbra Kepa) in August • The Program Manager attended the Provincial Health Steering Committee meeting on 10th July. • Meeting with Mr Yore from OTFRDP and Mr John Lari about 2 AWS staff (MCH RN and Malaria HEO) participating in the Middle Fly Medical Patrol in October • Met with Tim Freeman from Rotarians Against Malaria (RAM) in September to discuss NFHSDP assistance for the household surveys and the distribution of LLINs to various remote locations in North Fly
• Program Manager and Public Health Adviser attended a workshop with Partners in Daru from 8th-12th October to develop the 2013 Provincial Health Annual Implementation Plan

7 PARTNER PROFILE

Profiling Maureen Sexton, Sister of Mercy

Coordinator, Mercy Works Kiunga Program, Diocese Daru Kiunga

I have been in PNG since 2003. For the first three years I was engaged in community development activities with the West Papuan villages down Fly. One of my responsibilities was monitoring the activities of several male village health workers. As a consequence I/we were a first point of call when families or leaders brought sick members into Kiunga. Many of the sick were women and children. My nursing background told me many of these situations could have been prevented with earlier intervention or recognition of high risk factors especially those relating to pregnancies. So began four years of involvement with village birth attendants in collaboration with the Catholic Health Services and OK Tedi Community Relations, and later with NFHSDP.

In 2009 my role as an implementer changed to one of coordinating the Mercy Works Kiunga Program which supports a number of community development programs / projects within the Diocese of Daru and Kiunga. One of the major programs continues to be the Village Health Program which is gradually extended beyond village birth attendants to include the five modules promoted by Family Services within the NDoH. I value the work, the partners I connect with and the fact such interventions make small but significant changes to people's lives and well-being.

My interest or passion in village health began in Pakistan when I was a co-founder of a community health and development program in a large rural area in Gujurat in the Punjab District. This was where I moved from my primary vocation as a nurse with various certificate and degrees to a more lateral position of community health worker. When I returned to Australia after 10 years in Pakistan, I completed my Masters in International Development (Social Science, majoring in community development).

8 PROGRAM MONITORING AND EVALUATION

Program monitoring combines reports drawn from the NFHSDP in-house database that provides monthly activity reporting against plans and the NDOH NHIS. Quarterly progress reports serve as the key background document for each Steering Committee meeting and this more comprehensive Annual Report includes an annual review against the Program's Monitoring and Evaluation Framework and the NDOH ASR.

The technical information from these reports is frequently shared, subject to Steering Committee approval, with the Provincial Health Administration, Western Province Health Steering Committee, Implementation Coordination Committee and the PAGs. This allows for broad-based communication of performance and encourages the wide-spread dissemination of lessons learned as the program evolves. The M&E Team, in collaboration with the Program Management Team, ensures M&E is embedded into the NFHSDP program components and activities. Table 8-1 provides a snapshot of the progress against the Program's M&E indicators.

Table 8-1 Progress against NFHSDP M&E indicators

Indicator	Progress 2010	2011	2012
Baseline Survey completed Mid-term Survey completed	Baseline survey completed and distributed to Partners in Q2 2010	Mid-Term Review (MTR) was undertaken in September–October 2011 and the report was submitted to the Steering Committee in February 2012.	• Stakeholder workshop conducted in March 2012 to discuss MTR findings (independently facilitated) • MTR – Final Survey Report (includes 26-27 March Stakeholder Consultation Workshop Report)
M&E system operational and reporting regularly against program indicators	• Monthly and quarterly data collection against indicators; annual reporting against most program indicators (data not yet available across all program indicators). 2009 Annual Report submitted in April 2010, reporting against program indicators. • 2010 Annual Report submitted in May 2011	• Monthly and quarterly data collection against indicators; and timely monthly and quarterly reports submitted. • 2011 Annual Report submitted in June 2012, reporting against program indicators.	• Monthly and quarterly data collection against indicators; and timely monthly and quarterly reports submitted. • 2012 Annual Report against Program activities completed
Up to date data available on program performance and progress against key indicators	• NFHSDP database updated monthly • Database undergoes regular auditing and improvements	• NFHSDP database updated monthly • Database undergoes regular auditing and improvements	• Database revised and updated accordingly in June to reflect the June 2012-Dec 2013 Activity Plan • Database undergoes regular auditing and improvements

One of the first monitoring and evaluation exercises in 2012 was the stakeholder workshop held in Kiunga on 26-27 March, when more than 20 representatives from Catholic Health Services, ECPNG Health Services, North Fly and Provincial Health Offices, OTML, Australian Doctors International and NFHSDP met to hear the findings of the Program's Mid-Term Review, which was conducted in September-October 2011.

