2013 ANNUAL REPORT
NORTH FLY HEALTH SERVICES DEVELOPMENT PROGRAM
CONTENTS

Acronyms and Abbreviations iv
Foreword v
Note from the Program Director vi
Introduction 1
Partnership and Coordination and Governance 2
Partner Profile 4
Achieving Program Objectives 2009–2013 6
New Initiatives 26
Monitoring and Evaluation 27
Key Challenges and Lessons Learned 30
Program Administration 31
A Further 5 Years 34
Contacts 38
# Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<td>ASR</td>
<td>Annual Sector Review</td>
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<td>CAP</td>
<td>Community Action and Participation</td>
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<td>CHS</td>
<td>Catholic Health Services</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CMCA</td>
<td>Community Mine Continuation Agreement</td>
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<td>DHMC</td>
<td>District Health Management Committee</td>
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<td>DOTS</td>
<td>Directly Observed Therapy, Short-course</td>
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<td>ECPNG</td>
<td>Evangelical Church of Papua New Guinea</td>
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<td>HEO</td>
<td>Health Extension Officer</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>NDoH</td>
<td>National Department of Health</td>
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<td>NFDHS</td>
<td>North Fly District Health Service</td>
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<td>NFHSDP</td>
<td>North Fly Health Services Development Program</td>
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<td>OTML</td>
<td>Ok Tedi Mining Limited</td>
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<td>PAG</td>
<td>Program Activity Group</td>
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<td>PICT</td>
<td>Provider Initiated Counselling and Testing</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TUC</td>
<td>Tabubil Urban Clinic</td>
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<tr>
<td>VCCT</td>
<td>Voluntary Confidential Counselling and Testing</td>
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FOREWORD

2013 was yet another successful year for the North Fly Health Services Development Program. The partnership between North Fly District Health Services, Catholic Health Services, Evangelical Church of Papua New Guinea Health Services, Ok Tedi Mining Limited and Abt JTA has come a long way in the 5 years of the program to date and 2013 saw this partnership strengthen further. This has been reflected in the volume of health related activities undertaken through the program, such as:

- 29,174 immunisations administered to children
- 10 vaccine fridges installed
- 58 health related scholarships awarded
- 5 staff houses built at partner health facilities
- 5 vehicles donated to partner organisations

In terms of health status of the people of North Fly District, one significant contribution from the combined efforts of the Program has been the sustained increase in 3rd dose Pentavalent vaccine coverage for children under 1 year of age. When the Program commenced in 2009, coverage rates were 49%; this increased to 75% in 2010 and 2011 and has remained at 74% in 2012 and 2013. Improvements such as this could not be achieved without the hard work and commitment of all partners in the Program.

The commitment from the District Administrator, demonstrated by his acceptance of the role of Chair for the District Health Management Committee in April, as well as his membership of the Steering Committee is much appreciated by the Program and all its partners. Under his leadership the sustainability of the Program can be addressed.

I am confident that further improvements can be made by and through the partnership program and it is with pleasure that I confirm Ok Tedi Mining Limited’s commitment to funding a further 5 years for the Program, to 2018.

I commend this report to you.

MUSJE WERROR
General Manager, Employee and External Relations, Ok Tedi Mining Limited and Chairman, North Fly Health Services Development Program Steering Committee
NOTE FROM THE PROGRAM DIRECTOR

In 2008 the OTML Board demonstrated their commitment to the people of the North Fly District by investing in the North Fly Health Service Development Program, a five year Program that stretched well beyond a traditional corporate social responsibility boundary. At the time of announcing the Program there was great expectation from the Board, OTML Executive and existing health service providers as well as uncertainty, as Abt JTA (then JTA International) was engaged to work with the existing providers in a public partnership model not before seen in this scale in Papua New Guinea.

In the 2009 Annual Report I noted that the Program is ambitious in its objectives, in the geographical area that it covers and in its goal of bringing together a number of health service providers. Moving forward five years, it is rewarding to note the significant achievements of the Program. Many of the achievements have been included in this Annual Report which reflects on both the activities undertaken in 2013, as well as over the life of the Program.

Over the life of the Program there have been a number of independent reviews of the Program. These reviews both acknowledged the significant achievements of the Program as well as identified opportunities to further strengthen health services.

Universally the reviews highlighted the strength of the partnership and how the existing providers have strengthened their collaboration over the life of the Program.

I would like to take this opportunity to thank Sr Anna Sanginawa, Catholic Health Services, Dr Addy Sitther, Evangelical Church Papua New Guinea, Mr John Lari North Fly District and Mr Amos Kupaloma Rumginae Community Health Worker School, all of whom have lead their organisations as key partners over the life of the Program. Open and honest communication between partners has enabled issues to be resolved quickly to support the collective vision of improving services for the people of the North Fly District.

It was never envisaged that the Program would address all the issues impacting health care delivery and meet all communities’ demands during the five years. Health infrastructure including staff housing requires an investment well beyond the budget of the Program. The commitment by OTML to continue their support for a further five years is applauded, I look forward to continuing to work with partners through the governance frameworks that have been established to ensure the budget committed is utilised effectively.

In addition to our partners I would like to close by thanking the staff who have
worked on the Program over the five years, everyone’s contribution is appreciated. I would like to particularly acknowledge Mr Kelly Kewa, Program Manager who led the program admirably over the five years, his commitment and calmness is admired. And finally Ms Georgina Dove, Public Health and Health Promotion Adviser who supported Kelly and the team from her Tabubil base from 2010 through to December 2013.

