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A model for improving health service delivery in Papua New Guinea: the experience from the CMCA Middle and South Fly Health Program

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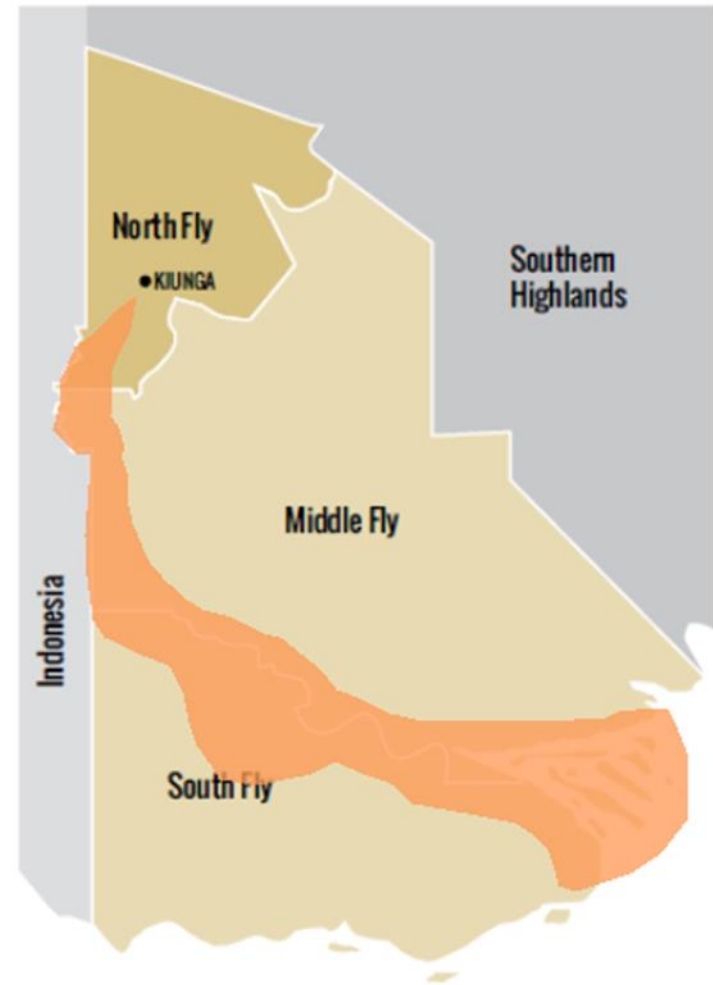
1. Abt Associates, Australia
2. University of New South Wales, School of Public Health and Community Medicine, Faculty of Medicine
3. University of Papua New Guinea, Division of Public Health, School of Medicine and Health Sciences