At the workshop, which was independently facilitated by Annmaree O' Keefe, Program stakeholders agreed that the Program objectives of Program were still current and remained priority areas in 2012. Participants also discussed current

health trends and challenges and determined how the Program could best meet existing and emerging health and wellness issues in its remaining period to December 2013. The outcomes of this collaborative workshop were integrated into the June 2012-December 2013 Activity Plans.

8.1 EXTERNAL EVALUATIONS

In 2012, the Program benefited from the analysis and feedback of the following two independent studies of health service provisions in Western Province, including the North Fly:

1. *Health Capacity Diagnostic Mission* (2012), Papua New Guinea National Department of Health and AusAID. Predominantly focused on visiting health facilities, collecting data and interviewing stakeholders to gauge their perceptions of existing capacity in an effort to identify where there may be future need

2. *Mining Companies and Health Service Delivery in Papua New Guinea: Ok Tedi Mining Limited Case Study* (2012), Montrose and Health Partners International. The purpose of this study was to examine the health initiatives of Ok Tedi Mining Limited (OTML), in Western Province, in terms of how they engage with government on the planning, implementation and oversight of their health programs as well as their impact and sustainability.

The two studies were both funded by AusAID and NFHSDP and partner representatives were interviewed as part of the studies' processes.

In terms of overall performance in North Fly, the Health Capacity Diagnostic Mission (2012, p4) reported that:

> ***In North Fly, health indicators are improving. This matches the quantum of resources from Ok Tedi, government and churches.***

The *Mining Companies and Health Service Delivery in Papua New Guinea: Ok Tedi Mining Limited Case Study* discussed some of the challenges in North Fly and suggested that:

> ***By providing services directly and working at the health facility/health worker/community level – which is producing rapid results as has been documented for the past three years, the challenge for the NFHSDP will be to continue to invest the appropriate time and resources into developing the capacity of the higher-level partners who are in fact responsible for the oversight, management and strategic direction of the Western Province health system in general, and North Fly in particular, in the long run (p22).***

9 PROGRAM ADMINISTRATION

9.1 NFHSDP EMPLOYEE OF THE YEAR

In 2012 NFHSDP introduced an Employee of the Year Award to recognise achievements and efforts of team members. Nominations were received from within the team and were assessed against three criteria: commitment and dedication to their job; innovation and creativity in addressing challenges in their work; and, demonstration of Abt JTA values.

Photo: NFHSDP Employee of the Year, Veronica Kekae, at work during an MCH Patrol

Veronica Kekae, midwife with the AWS MCH Team, was the inaugural recipient, nominated by her colleagues for her achievements in all three categories.

Veronica is known within the Team for always being out on patrol with partner organisations, often walking between remote villages to reach communities that have not received health services in many years. Mothers and children in Neogamban, Yot, Membok, Memeyop, Ningerum, Okterim, Upper Fly River villages, Elewara River villages; Gasuke, Gusore and the surrounding villages were all fortunate to receive visits from Veronica this year.

“I enjoy this job; it’s what I trained for. The best part of my job is helping women and children in villages, giving them knowledge to understand their own health,” said Veronica after receiving her award.

Veronica trained as a nurse at Lemakot School of Nursing in Kavieng and worked for several years as a Registered Nurse with Catholic Health Services in Enga. During this time Veronica was sponsored by Catholic Health Services to study a Certificate of Health Administration in Divine Word University in 1998, after which she returned to Enga and held the position of Officer in Charge of several health centres up until 2002. Veronica was then selected by AusAID for a scholarship to study a Bachelor of Midwifery at the University of PNG, which she completed in 2003. After that she worked as a midwife in the obstetric unit of a major health centre (Yampu) in Enga. Veronica was later awarded a further 2-year AusAID scholarship for a Master of Midwifery at Flinders University in South Australia, and so moved with her family to Adelaide in 2006.