I look forward to continuing to work with all stakeholders.

GEOFF SCAHILL
Program Director
2013 AT A GLANCE

- Over 16,000 outpatient attendances in 2013, 6% increase from 2012
- TUC identified first suspected typhoid cases in March 2013 outbreak
- District Administrator now Chair of the District Health Management Committee
- 1 multi-purpose building constructed at Matkomnai Health Centre
- 7 health radios repaired
- 4 solar vaccine fridges purchased for installation in 2013
- 1 vehicle donated to Callan Services, to assist with their outreach services to people with disabilities
- 15 ventilated improved pit toilets constructed in Timinsiriap, a collaborative effort between NFHSDP and community members
- 23 health workers trained in TB DOTS and HIV
- 9 health scholarships awarded
- 7 matriculation scholarships awarded to health workers
- 89 community based food handlers trained in food hygiene and safety
- 101 days on attachment at partner HIV/STI clinics
- 22 maternal & child health patrols, including to Olsobip for the first time since 2010
- 18 CHW completed training in TB DOTS (co-funded by PHO and NFHSDP)
- 14 volunteers in Iowarra trained as TB Treatment Supporters
- Increase in outreach clinics for children <5 years: from 118 clinics in 2008 to 461 clinics in 2013
29,174 immunisations administered to children
39,173 occasions of service at TUC (2011-2013 only)
1,257 VCCT/PICT conducted
117,220+ condoms distributed
90,187 LLINs distributed with RAM
23,501+ people reached through community awareness sessions
16,524 health promotion materials distributed on HIV, TB and malaria
1,175 attendees at health worker in-service training
10 vaccine fridges installed
58 health related scholarships awarded
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, supporting the existing health service providers – North Fly District Health Services (NFDHS), Catholic Health Services (CHS), Evangelical Church of Papua New Guinea (ECPNG) - to enable them to deliver improved health services in line with PNG National Health Service Standards.

The purpose of this 2013 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.

As well documenting program progress in 2013, this report takes a broader perspective and incorporates summary findings of the five years of the Program, 2009-2013. In November 2013 the OTML Board approved a further five years of the program, committing an additional PGK32million to the Program. The Program will retain the existing governance framework with some modifications, and work to strengthen the partnership.

ANNUAL REPORT

The Annual Report is a key outcome of the Program’s monitoring and evaluation component. Data has been drawn from Program reports, NDoH Annual Sector Reviews 2008-2014 and the report of the independent Program review.
The partnership of health service providers has moved from strength to strength in the 5 years of the program. Collaboration between partners has seen improvements in health indicators for North Fly District; a further 5 years of the Program can only serve to improve these more. The strength of the partnership and its evolution was one of the key findings of the independent review of Phase 1.

A significant achievement in 2013 was the transition of the Implementation Coordinating Committee to the District Health Management Committee (DHMC), with North Fly District Administrator Mr Dume Wo’o assuming the role of Chair in April. Tabubil Hospital formally joined the DHMC in August 2013. Eight scheduled meetings were conducted in 2013 with a further two provincial meetings attended by all partners which served in lieu of a DHMC meeting.

Steering Committee meetings are convened quarterly to review progress and direction, and in 2013 were held in February, April, August and October. The District Administrator joined as a Steering Committee member in August and participated in a site visit in October with partner representatives - to Timinsiriap, Kungim and Mougulu – to acquaint Steering Committee members with health activities.

With a 5 year extension of the Program granted in November 2013, stakeholders were brought together in December to review the priorities, activities and governance. This coincided with and was a response to a letter of review from Christian health services partners. It is testament to the strength of the partnership that the issues were tabled and suitable responses agreed.

NFHSDP maintained its commitment to integration within provincial plans, and in October 2013 participated in the provincial planning workshop in Daru to develop the Western Province Annual Implementation Plan. The Program Annual Activity Plan was developed out of this provincial plan.

Program Activity Groups (PAG) continue to provide a platform for coordination of activities across all partners. The schedule of meetings was revised in 2013 in recognition of strengthened coordination and busy workloads; and progress was made in handing over chair and secretariat roles to partner representatives as they become confident to do so. All PAG minutes continue to be submitted to DHMC for endorsement and decision-making where required.
PARTNER ATTENDANCE AT DHMC MEETINGS 2013

- ECPNG: 100%
- CHS: 100%
- DHS: 75%
- District Administration*: 50%
- Kiunga Hospital: 87.5%
- Tabubil Hospital*: 50%
- Abt JTA: 100%

* since joining the Committee

Members of the Steering Committee during a site visit to Kungim
PARTNER PROFILE

NAME:
Amos Kupaloma

HOME DISTRICT & PROVINCE:
Kagua Erave, Southern Highlands

EMPLOYER:
Rumginae Community Health Worker Training School, operated by Evangelical Church of PNG Health Services Western Province

POSITION:
Principal

PREVIOUS ROLES:
Second Secretary to Minister of Culture & Tourism; Acting Deputy District Administrator Kagua Erave District

QUALIFICATIONS:
Bachelor of Education (Health) and Diploma in Teaching (Health).
What do you enjoy about your job?
First, working with resourceful people and partnering with various organizations or entities including government agencies training Community Health Workers who are the frontline members of the health care team. Second, graduating a significant number of well qualified Community Health Workers who come from various parts of the country. It is evident that as a school we are making an important contribution towards the development of the province and nation as whole.

