2017 PNG Update - PNG: After the elections

Health service delivery at Karkar island, Madang province, Papua New Guinea

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Outline of presentation

- Overview of Karkar island
- Main questions
- Health care providers
- Health care services available
- Challenges
- Summary
- Recommendations
Overview of Karkar Island

- Karkar Island is an oval-shaped volcanic island located in the Bismarck Sea.

- It is about 30 kilometres off the north coast of mainland Papua New Guinea in Madang Province.

- The island is about 25 km in length and 19 km in width.

- Total population is approximately 62,000 (2007).

- Two languages are spoken (Waskia and Takia).
Main questions

Three main questions were asked:

1. Who are the main health care providers on Karkar island?
2. What types of health care services are available on the island?
3. What are the major challenges faced by the health facilities?
Health Care Providers on Karkar Is

There are three main health care providers on the island. These are:

1. Lutheran Health Services
2. Government Health Services and
3. Catholic Health Services

Churches provide 49% of all rural health services and 45% of the overall National Health Services and employ 25 percent of health workers in Papua New Guinea. They also are important contributors to the training of rural health workers. (Kase, n.d)
Health care providers

**Lutheran Health Services**
- Gaubin Rural Hospital
- Mapor HC
- Bagbag HC

**Catholic Health Services**
- Tabel CHP

**Government Health Services**
- Miak DHC
- Kavailo HC
Ratio of health worker (doctors, nurses, CHW’s) to population

MO 1:20 667 pop
NO 1: 4 133 pop
CHW 1: 1 378 pop
Lutheran Health Services

Supervises the following aidposts:

<table>
<thead>
<tr>
<th>Gaubin RH</th>
<th>Mapor HC</th>
<th>Bagbag HC</th>
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<tbody>
<tr>
<td>Mapor HC</td>
<td>Wadau (GHS)</td>
<td>Badilu (LHS)</td>
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<td>Bagbag HC</td>
<td>Noar (GHS)</td>
<td>Yau (GHS)</td>
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<td>Gamok (LHS)</td>
<td>Kulili (Kulili Estate)</td>
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<td>Dove (LHS)</td>
<td>Kaul (GHS)</td>
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<td>Mangarek (GHS)</td>
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Catholic and Government Health Services

Supervises the following aidposts:

<table>
<thead>
<tr>
<th>Tabel Catholic CHP</th>
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<tr>
<td>Kewasop (GHS)</td>
<td>Kavailo HC</td>
<td>Beu</td>
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<td>Kilden (GHS)</td>
<td>Urugen</td>
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<td>Bapor (GHS)</td>
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<td>Kurumtour (GHS)</td>
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Gaubin Rural Hospital

- Is the main referral centre
- Established by Lutheran missionaries Dr. Edwin and Tabitha Tscharke soon after their arrival on the island in 1947. It will celebrate its 70th anniversary next month.
- Of the three medical officers, only 1 is a national
- 7 wards (surgical, medical x2, pediatric, antenatal, postnatal, TB)
- Only 2 staff work at night shift covering about 60 inpatients.
Mapor HC

• established in 1978
• Catchment population: 15 000 in 7 ward areas
• Staff ceiling: 8
• Currently available: 5
• 4 staff houses
• No possibility of recruiting new staff due to housing issue

• Services provided include:
  Outpatient treatment & management, minor surgery, counseling, MCH, delivery, acute care, FHS, TB, HIV, health promotion and aidpost supervisory.
Challenges-Mapor HC

No separate outpatient department, consultation room, FHS clinics, HIV/TB/STI clinic

OIC’s office is only used for the patients convenience, not fit for OIC to work in (very small and poor ventilation)

Obstetric room (1 improper delivery bed with poor ventilation)
No lighting & running water
Lack proper medical equipment and supplies
Lack of staff houses = no new staff
No incinerator
No running costs
Lack of health promotion activities
Ambulance – not the right type
Miak District Heath Centre

Operating since the colonial days
Heeded by a DHEO and has 7 CHW’s
Services provided include:
Minor theater, mini rural laboratory service, MCH, dispensary, TB & Leprosy, HIV and STI clinic (White house), obstetrical ward & postnatal ward.
Challenges – Miak HC

Drugs store room is very small - medicines kept in boxes hence; becoming moist and not safe for consumption
Lack of manpower
Ambulance: unsuitable
Drugs shortages
No lighting and running water
Lack proper medical supplies and equipment (oxygen, proper delivery bed, minor theater)
Patients sharing the same ward, cross infection
No toilet for inpatients
Kavailo Health Centre

Catchment population: 12 700 in six ward areas
Headed by a CHW
Staff ceiling: 7 (1 NO & midwife, 6 CHW’s)
Current staff: 3 CHW’s
Services provided include family planning, immunization, antenatal, emergency deliveries only, school visits to the two nearby schools
Challenges – Kavailo HC

- Lacks land for expansion or erection of new staff houses
- Lack of supervisory visits from the Provincial Health Office
- No ambulance until May this year
- Lack of manpower
- Ongoing Land dispute
- No health board
- Lack of staff houses
- Lack of proper medical equipment and supplies
- Lack of community / health awareness
- Lack of community participation
- No lighting and running water
Kavailo HC

OPD

Ward

Water tank
Tabel Community Health Post

Facility was completed in 2014 but not operating until Oct 2016 after the installation of the water pump and arrival of drugs from Mugil HC.

Not yet registered hence; is not fully operational

Limited only to antenatal clinics and Outpatient. Day care is provided to very sick patients.

Only facility that is equipped with adequate medical equipment and supplies such as incinerator, proper delivery beds, genset, running water, lighting etc. Most of the items were donated from overseas.

The CHP was a joint initiative of Catholic Diocese, former MP, locals, friends and volunteers from overseas (German).
Challenges Tabel CHP

Getting the CHP registered

Update the catchment population

Drugs supplied by other Catholic facilities (Mugil, Brahmin and Kwanga HCs)

Transport to transfer very sick patients to Gaubin RH

Need an ambulance for referrals as well as outreach services
Tabel Community Health Post

Delivery room

Ward
Staff houses in different facilities

Tabel staff house

Kavailo staff house

Mapor staff house
Summary

1. More church health workers than government workers (42:22)
2. 1 Rural Hospital, 3 health centres, 1 CHP and 13 aidposts
3. Many have similar challenges
   - shortage of drugs
   - no proper medical equipment and supplies
   - no proper ambulance / no ambulance
   - no running costs
   - staff shortage
   - no lighting
   - Buildings have deteriorated and needs maintenance
   - Staff and patients sharing pit toilets
   - lack of staff houses
   - no two way radio
Recommendations

1. Divert more funds into rural health facilities to:
   - Upgrade deteriorating infrastructure
   - Purchase vital medical equipment and supplies
   - Hire casual staff to offset the workload

2. Create more positions for rural health staff
3. Offer attractive package and/or benefits for medical officers to consider working in rural areas
4. All health care providers should have strategic plans in place
5. Improve procurement system
References


Kase, P. (n.d). Health sector policy priorities and implementation Challenges (Speech to the CIMC National Development Forum)
Thank you!

Purpose

Plan

Do

Act

Check