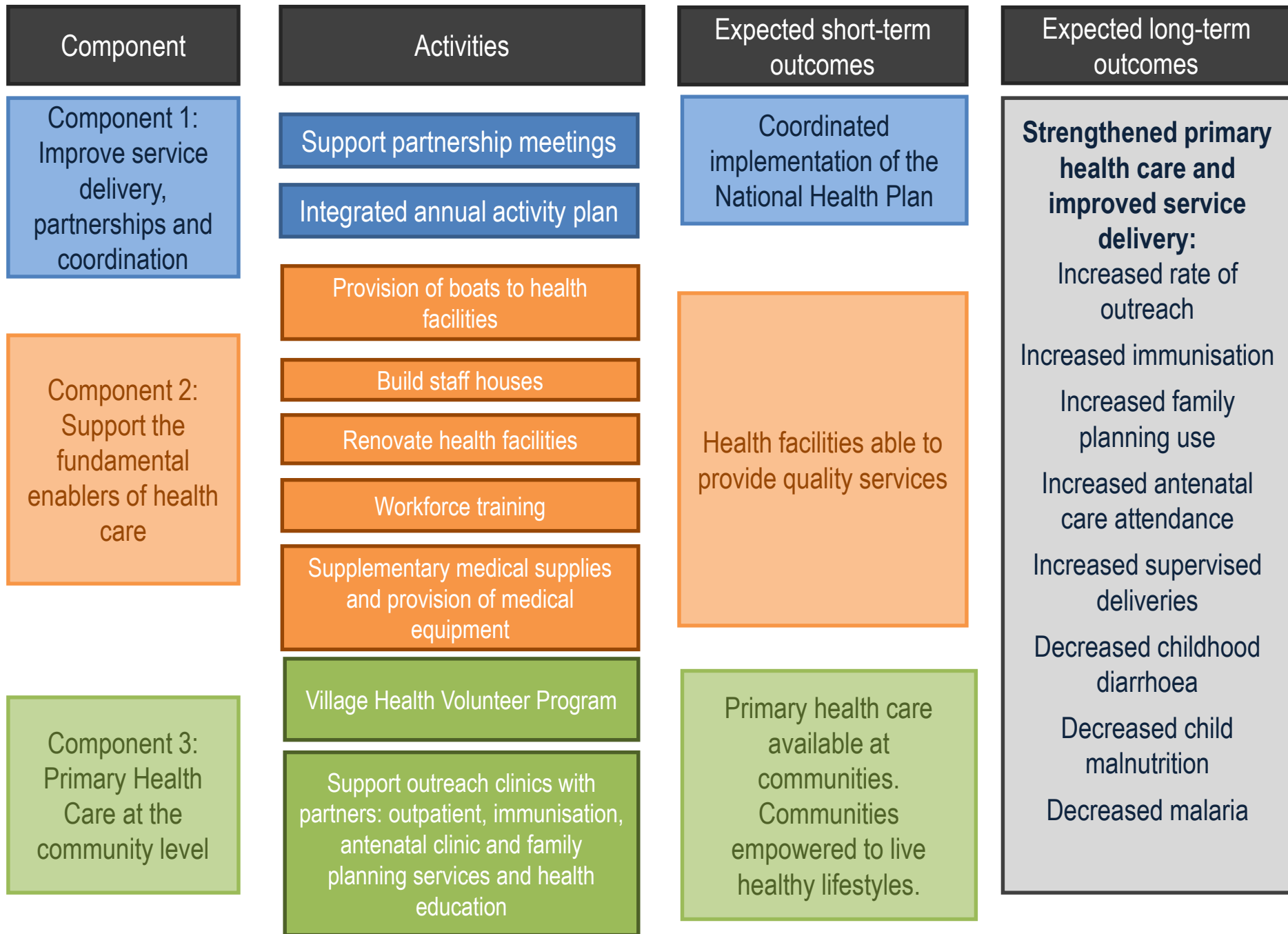


CMCA Middle and South Fly Health Program

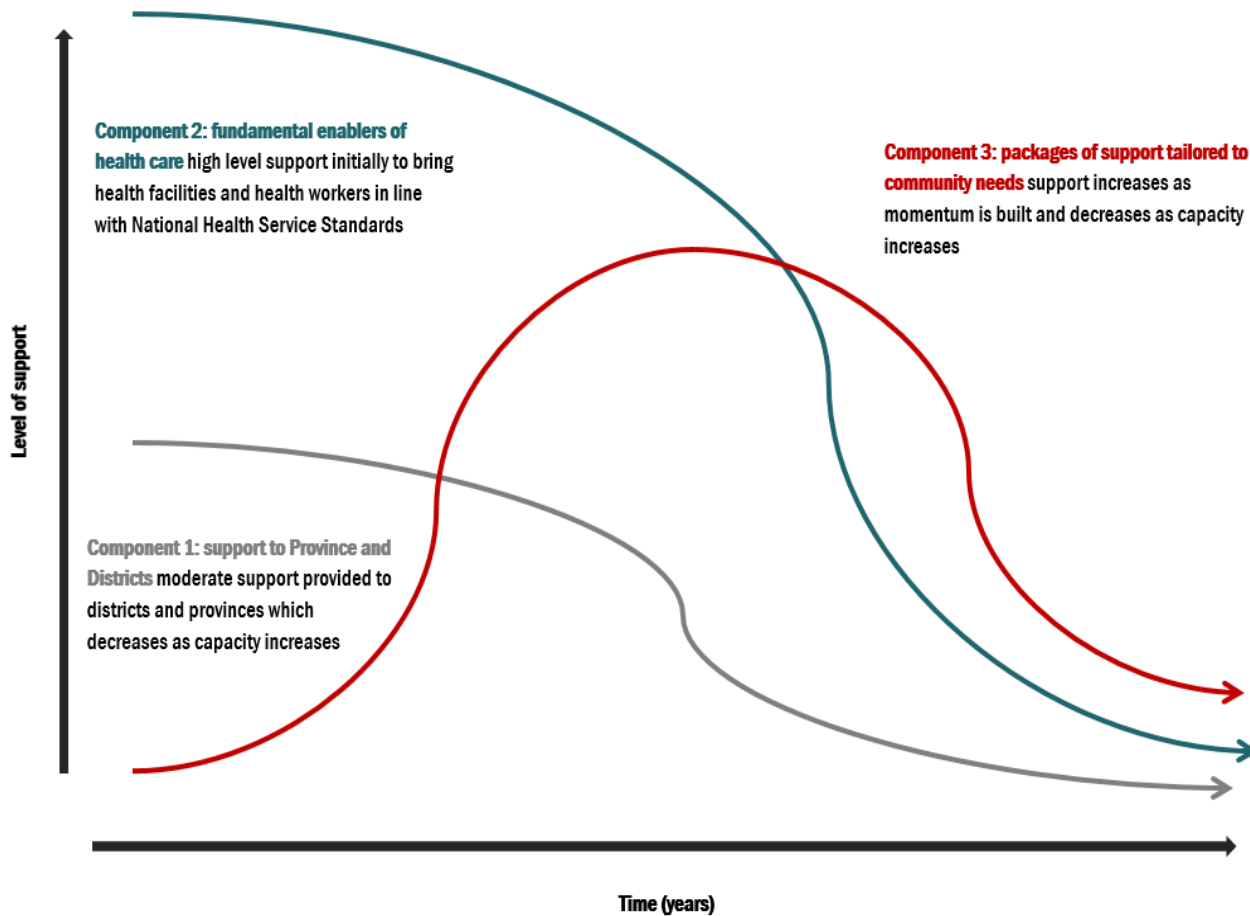


- Community Mine Continuation Agreement (CMCA)
- Initiative of Ok Tedi Development Foundation
- Abt Associates (formerly Abt JTA) is the implementing agency
- Partnership between Provincial Health Services, District Health Services, Evangelical Church of PNG, Catholic Health Services
- Aligned with PNG National Health Plan
- **3 components of support:**
 1. Support to health service providers to improve service delivery, partnerships and coordination
 2. Fundamental enablers of health care
 3. Tailored support for community driven health initiatives