What was a significant achievement in 2013?
Receiving sufficient funding from the Fly River Provincial Government under the leadership of Hon Ati Wobiro MP Governor of Western Province that enabled the school to improve and increase its capacity to accommodate a greater student enrolment for 2014.

Another important achievement has been the recruitment of a midwife who is now teaching.

What achievements have been realised through the NFHSDP partnership?
Many outcomes have been achieved under this partnership since its establishment but there are four I believe have been very significant:
Through funding from NFHSDP the school has conducted Preceptor or Workplace Assessor Training for health facility staff from North Fly and Middle Fly Districts and Hela Province. The training has enabled these staff to conduct clinical teaching and assessment effectively. This school has been the only school among the Community Health Worker Schools in PNG conducting the training on an almost yearly basis.

The second significant outcome of the partnership is yearly sponsorship of five students from unprivileged areas of North Fly District.

Next, having assistance to develop a five strategic plan for the school has been another achievement and the plan has become an important tool which has contributed to current developments of the school.

Representing the school as a member of the North Fly District Health Management Committee is another achievement.
ACHIEVING PROGRAM OBJECTIVES 2009-2013

To determine Program progress and achievements, program reports have been reviewed to provide input and output data. The NDoH Annual Sector Review (ASR) provides an assessment of national, provincial and district performance, derived from health facility reports that are submitted on a monthly basis. The reports provide an accurate reflection of service delivery and the burden of disease in the District. It should be noted that changing population information, with the release of 2011 census data, will impact on ASR data; in recent years the ASR has used census data from 2000 which is thought to be an underrepresentation of the population.

MATERNAL & CHILD HEALTH

2013 saw the Maternal and Child Health (MCH) team support 22 patrols with partner agencies. These patrols have contributed to an increase in the indicator of outreach clinics held per 1000 children under 5 year, from 22 in 2009 to 38 in 2013 in North Fly. This is above the provincial and national averages of 21 and 35 respectively.

When not on patrol, MCH officers assisted at the MCH clinics at Kiunga Hospital and Kiunga Urban Clinic, seeing 1,171 clients and administering 1,853 opportunistic immunisations.

Immunisation was a focus of activities in 2013, with support provided to the 3rd round of the Maternal & Neonatal Tetanus Elimination campaign. A further immunisation activity was conducted in October, with NFHSDP fully funding a patrol to the Olsobip area, a region that had not received MCH outreach services since 2010. The indicators for immunisation have improved, with 3rd dose Pentavalent remaining at 74% for the fourth year in a row, and measles coverage for <1 year olds increasing by 19% in 2009 to 2013. A measles outbreak in December initiated a mass vaccination campaign that continued into 2014, highlighting the need to maintain vigilance and further increase vaccination.

The MCH patrols included:
• 10,789 immunisations
• 1,479 antenatal checks
• 2,044 family planning methods distributed
• 2,095 adults and 1,321 children <5 at outpatient clinics
• 308 Provider-Initiated Counselling and Testing (PICT) at antenatal clinics
• 8 Supervisory visits
rates. There are a number of challenges faced in addressing the immunisation indicators, not least of which was stock-outs of the essential vaccines at a national level in 2013, as well as having sufficient cold chain infrastructure such as vaccine fridges and cold boxes available at health facilities. Additional activities saw MCH staff tutoring students in basic obstetric care at Rumginae Community Health Worker (CHW) School, conducting an Essential Obstetric Care audit at key health facilities, and co-facilitating workshops with CHS in Community Action and Participation (CAP) and Village Health Volunteer training.

10,789 immunisations administered to children in 2013

NUMBER OF CLINICS CONDUCTED IN NORTH FLY DISTRICT BY YEAR

### PROGRESS AGAINST MCH-RELATED INDICATORS

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<td>Antenatal coverage (% of women that attended at least 1 ANC)</td>
<td>57%</td>
<td>65%</td>
<td>74%</td>
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<tr>
<td>Supervision of births in health centres and hospitals</td>
<td>51%</td>
<td>35%</td>
<td>79%</td>
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<tr>
<td>% of children &lt;1 year of age who receive 3rd dose Pentavalent</td>
<td>55%</td>
<td>49%</td>
<td>75%</td>
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<tr>
<td>% of children &lt;1 year of age who receive measles vaccination (9-11 month dose)</td>
<td>45%</td>
<td>39%</td>
<td>54%</td>
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<td>Outreach clinics undertaken per 1000 children &lt; 5 years</td>
<td>17</td>
<td>22</td>
<td>41</td>
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<td>Diarrhoeal disease in children &lt; 5 years (who seek treatment)</td>
<td>375</td>
<td>359</td>
<td>615</td>
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<tr>
<td>Pneumonia case fatality rates for children &lt; 5 years</td>
<td>2.4%</td>
<td>3.6%</td>
<td>2%</td>
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<td>% of children who attend MCH clinics that are severe to moderately malnourished</td>
<td>26%</td>
<td>27%</td>
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TOTAL NUMBER OF OUTREACH CLINICS (ALL PARTNERS) CONDUCTED IN 2008 = 118

TOTAL NUMBER OF OUTREACH CLINICS (ALL PARTNERS) CONDUCTED IN 2013 = 461

2008

2013

Tabubil Hospital
Kungim
Matkomnai
Rumginae
Membok
Debepari
Iowara

Tabubil Urban Clinic
Kiunga Catholic Urban Clinic
Mougulu

TOTAL NUMBER OF OUTREACH CLINICS (ALL PARTNERS) CONDUCTED IN 2008 = 118

TOTAL NUMBER OF OUTREACH CLINICS (ALL PARTNERS) CONDUCTED IN 2013 = 461
**HIV, STIs & TB**

In 2013 support continued to partners in the prevention, diagnosis and treatment of sexually transmitted infections (STI), Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) and TB. 11 patrols were conducted with partners, some HIV or TB specific while others were integrated with MCH patrols.

