The North Fly Health Services Development Program (NFHSDP) and the Community Mine Continuation Agreement (CMCA) Middle and South Fly Health Program (CMSFHP) continue to support health services in Western Province. NFHSDP is an initiative of and funded by Ok Tedi Mining Limited and managed through Ok Tedi Development Foundation (OTDF). NFHSDP commenced in 2009 for an initial 5 years and was extended for a further 5 years; the total value of the 10 year program is K58 million. CMSFHP is an initiative of and managed by OTDF and funded through the CMCA portion of the Western Province People’s Dividend Trust Fund. CMSFHP, a K43 million program, commenced in 2013. Both Programs are implemented by Abt JTA in partnership with the existing health service providers and are due to close in 2018.

The 2011 census estimated the population in Western Province to be 201,351. There were 62,850 residents in North Fly District, 79,349 in Middle Fly District, and 59,152 in South Fly District. The average household size is 6.4 people, higher than the national average of 5.3 people. The geography and sparsely spread population in Western Province creates challenges for health service delivery. These challenges have been overcome by conducting outreach to communities with Program partners and strengthening the capacity of remote health facilities.

NFHSDP and CMSFHP are aligned with the PNG National Health Plan 2011-2020 (Back to Basics). The Programs’ aim is to improve health services in the respective Program catchment areas through a range of activities. Broadly, these activities include:

• Coordination of support through a partnership with existing health service providers;
• Provision of outreach clinics to communities including outpatient clinics, immunisation, antenatal care, provision of family planning methods, health promotion, and child nutrition checks and counselling;
• Provision of essential medical equipment including vaccine refrigerators and support for ordering, distributing and managing medical supplies;
• Infrastructure improvements to health facilities including rehabilitation of water supply; renovations and construction of staff housing and provision of transport and communications;
• Coordination of health worker training through formal training and on-the job training;
• Support management capacity and clinical patient care at health facilities; and
• Implementation of community-based initiatives such as the Village Health Volunteer (VHV) Program and Healthy Village Concept.

This supplement provides a summary of the progress of NFHSDP and CMSFHP and provides an overview of the future directions that support sustainability in health care improvements beyond the life of the Programs.
HEALTH WORKERS TRAINED IN CONTRACEPTIVE IMPLANTS ON THE JOB TRAINING SESSIONS CONDUCTED WITH HEALTH WORKERS

COMMUNITY MEMBERS TRAINED AS VILLAGE HEALTH VOLUNTEERS

HEALTH WORKERS COMPLETED OBSTETRIC CARE TRAINING

VACCINE FRIDGES INSTALLED

HEALTH RADIOS INSTALLED

ICE PACK FREEZERS INSTALLED

VACCINE FRIDGES INSTALLED

ICE PACK FREEZERS INSTALLED

COMMUNITY MEMBERS TRAINED AS VILLAGE HEALTH VOLUNTEERS

HEALTH WORKERS AND COMMUNITY MEMBERS TRAINED AS VHV TRAINERS

STAFF HOUSES BUILT, WITH PLANS FOR AN ADDITIONAL 7 TO BE COMPLETED IN 2016

VACCINES ADMINISTERED TO CHILDREN UNDER 5 YEARS OLD

11,132 VACCINES ADMINISTERED DURING EMERGENCY RESPONSE TO WHOOPING COUGH OUTBREAK AT LAKE MURRAY, JANUARY 2015

96,000+ ATTENDANCES AT COMMUNITY AWARENESS SESSIONS ON IMPORTANT HEALTH TOPICS

375 OUTREACH CLINICS CONDUCTED IN REMOTE VILLAGES IN THE 5 CMCA REGIONS

76 USERS MAINTAINED ON A CLOSED USER GROUP, IMPROVING COMMUNICATION BETWEEN HEALTH SERVICE PROVIDERS, HEALTH WORKERS AND PROGRAM TEAM

19,000+ OUTPATIENTS SEEN DURING OUTREACH CLINICS AND CLINICAL ATTACHMENTS

15,000+ VACCINATIONS ADMINISTERED TO CHILDREN UNDER 5 YEARS OLD

ATTENDANCES AT COMMUNITY AWARENESS SESSIONS ON IMPORTANT HEALTH TOPICS

OUTPATIENTS SEEN DURING OUTREACH CLINICS AND CLINICAL ATTACHMENTS

1,132 VACCINES ADMINISTERED DURING EMERGENCY RESPONSE TO WHOOPING COUGH OUTBREAK AT LAKE MURRAY, JANUARY 2015

76 USERS MAINTAINED ON A CLOSED USER GROUP, IMPROVING COMMUNICATION BETWEEN HEALTH SERVICE PROVIDERS, HEALTH WORKERS AND PROGRAM TEAM

20 ESSENTIAL MEDICAL EQUIPMENT KITS DISTRIBUTED

5 STAFF HOUSES BUILT, WITH PLANS FOR AN ADDITIONAL 7 TO BE COMPLETED IN 2016

12 PATROL BOXES DISTRIBUTED, TO EACH HEALTH CENTRE AND SUB HEALTH CENTRE

21 FACILITIES HAD SOLAR LIGHTING INSTALLED

12 DINGHIES AND OUTBOARD MOTORS PROVIDED TO FACILITIES

13 VACCINE FRIDGES INSTALLED

12 ICE PACK FREEZERS INSTALLED

222 ON THE JOB TRAINING SESSIONS CONDUCTED WITH HEALTH WORKERS

726 COUPLE YEARS PROTECTION FOR CONTRACEPTION

OUTPATIENT VISITS PER PERSON PER YEAR

OUTPATIENT VISITS PER PERSON PER YEAR

29% ANTENATAL 1ST VISIT COVERAGE(%)
Community members reached through Healthy Village Model