Before joining NFHSDP in March 2010, Veronica worked as the Provincial TB DOTS Coordinator for National Capital District with World Vision, a Global Fund Program. The focus of her position there was advocacy, communication and social mobilization, skills that Veronica uses in her daily work as a midwife now in educating and empowering women and families with information about safe motherhood, the importance of child immunisations, family planning and more. Veronica is from Wabag District in Enga and has two teenage daughters. She looks forward to continuing to work in maternal health and undertaking research in maternal and child health in the future.

10 CHALLENGES IN 2012

Table 10-1 outlines the key challenges faced by the Program in 2012, and also discusses some of the responses to the challenges.

Table 10-1 Key challenges of the NFHSDP in 2012

Challenges faced in 2012	NFHSDP responses to challenges
Transition of Implementation Coordination Committee (ICC) to District Health Management Committee.	The former District Administrator was invited to attend all ICC meetings but was unavailable all year. This matter was raised at the Provincial Health Steering Committee and it was decided that the invitation would continue to be extended to the new District Administrator appointed in December 2012 so that the Committee could prepare for how the handover would affect the NFHSDP governance structure.
Staffing of manpower at government health facility levels.	Regular requests have been made to mobilise CHWs to closed government aid posts. Response has been slow due to delays with approval of the Provincial Human Resource Structure. NFHSDP constructed the Ningerum Health Centre's HEO's house; however, no new staff has been posted. The officer selected has not moved to Ningerum and is still working in Kiunga Hospital. There is a need to inform the Provincial Administrator on such critical implementation issues to speed up recruitment process and the Program Manager will meet with District Administrator in 2013.
Delay in transition plans for NFHSDP staff to move to Kiunga.	Process delayed due to no available accommodation and office space. Interim alternative arrangement was made with Kiunga Hospital Administration to secure an office space within the Hospital. NFHSDP AWS have been temporarily operating from that location, sharing a space with the Hospital Information Services office. Negotiations continued with property owners in an attempt to secure accommodation and this will continue into the early part of 2013.
Several scheduled PAG meetings were not held due to non-attendance by Partners.	Partners were reminded in advance of PAG meetings, however several PAG Chairpersons were not always available due to other commitments. The national election period was a major setback. In order to give more support to PAG meetings, the NFHSDP Management Team will attend each of the PAG meetings in 2013.
Delay in recurrent budget allocations by government for Partners	Most of the Partners received their operational grants during Q2 and Q3. NFHSDP provided funding support to key health programs whenever funds were delayed. Some key programs like the Olsobip MCH patrol could not be implemented. This matter was raised at the Provincial Health Steering Committee level so that such matters can be jointly raised with other partner organisations at provincial and national levels.
Distribution of government medical supplies under private arrangements created confusion and uncertainty.	A 2012 AusAID funded initiative to supply medical drugs from Area Medical Stores direct to health facilities created confusion among Partners as they were not in the loop in terms of knowing what type and how many drugs were going to those facilities. NFHSDP discussed this at the ICC level and continued to assist purchasing supplementary drugs whenever there was a shortfall. This matter will need to be addressed in 2013 at the Provincial Health Steering Committee and will need to be discussed with the NDOH.

11 KEY THEMES AND OPPORTUNITIES IN 2013

Transition plans to relocate to Kiunga from the Tabubil office will continue in 2013 following a Steering Committee decision to enable better coordination as the Program moves into its final year. This move will not involve staff at Tabubil Urban Clinic. Several discussions have been held on how the move can best be facilitated. Staff accommodation and office space amongst other matters will need to be addressed. With such a move there are challenges in how we can smoothly transition without impacting implementation of program activities.

More focus will need to be given to primary health care-related activities. This will lead to empowering communities to look after their own health. Consultations have commenced with the NDOH for further technical assistance. Timinsiriap and Rudmesuk villages have been identified for the Healthy Island Program while others are being considered.