In recent years the NDoH has made a policy shift, moving from a focus on Voluntary Confidential Counselling & Testing (VCCT) to Provider-Initiated Counselling & Testing (PICT). In 2013 HIV counselling and testing (VCCT and PICT) was provided to 248 people at a range of health facilities and government offices.

While not on patrol, the HIV/TB team worked alongside partners at their health facilities for a total of 101 days.

Over 86,800 male and female condoms were distributed: to businesses, government offices, communities and health facilities.

Work continued to upgrade 10 sites at selected health facilities to become accredited for HIV counselling and testing. Tempin Ambip STI Clinic in Kiunga was successfully accredited in Quarter 2; further

**18 CHW completed training in TB DOTS**

**14 volunteers in Iowerra trained as TB Treatment Supporters**
work on procedures and equipment is required before the remaining sites can be assessed for accreditation by NDoH. A multipurpose building was constructed at Matkomnai Health Sub Centre and officially opened on 28 September. This facility was designed by Catholic Health Services to enable provision of a TB laboratory, VCCT and other health services as needed.

3278 people were reached through health education and awareness including over 1160 school children and teachers across the district. World TB Day on 24 March and World AIDS Day on 1 December provided ideal opportunities to reach large audiences with messages of HIV, STI and TB prevention and treatment.

The Program supported ECPNG to conduct a 2 week patrol to the Mougulu area for World AIDS Day where over 2200 people in 13 villages were reached. World AIDS Day was also commemorated in Kiunga with a march through the main street, VCCT services, distribution of red ribbons, balloons and t-shirts, HIV and AIDS information, and condoms.

Program staff were active in coordination activities, participating in a 2 day surveillance workshop for HIV and STI conducted by the Western Province AIDS Committee. Additionally, assistance was provided to compile quarterly reports for submission to the National AIDS Council Secretariat.

The team supports partners and communities to commemorate World TB Day in March and World AIDS Day in December each year.
Malaria

Malaria has continued to decline in North Fly, with an incidence of 143 cases per 1000 population in 2013. North Fly is now below the national average of 151 cases and well below the (NF) 2007 incidence of 439.

This reduction is a reflection of ongoing collaborative work in malaria prevention, diagnosis and treatment including an increased use of rapid diagnostic tests. Following a mass distribution of long lasting insecticide-treated bed nets by Rotarians Against Malaria in 2012, NFHSDP assisted with the logistics of distributing nets to villages that missed out on receiving nets in 2012. Bed nets were also distributed to secondary schools, Ningerum Correctional facility and antenatal clinics.

NFHSDP assistance to the NDoH Malaria section saw over 13,500 malaria rapid diagnostic test kits distributed to health facilities in the district, along with over 20,000 packets of artemisinin-based combination therapy, the first line treatment for simple malaria.

Malaria awareness sessions reached nearly 1800 people at outpatient waiting areas of hospitals and other health facilities, at correctional services, school and audiences at the Ningerum Cultural Show in August.

Malaria Cases per 1000 in North Fly District, 2009-2013

90,187 LLINs distributed with RAM

31,423 people reached through malaria awareness

120 health workers trained in new malaria treatment and testing protocols

ENVIRONMENTAL HEALTH & HEALTHY VILLAGE

Environmental health incorporates water, sanitation and hygiene, and activities in North Fly occurred at both the community and health facility levels.

NFHSDP assisted CHS to install 6 water tanks at Kungim: 4 at staff houses and 2 installed at the Health Sub Centre, providing a clean and safe water supply to the delivery room.

Safe water was also the subject of another community based activity, for World Handwashing Day. On 15 October the NFHSDP team demonstrated the construction and use of the Tippy Tap at Montfort Primary School and in Kiunga township.

NFHSDP staff provided 2 weeks of tutoring for first year CHW students at Rumginae CHW School on environmental health which included food handler training as well as demonstrating the construction of pit toilets.

Advocacy and community mobilisation continued with communities interested in and committed to the Healthy Village concept. The Program maintained its support to the Mercy Works Kiunga Program through co-facilitating CAP training at Mepu village in Kiunga in April, and in September at Swetikin, Matkomnai and Yenkenai.

The communities of Timinsiriap and Rudmesuk established Village Health Committees, and progressed their identified projects of improving sanitation and hygiene, with 17 Ventilated Improved Pit toilets completed in Timinsiriap and the construction of a dam commenced; and 15 Ventilated Improved Pit toilets under construction in Rudmesuk. Hoponai village participated in CAP training, one of the first steps in becoming a Healthy Village, in November. NFHSDP will continue to support this and other communities to identify and implement projects in 2014 and beyond, with environmental health identified by partners as an area of focus moving forward.

128 people completed a 1 day “Food Handler” training workshop on safety in food preparation
TIMINSIRIAP: A HEALTHY VILLAGE

Timinsiriap is a village 4 hours dinghy ride away from Kiunga.

The community has embraced the Healthy Village concept and in these photos you can see where they have cleared a path from the waterfront to the village, they have appointed a village health committee, they identified water supply as an issue as well as toilets, and 17 Ventilated Improved Pit toilets have been constructed, with a dam the next village project. The community also pulled together to rebuild the CHW’s house and he has since returned to the village.