**NFHSDP Program Highlights 2009-15**

**Improvements in Health Indicators from Prior to Baseline Year in 2007 to 2014**

- **Antenatal 1st Visit Coverage** (%):
  - 57% in 2007
  - 108% in 2014

- **Malaria Incidence per 1000 Population**:
  - 479 in 2007
  - 152 in 2014

- **Outreach Clinics per 1000 Children <5Yrs**:
  - 17 in 2007
  - 46 in 2014

- **Measles Vaccination Coverage** (%):
  - 45% in 2007
  - 80% in 2014

- **Pentavalent Vaccination Coverage** (%):
  - 55% in 2007
  - 79% in 2014

- **Percent of Months with Nil Medical Supplies Shortages** (%):
  - 68% in 2007
  - 90% in 2014

**Attendances at Community Awareness Sessions on Various Health Topics**

- 84,000+

**Health Radios Installed**

- 21

**Scholarships Awarded for 18 Different Courses**

- 86

**57% Antenatal 1st Visit Coverage** (%)

**95,664 LINS Distributed with RAM**

**191,330 Condoms Distributed**

**500+ Community Members Reached Through Healthy Village Model**

**51 Ventilated Pit Toilets Constructed in Communities**

**Vaccinations Administered to Children Under 5 Years Old**

- 31,000+

**Area Wide Services Team Continue to Work Across Maternal and Child Health, HIV and TB, Malaria, and Environmental Health**

**3,322 Provider-Initiated Counselling and Testing Services Accepted**

**1,532 On the Job Training Sessions Conducted with Health Workers**

**10 Community Members Trained as Village Health Volunteers**

**Coverage of over 100% can occur if either the expected number of births is lower than actual or women from outside the district are accessing antenatal care services in North Fly. The latter may be the case in North Fly as people tend to travel from along the Fly River in Middle Fly to North Fly to access services at higher level facilities such as Kiunga Hospital.**
NFHSDP PROGRESS

NFHSDP covers the entire North Fly District as well as the northern Middle Fly communities in the Nomad Local Level Government area. NFHSDP has supported the development of Tabubil Urban Clinic, which was built to reduce outpatient demands on Tabubil Hospital; and provides management and clinical support to Kiunga Hospital. The Program has also contributed to improvements in health infrastructure, equipment, transport and to workforce development in North Fly. In several instances improvements in health indicators have been achieved when national trends were stagnant or declining.

CMSFHP PROGRESS

CMSFHP covers five CMCA Trust Regions: Middle Fly, Suki Fly Gogo, Manawete, Dudi and Kiwaba. The Program has made early improvements to health infrastructure, equipment, transport and to workforce development and has generally been positively received by communities and health workers. The attribution of these improvements is both from the services provided by the Program team through outreach clinics as well as increased service delivery at health facilities.

PROGRAM INTEGRATION

In the 5 year independent review of NFHSDP in 2014, stakeholders identified a major achievement to be the Program’s support and reinforcement to the partnership framework. Furthermore, Partners gave very positive feedback regarding CMSFHP’s progress and achievements in the 2015 mid-line evaluation.

NFHSDP and CMSFHP have been integrated into one program with the aim to create greater efficiency by maximising service delivery whilst minimising overhead costs. Integration started in 2015 and many Program staff now work across both Program areas in the relocated head office in Kiunga. Complete integration will be achieved by December 2016.

FUTURE DIRECTIONS

Having improved the state of health services across the Province, OTML and OTDF are likely to considerably reduce their respective contributions once the existing programs conclude in 2018. It is essential that the limited resources available for health care are used effectively through one coordinating mechanism, being the Provincial Government with OTDF as the preferred delivery vehicle. The Programs’ team are working with partners to develop a transition plan that outlines the outcomes required to maintain achievements beyond 2018. The plan will reflect the following key objectives:

- Support access to other funding sources to reduce dependence on Program funding. Other sources could include Health Service Improvement Program, District Service Improvement Program, District Development Authority, Tax Credit Scheme, and private organisations
- Effective planning and utilising limited resources at district and provincial level
- Development of health facilities in priority geographic locations reflecting nominated provincial and growth centres where significant development and other projects are expected
- Provision and maintenance of equipment to national standards, including asset management and maintenance
- Workforce strengthening through provision of funding for in-line positions at priority locations, in order to reopen and maintain health services at these locations
- Strengthen health information management through National Health Information System training, facilitating more communication and encouraging feedback between all levels of health information management
- Development of district medical stores to reduce reliance on visits to Area Medical Stores
- Continuous improvement in Kiunga Hospital to enable delivery of quality health services as part of a functional referral system
- Implementation of Healthy Village, Health Promoting Schools and VHV Program initiatives to strengthen community awareness

The Programs continue to be an exceptional example of a successful Public Private Partnership between the Government, OTML and OTDF. It will be a key focus for the remainder of the Program to move away from direct inputs towards working with the partners to identify impediments in achieving sustainable health services and developing mitigation measures. The Program welcomes external support from donors to build on the activities in the transition plan and sustain achievements beyond the life of the Program.

CONTACT US

If your organisation would like to support the Program or if you would like further information please visit our websites www.cmsfhp.org or www.nfhsdp.org; or contact us on +675 649 1081.