Program Support

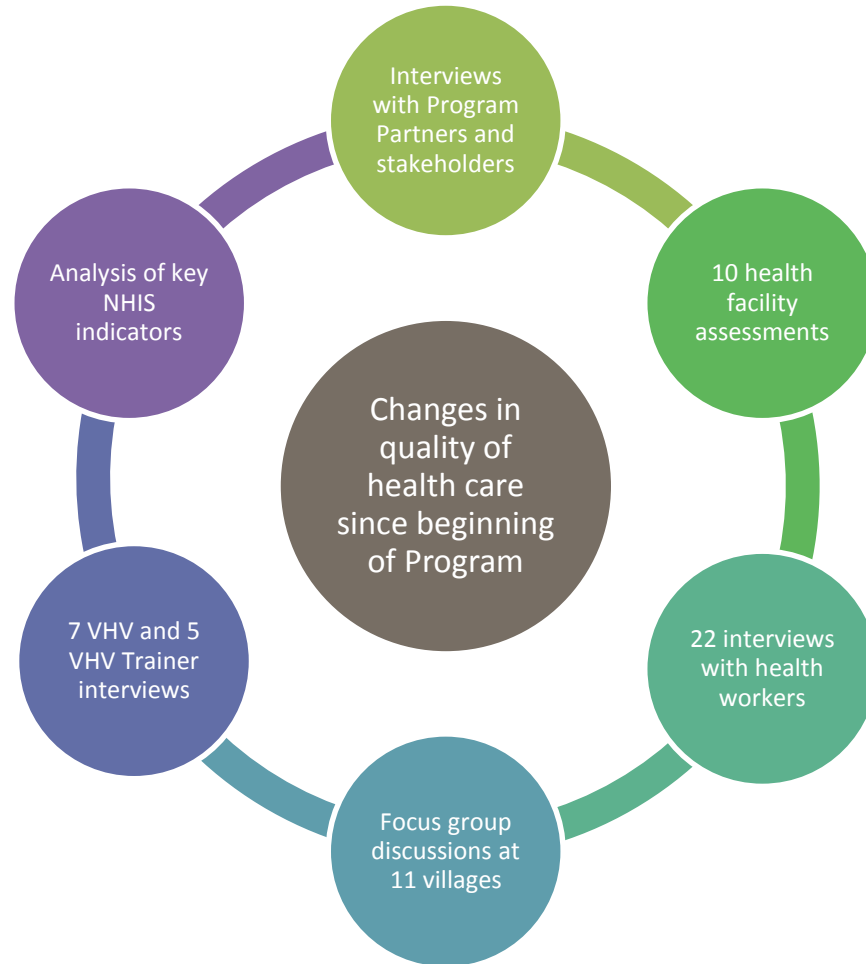


Evaluating the Model

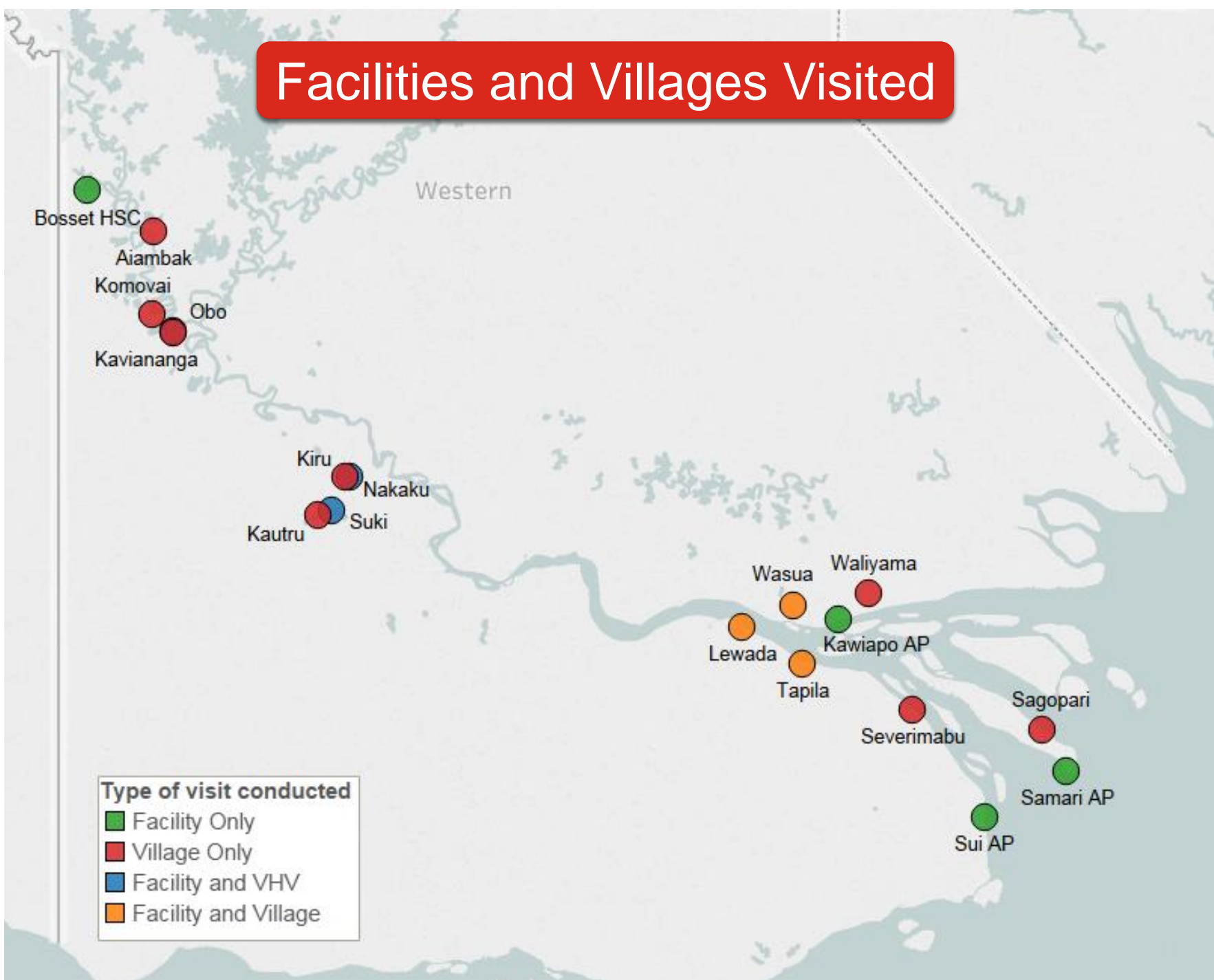


- Midline evaluation conducted in 2015
- Mixed-method design
- Objectives:
 - Review progress on program activities and towards achieving national targets
 - Assess the effectiveness of the partnership model and coordination mechanisms
 - Identify lessons learned and recommendations for improving overall program performance to achieve outcomes by 2018 and beyond