Left: A community meeting in Timinsiriap; right: the village water source
Tabubil Urban Clinic (TUC) was built in 2010 and opened in January 2011, with the aim of reducing the patient load at Tabubil Hospital.

TUC provided over 16,100 occasions of service to outpatients this year. The most common presentations were for pneumonia, coughs, and skin disease other than leprosy and yaws.

Health education was provided to outpatients every week on a range of topical health issues, including coughs, TB, diarrhoea, immunisations and the importance of health record books.

The Health Extension Officer (HEO) from TUC supported Ningerum and Matkomnai health facilities by conducting clinic visits to review patients requiring an HEO consultation. This was of particular importance while there was no HEO employed at Ningerum Health Centre, and the service continued once an HEO was appointed by District Health Services in April.

The TUC team collaborated with Tabubil Hospital to contain a typhoid outbreak in quarter 2, to conduct immunisation patrols in quarter 3, and in responding to a suspected measles outbreak in December.
LOGISTICS

The medical supply and logistics component of the Program remains a core area for strengthening and development. The continuous supply of medicines and essential consumables remained an issue in 2013, with the unavailability of a range of vaccines and other basic stock items at Area Medical Stores in Port Moresby. This is reflected in a deterioration in the national indicator, with just 53% of months showing adequate stock levels at facilities in North Fly District.

To enable facilities to meet patient and service demands, NFHSDP supported the dispensary staff of Kiunga and Rumginae Hospitals, along with the NFHSDP Logistics Officer, to travel to Area Medical Stores to prepare and pack partner facility orders ready for freight back to North Fly.

To further counteract the supply shortages, NFHSDP procured supplementary medical supplies of vaccines, family planning methods and health record books for partner patrols. The health radio network remains a vital means of communication between health facilities. Seven radios were repaired by the Program, with another 5 identified as needing repair. These repairs will occur in early 2014.

A two day radio maintenance training program was conducted for 11 participants from across all partner agencies, to build capacity with the district and reduce reliance on external radio technicians. As at 31 December the integrity of health radios was 82% (23 of 28 working).

The Program also monitored the integrity of vaccine fridges, with 25 of 26 working, or 96% integrity, as at 31 December. Two fridges were repaired during the year and gas was purchased for a third fridge. Four solar vaccine fridges were purchased in December and will be installed in early 2014.

The Program purchased 7000 litres of fuel for Rumginae Hospital in January, and fuel was provided for patrols in quarter 4; otherwise no requests from partners for supplementary fuel were received.

82% radio integrity
96% vaccine fridge integrity
HEALTH RADIO AVAILABLE IN 20 FACILITIES

HEALTH RADIO AVAILABLE IN 28 FACILITIES

2008

2013
FUNCTIONING COLD CHAIN IN 11 HEALTH FACILITIES

FUNCTIONING COLD CHAIN IN 17 HEALTH FACILITIES

2008

2013

* multiple fridges in this facility
INFRASTRUCTURE

Health infrastructure plays a significant role in health care delivery: without a suitable facility to work from, health workers can be limited in the services they can provide. 2013 saw the completion of some major infrastructure projects in the District.

The construction of a multi-purpose building at Matkomnai Health Sub Centre was a major project in 2013 and was officially opened by Catholic Health Services on 28 September. As mentioned earlier in the report the building will provide a TB lab, an HIV counselling and testing room and space for other health services.

The extension of the TB ward and the construction of a new surgical ward at Kiunga Hospital were an important highlight, with final works to be completed prior to opening in 2014.

Working with the Environmental Health team and partners, incinerators were constructed at Ningerum Health Centre and Kiunga Urban Clinic. A third incinerator is due for completion at Rumginae in 2014.

ECPNG opened the new maternity ward at Mougulu Health Centre, acknowledging NFHSDP for its contribution of K147,000 in building materials and freight during the project which commenced in 2010.

The Program Manager represented the Program at the opening which was well attended by community members, partner organisations and donors alike.

Throughout the five years of the Program to date, NFHSDP has responded wherever possible to partner organisation requests for infrastructure and assets. In addition to those projects identified above, 5 staff houses have been built, 5 vehicles have been donated and 2 boats and outboard motors have been provided.

In 2013 partners requested greater assistance with infrastructure in future years of the Program, and 2014 will see the construction of two new staff houses.
SCHOLARSHIPS & TRAINING
Nine health scholarships were awarded in 2013, making a total of 32 health-related scholarships awarded throughout the Program. 23 of the scholarship recipients completed their courses, equalling a 72% completion rate. Another 4 students are continuing their studies into 2014. Five health workers continued to upgrade their matriculation results through a Program scholarship.

In response to partner feedback, no formal training programs were organised in 2013, other than a one-week course in basic computer skills for CHS staff, facilitated by the NFHSDP Data Manager. Instead, on the job training was provided at every opportunity, on topics including medical supply ordering and drug imprest, immunisation, maternal and child health, malaria and HIV including treatment.

NFHSDP Officer Kalabe Yabaimanta with graduating students Samuel Anup and Pepson Uriti, and Rumginae CHW School Principal Amos Kupaloma.
SCHOLARSHIPS AWARDED BY HEALTH DISCIPLINE, 2013

3 Medical Laboratory Assistant
4 Community Health Worker
1 Environmental Health
1 Health Science (HEO)

SCHOLARSHIPS AWARDED BY HEALTH DISCIPLINE, 2009-2013

4 Health Management
6 Nursing
9 Community Health Worker
3 Medical Laboratory Assistant
3 Health Science (HEO)
3 Environmental Health
2 Health Education
1 Midwifery
1 Medicine & Surgery
1 Anaesthesical Technical Officer
AN INTERVIEW WITH DELILAH WADIDIKA, NFHSDP SCHOLARSHIP RECIPIENT

Delilah graduated from Pacific Adventist University with a Bachelor of Nursing in 2013. With family from Olsobip in North Fly District, Delilah was eligible for a scholarship and first applied to the program in 2011 when it became apparent that her family could no longer afford her tuition fees.