Next year will be the final year for the NFHSDP contract between OTML and Abt JTA. Lessons learned and challenges encountered over the five year period will continue to be shared with District Partners and Provincial stakeholders so that future Provincial and District priority plans are well informed by previous practice. Partner engagement once again is critical to chart out lessons learned and map out the way forward.

Efforts to transition the ICC to a District Health Management Committee (DHMC) function will also be reinvigorated in 2013 The NFHSDP will work closely with the newly appointed District Administrator and Provincial Administrator. The Program will continue to lobby the Provincial Health Steering Committee to get the Provincial Health Legislation passed through the Provincial Executive Council, bringing it in line with the current National Health Administration Act.

12 FINANCIAL REPORT

Table 12-1 provides a summary of expenditure for the first four years of the NFHSDP.

Table 12-1: NFHSDP financial report 2012

Financial Report summarizing NFHSDP expenditure from 2009 to 2012					
	2009	2010	2011	2012	Total
Core staff and program management	1,104,542	960,388	1,533,307	2,030,209	5,628,446
Monitoring and evaluation	222,464	70,463	99,625	228,768	621,320
Procurement of equipment	501,522	316,224	241,328	79,180	1,138,254
Provision of essential supplies	207,837	321,441	797,825	432,740	1,759,843
Infrastructure development	56,433	807,469	461,141	381,987	1,707,030
Education services	170,036	274,463	260,478	155,882	860,859
Area-wide services	829,267	1,578,645	2,365,738	2,667,180	7,440,830
Total	3,092,101	4,329,093	5,759,442	5,975,946	19,156,582

Financial report components

1. Core staff and program management: this component incorporates office and administrative expenses and core Abt JTA management fees. Other costs include stakeholder engagements such as support to the various management and operational committees. The 2012 figure includes the introduction of hospital management services at Kiunga Hospital.
2. Monitoring and evaluation: much of the 2012 monitoring and evaluation costs were related to the Mid- Term Review survey which was conducted in September 2011.
3. Procurement of equipment: this component refers to repair, maintenance and sustaining existing health radios, solar panels and fridges for aid posts and health centres throughout the North Fly District.
4. Provision of essential supplies: this component refers to the provision of medical supplies and fuel to program Partners to support the delivery of services.
5. Infrastructure development: this component refers to minor maintenance work carried out with partner organisations at health facilities and includes the completion of the five kit homes.
6. Education services: this component refers to the scholarship program for students undertaking health-related subjects at various tertiary institutions in PNG. Expenditure is also related to various training support and activities for Rumginae CHW School.
7. Area-wide services: this component refers to staff and services provided while working with partner organisations and outreach programs in the key areas of maternal child health, environmental health, and malaria, HIV and AIDS and TB. Costs increased in 2012 due to engaging additional clinical staff and undertaking additional activities at the Tabubil Urban Clinic.

13 CONTACTS

This report and other NFHSDP reports, including previous annual reports can be found at: www.abtjta.com.au

NFHSDP digital media interviews can be found at: http://www.youtube.com/watch?v=5zYPhKGiv0o

Annual Sector Reviews are available from:
National Department of Health
Office Address: AOPI CENTRE (South), Waigani Drive,
Waigani, National Capital District
Postal Address: P.O. Box 807, Waigani, National Capital District, Papua New Guinea
Fax: (675) 301-3604
Office Hours: Monday to Friday, 07h45 – 16h06
www.health.gov.pg

Abt JTA
AUSTRALIA
Level 3, Gardner Close
Milton. Queensland 4064
PO Box 1874
Milton Queensland 4064
T: +61 7 3114 4600
F: +61 7 3114 4661
www.abtjta.com.au

PAPUA NEW GUINEA
Gateway Hotel
Jacksons Parade, Port Moresby
PO Box 735
Waigani NCD
Papua New Guinea
T: +675 323 1948

Ok Tedi Mining Limited
P.O Box 1
Dakon Road, Tabubil
Western Province
Papua New Guinea
T: +675 649 3000 / 649 3311
F: +675 649 9199
www.oktedi.com

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