Methodology



Facilities and Villages Visited



Midline Evaluation Findings



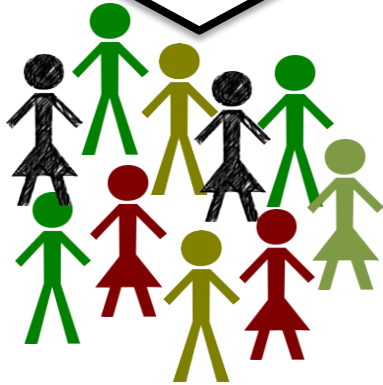
- Program has made early improvements to health infrastructure, equipment, transport, and workforce development
- Activities were generally positively received by communities and health workers
- Improvements are attributed to both direct clinical services provided by the Program, and the increased service delivery at facilities

Community Perspective



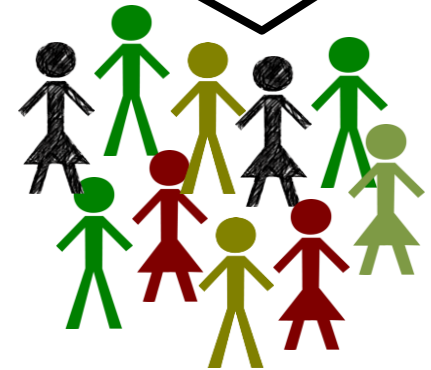
Positives

- Majority of health workers, VHVs and communities had positive feedback
- Felt there were improvements in medical supplies and facility infrastructure
- Services provided to people's 'doorstep'
- Immunisations, helping mothers, transporting patients



Negatives

- Outreach team not spending enough time in villages
- Not visiting frequently enough
- Only providing services for children and not adults



Health Worker Perspective



Improved practices

- Increased provision of family planning, antenatal care and supervised deliveries
- Able to do referrals
- Able to do outreach clinics with Program team
- Able to do immunisations
- Changed approach to patients

Enablers to providing quality care

- Training
- Equipment
- Medical supplies

Barriers to providing quality care

- Medical supplies shortage
- Lack of fuel and transport
- Lack of equipment
- Lack of support or supervision
- Inadequate Infrastructure and housing

Health Facility Progress



Improvements

- Availability of standard treatment guidelines
- Availability of essential medical equipment
- Availability of transport
- Access to vaccine refrigerators
- health radio coverage
- Lighting
- Access to running water

Areas for further improvement

- Supervision: only one facility reported having a supervisory visit in 2015
- Translation of training into practice: at two facilities it was noted that supervised deliveries not done even though health worker attended Essential Obstetric Care training
- Outreach clinics: regular outreach clinics not occurring at many facilities

Village Health Volunteer Program



What are the VHVs doing in their communities?

- Assist community members who are sick to the health facility
- Assist community to build toilets, bathrooms, dish racks, rubbish pits
- Nutritional gardening
- Awareness on health issues
- Encourage mothers to attend the health facility for child health checks
- Assisting women deliver babies in the village
- First aid

Negatives

- Variable community support for the VHVs
- Variable support from supervising health facility

Program Partnership



Key points

- Program charter developed in 2014 to outline philosophy and principles of the partnership, governance, and roles of each partner
- Stakeholder coordination committee meeting held every quarter
- Partners positive about the Program's progress and achievements

Key themes from midline

- Maintenance
- Alternative funding options
- Cooperation and partnership
- Human resources
- Transition planning

Future Directions



- Program scheduled to finish in 2018
- Transition from direct inputs towards working with partners to achieve sustainability
- Transition plan has been developed and endorsed by all Program partners
 - Outlines actions and activities for program implementation from now until the end of the program
 - Key component is reducing the Program's support to services

Thank You



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