“As a child I saw my family members getting sick and going to the hospital for treatment and I thought to myself ‘when I grow up I will become a nurse and help them’.

The most interesting part of my course was the practicum because during that time I was able to help many sick people, helping them mentally, spiritually, and physically. Becoming a nurse is not that easy and I want to thank NFHSDP for their support in helping me to complete my studies and achieve my dreams”.

Delilah has accepted a nursing position with Rumginae Hospital for 2014 and hopes to continue with further studies in the future.
Kiunga Hospital became part of the NFHSFP in April 2012. It is a public hospital with management and clinical support provided through the Program. Under an arrangement between OTML and Fly River Provincial Government, the hospital receives an annual allocation of K2.1m and this funding supplements operational activities when there are delays in receiving government allocations.

Substantial improvements have been made since 2012 in the areas of staffing and training, equipment and infrastructure, and quality initiatives. The appointment of two permanent medical officers and an anaesthetist has seen the availability of and demand for hospital services increase. In 2013 the hospital hosted 5 final year medical students from Griffith University in Australia and this arrangement is expected continue in future years.

The introduction of administrative improvements such as changed rosters; establishing regular Grand Rounds; publishing a hospital brochure and a bi-monthly newsletter; banning betelnut, smoking and dogs on hospital grounds; commencing a rubbish disposal collection; supporting staff to participate in training opportunities; and hosting staff morning teas have all contributed to greater staff morale and public confidence.

Patient care has been enhanced through the purchase and donation of equipment, including a sterilizer, a dual diesel and electricity-powered incinerator, delivery bed, incubator and baby warmer, suction unit, mattresses, air-conditioning units, a telephone system and a photocopier.

Partnerships with community groups have seen generous donations such as a shipping container filled with items including patient lockers, overbed tables, ride-on mower and clothing, from the Rotary Club of Castlemaine in Victoria, Australia. Kiunga Stevedoring has been another major sponsor.
SUMMARY OF EXPENDITURE FROM TABUBIL-KIUNGA PUBLIC HEALTH AGREEMENT 2011-2013

- 36,062 attendances at Outpatient Department
- 6,650 vaccinations given to babies and children
- 3,423 attendances at antenatal clinics
- 3,153 babies and children assessed for nutritional status
- 2,447 Rapid diagnostic tests for malaria conducted
- 1,170 attendance at STI clinic
- 792 major and minor surgical procedures conducted
- 21 second-hand computers donated by OTML
- 2 staff completed Medical Laboratory Assistant course
- Hospital brochure & bi-monthly newsletter introduced
- Grand rounds introduced
- Steriliser installed & commissioned
- Duel Diesel and electric powered incinerator
- Installed New PABX with extensions throughout the hospital
NEW INITIATIVES

2013 saw the Program embark on a number of new initiatives to enhance existing activities. A Geographic Information Systems specialist worked with NFHSDP to develop a platform this year to depict program activities and achievements on maps. Development of the system will continue in 2014.

To assist in promoting the Program, an independent website was designed. The website will be presented to the Steering Committee in early 2014 for approval prior to going live.

NFHSDP drafted an options paper for using mobile health technologies to address challenges in health service delivery in North Fly District. Recommendations will be considered for implementation in 2014 and beyond.
MONITORING AND EVALUATION

NFHSDP supports the District and Province to ensure health information for North Fly and Western Province is included in the National Health Information System. This includes monthly reports from health facilities across the district. As reported in the Sector Performance Annual Review, reporting rates for North Fly remained high, increasing by 1 per cent to 99%. This is 10% above the National rate of 89% in 2013.

In 2013, Western was one of the top 5 ‘most improved’ provinces according to ASR data. It should be noted that the reporting period for monthly returns changed in 2012 and again in 2013. As mentioned earlier in the report, changing population data can also impact on indicators.

Monitoring and evaluation are integrated within the Program and throughout the five years have formed a key component of program activities.

BASELINE STUDY

On commencement of the Program in 2009 a Baseline Study of health services in North Fly District was undertaken. This was necessary as no similar study had previously been undertaken and the Program required baseline data against which to measure the progress of the Program. The Study assessed existing health facilities and service provision against the Ministry of Health (2001) Minimum Standards for District Health Services in Papua New Guinea along with community perceptions of existing health services. The Baseline Study assessed all accessible, operational facilities in North Fly District (1 hospital, 14 health centres and 23 aid posts) and 20 closed aid posts. The data collection took 5 months and the results were compiled in a discrete report, and used to develop annual activity plans for 2009-10.

RATE OF RETURNS OF MONTHLY HEALTH FACILITY REPORTS, NORTH FLY DISTRICT

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Fly</td>
<td>69%</td>
<td>98%</td>
<td>95%</td>
<td>97%</td>
<td>99%</td>
</tr>
<tr>
<td>Western</td>
<td>83%</td>
<td>73%</td>
<td>70%</td>
<td>84%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Mid-Term Review**

In 2011, at the mid-point of the Program’s initial 5 years, the NFHSDP conducted a Mid-Term Review. Similar to the Baseline Study, teams of Program and partner staff members conducted patrols to health facilities across the North Fly District, to assess if the program model was working and to collect evidence of progress towards the key program objectives at the halfway point of a five-year program.

Overall, the Mid-Term Review found improvements in many aspects of service delivery, including the frequency and type of services that are provided, the availability of national standard treatment guidelines, the availability of functional basic equipment, record keeping and reporting practices, and infrastructure and communication mechanisms. These improvements were measured against the findings of the Baseline Study and along with lessons learnt, were used to develop the approach to activities in years 4 and 5.

Concurrent to the Mid-Term Review, an independent review was undertaken by Annmaree O’Keeffe in September 2011. This report and the Mid Term Review report were submitted to the Program Steering Committee in February 2012. A consultation workshop with program partners was conducted in the first quarter of 2012 to discuss findings from both reports. Both of these reviews were used to assist partners and the program team to identify the key program requirements for the final two years of the program.

“The core strength of NFHSDP has been the way in which it has pursued and strengthened the partnership approach through the collaborative and effective way its staff and notably the senior management team have worked with and engaged with partners.”

- Annmaree O’Keeffe
Independent Reviewer 2014
5 YEAR REVIEW
At the direction of the Steering Committee, a qualitative review of the Program was commissioned for the completion of the first five years of the program. The review was conducted in May 2014, again by independent evaluator Annmarie O’Keeffe.

Key findings:
• Stakeholders unanimously saw NFHSDP as making good progress in achieving the program’s strategic objectives. Areas needing improvement were identified.
• There is strong recognition of OTML’s contribution and commitment to the district’s health system at the health worker level. This may be less well known at the community level.
• According to the 2012 Annual Sector Review for health, there has been a steady improvement in a number of health outcomes in North Fly since the Program’s commencement in 2009.
• Stakeholders identified the most important achievement being the way the program has supported and reinforced the partnership framework which has been recognised as a critical element supporting the health system.
• The Program complements and builds capacity while the governance framework with the DHMC enables a more effective sharing of experiences and application of resources.
• Immunisation campaigns, the extensive reach of patrols, and improvements and repairs to the radio system were also seen as significant achievements.
• Long term partnerships to support development including in the health sector will be essential and will require a broader framework of partnership.
• It is vital for the Program and partners to start planning now for the end of NFHSDP to improve chances for sustainability of the health outcomes achieved.

EXTERNAL REVIEWS
The Program is committed to sharing experiences and contributing to knowledge of public private partnerships for health in the resources sector, in development and in PNG. Examples include Western Province Health Capacity Diagnostics Mission, and Mining Companies and Health Service Delivery in PNG.

NFHSDP has presented at the PNG Medical Symposium, at Australia-PNG business and mining conferences and at Australasian health conferences.
KEY CHALLENGES AND LESSONS LEARNED

Reflecting on 5 years of operation, the Program has faced numerous, but not insurmountable, challenges.

The biggest challenge was at the commencement of the program, in engaging with partners and stakeholders in a meaningful way, to create a common understanding of the program and its objectives. It is testament to the hard work and commitment of all partners that as the program has developed the partnership has been maintained and strengthened.

In 2013 partners from Christian Health Services formally expressed their dissatisfaction with components of the program. In response a stakeholder workshop was held to discuss the issues and determine a way forward. A matrix for regularly monitoring the issues was developed along with a communications protocol to guide interaction between all partners and it is anticipated that these and other initiatives will foster and strengthen the partnership even further.

Other challenges have been:
• Operating through and trying to be efficient while using existing government systems. The Program works hard to not create parallel processes, thus activities have focussed on how to work as efficiently as possible.

AMS is one such example of working within the system.
• Ensuring coverage of the entire district, including the most remote villages. Delays in government funding for patrols, meant that the Olsobip area did not receive patrols until NFHSDP stepped in to fully fund the patrol. Covering all villages has been identified as a priority for 2014 and beyond.
• Acknowledging and working within the capacity of partner organisations, without taking over has been an issue of tension between the Program and partners at times. This has also been addressed in the communications matrix developed for moving into Phase 2.
NEW PROGRAM MANAGER

Kelly Kewa has been a pioneer of NFHSDP and his exceptional qualities as a manager, facilitator and health worker have enabled the program to achieve many of its outcomes. In mid 2013 we farewelled Kelly as he moved south but happily this was not too far: from running program operations in North Fly, Kelly has now taken on the role of Program Manager for the Community Mine Continuation Agreement (CMCA) Middle and South Fly Health Program. We wish Kelly every success in his new endeavours and look forward to collaborating across the programs.

Samson Kove was welcomed to the position of Program Manager in August 2013. A Health Extension Officer by training, Samson joined NFHSDP bringing experience from a range of clinical and managerial roles with provincial health services and most recently as Health and HIV Coordinator for SDA Health.
EMPLOYEE OF THE YEAR
An employee of the year award was established in 2012, with Veronica Kekae the first recipient for her work with the Maternal and Child Health program.

Cynthia Sigayong received the award for 2013, in recognition of her work as Sister in Charge at Tabubil Urban Clinic since its opening in January 2011. Cynthia is a Nursing Officer who joined NFHSDP in January 2010. Prior to this she worked with government health services in Morobe, her home province. Cynthia enjoys her work as it takes her to people who need health services. We thank Cynthia for her hard work and commitment to the program and the people of North Fly.

VALE THOMPSON BERUN
Thompson joined NFHSDP in March 2011 as a Health Extension Officer with the HIV/AIDS and TB program. Thompson conducted TB activities with commitment, having in-depth skills and knowledge; and he was humble person.

Thompson, from Madang, passed away in Kundiawa, Simbu Province in March 2013 where he had spent his entire working career before joining NFHSDP. Thompson is greatly missed by his NFHSDP colleagues, partners and those who knew him in Kiunga and Tabubil.
RELOCATION TO KIUNGA

While the program operations commenced out of a base in Tabubil, over time it was apparent that the best location for the team was Kiunga. Kiunga provides proximity to program partners for ease of communication and coordination, as well as to the Fly River for river transport on patrols. Team members in the Area Wide Services commenced working from an office in Kiunga Hospital in 2011 and all program staff, with the exception of those at TUC, will be permanently based in Kiunga from January 2014. The move to Kiunga also provides the opportunity to collaborate with the CMCA Middle and South Fly Health Program, also based there since July 2013.
A FURTHER 5 YEARS

In November, OTML granted an extension to the Program. The second phase of 5 years will see a change in the approach, with a greater focus on using a primary health care approach. Having the team located in Kiunga and closer to partners will provide opportunities for greater collaboration and the Program Charter, signed in 2009 will be reviewed in 2014.

Opportunities for the next five years include strengthening the partnership, particularly through continuous engagement with government partners; outreach to remote villages, particularly behind the mine; taking a broad development focus, rather than just on infrastructure and visible improvements; and acknowledging the time and effort required to engage with communities.

The 5 year extension will help to consolidate the achievements of 2009 - 2013 and to continue to revitalise and embed the primary health care approach in North Fly District. We will also be looking to integrate with the CMCA Middle and South Fly Health Program which commenced implementation in July 2013.

SUMMARY OF EXPENDITURE, 2009-2013

- 32% 8,069,060 Core staff and program management
- 40% 10,027,727 Area-wide services
- 8% 1,940,719 Infrastructure development
- 7% 1,886,177 Provision of essential supplies
- 5% 1,264,034 Procurement of equipment
- 4% 1,125,613 Education services
- 4% 917,033 Monitoring and evaluation
### SUMMARY OF PROGRESS AGAINST PROGRAM INDICATORS

<table>
<thead>
<tr>
<th>*Indicator</th>
<th>Baseline (2007)</th>
<th>North Fly District progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*2009</td>
<td>*2010</td>
</tr>
<tr>
<td>Antenatal coverage (% of women that attended at least 1 ANC)</td>
<td>57%</td>
<td>65%</td>
</tr>
<tr>
<td>Supervision of births in health centres and hospitals</td>
<td>51%</td>
<td>35%</td>
</tr>
<tr>
<td>% of children &lt;1 year of age who receive 3rd dose Pentavalent</td>
<td>55%</td>
<td>49%</td>
</tr>
<tr>
<td>% of children &lt;1 year of age who receive measles vaccination (9-11 month dose)</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Outreach clinics undertaken per 1000 children &lt; 5 years</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Diarrhoeal disease in children &lt; 5 years (who seek treatment)</td>
<td>375</td>
<td>359</td>
</tr>
<tr>
<td>Pneumonia case fatality rates for children &lt; 5 years</td>
<td>2.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>% of children who attend MCH clinics that are severe to moderately malnourished</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Number of patients presenting for simple malaria (per 1,000 population)</td>
<td>439</td>
<td>316</td>
</tr>
<tr>
<td>(Based on clinical diagnosis not RDT or microscopy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed nets distributed to North Fly population (with RAM)</td>
<td>Nil</td>
<td>24,229</td>
</tr>
<tr>
<td>Centres reporting nil shortages (of 8 selected supplies) for more than a week in any month</td>
<td>63% (2008)</td>
<td>68%</td>
</tr>
</tbody>
</table>

New wheels to drive health improvement

The health standards in the North Fly district are set to improve after two new vehicles were donated to Ramgine Hospital and Kaula Mora and Child Health (MCH) Program.

The vehicles were handed over to the District Health Authority in the presence of Mr. Alus Breen, the new District Health Officer.

“New vehicles are needed to improve the health standards in the North Fly district. With the donation of these two vehicles, we are hopeful that the health standards will improve,” said Mr. Alus Breen.

The vehicles were delivered by Mr. Lari, the District Health Officer, who said that the health indicators in the North Fly district are gradually improving.

“We are seeing positive results as a result of the program. The health indicators, especially in the remote parts of the district, are gradually improving. And I’m sure, if we continue implementing the different programs under the NFHSDP, we will see more improvements,” Mr. Lari said.

K20m for North Fly

The North Fly district received K20m funding from the government.

“With this new vehicle, we can carry out our work effectively, thus ensuring that we fully implement the program,” said Mr. Alus Breen.

The funding will be used to improve the health infrastructure in the North Fly district.

Teacher’s house brings joy to Tapko

The teachers of Tapko Primary School received a new house as a gift from their students.

“The teachers of Tapko Primary School are grateful for the gift of their new house,” said Mr. Alus Breen.

The newly constructed house will provide a better living and working environment for the teachers of Tapko Primary School.

The news is a reflection of the positive changes taking place in the North Fly district.
NFHSDP THROUGH THE YEARS
CONTACTS

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

NFHSDP digital media interviews can be found at: http://www.youtube.com/watch?v=5zYPbKGlv0o

Annual Sector Reviews are available from:

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The NFHSDP acknowledges the ongoing participation and support of the following partners of the program: