



PNG Community Health Post Policy

FEBRUARY 2013

National Department of Health



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NOTE: The **Community Health Post Implementation Guidelines** have been produced as a companion document to this Policy. The Implementation Guidelines are aimed at community-level stakeholders and provide a step-by-step guide to establishing and operating a Community Health Post which complies with this Policy.



Message from the Honourable Minister for Health and HIV/AIDS

The publication of this Community Health Post Policy and Implementation Guideline is another step towards implementing the commitment of the Government of Papua New Guinea to improve health service delivery where 87% of our population resides – in the rural areas. This Community Health Post Policy supports the National Health Plan 2010 – 2020 implementation and contributes to broader development goals contained within the Medium Term Development Plan 2011-2016, the PNG Development Strategic Plan 2010 – 2030 and PNG VISION 2050.

Recent data indicates that one child in every thirteen (13) born in PNG will die before the age of 5 years, a rate far greater than any other country in the Pacific Region and our maternal mortality rate is unacceptably high for our stage of development. The Government's priority to reverse declining health trends in the country has made Community Health Posts an essential part of a response to address the improvement of maternal and child health care indicators.

I call on all stakeholders including government, churches, non-government organisations and private sector partners who provide health services in rural areas to note the intention of this document. The guiding principle of this Policy is the improvement of health service delivery generally and, in particular, to the most vulnerable members of our community – the women and children. I am confident that if we all work together and abide by this Policy to ensure that Community Health Posts bring maternal and child health services closer to rural people we will thereby reduce the incidence of child and maternal mortality.

I congratulate the National Department of Health for the timely development of this Policy and look forward to its implementation and the establishment of Community Health Posts to serve our people.

Hon. Michael Malabag MP,
National Minister for Health/HIV/AIDS



Message from the Secretary, National Department of Health

This Community Health Post Policy (CHP) and its Implementation Guidelines support the National Health Plan and its 'back to basics approach' to reform our health system. They are a response to the need to systematically strengthen our primary health care approach and to ensure that those at the front line of health service delivery are equipped with the necessary facilities, supplies, equipment and training to provide effective and acceptable health services. They provide a structure for the establishment of the community health posts including adherence to the **National Health Service Standards, 2011**.

Community Health Posts are a new concept and will be established through new construction or remodelling of a current aid post or sub health centre to serve the people living within a given geographical boundary. They will be staffed by at least three (3) health workers and will provide a range of primary health services such as maternal and child health services, midwifery, health promotion and community awareness, family planning, immunisation and emergency care and stabilisation of patients prior to referral to a health centre or hospital.

I reiterate to all stakeholders and partners who provide health services to our rural areas that these community health posts have a common purpose; to improve the health of our people and particularly to those Districts with high maternal and infant mortality rates.

The Government of Papua New Guinea and the National Department of Health are committed to improving the health of our people and I am pleased to endorse this Community Health Post Policy and **Implementation Guidelines** and commend it to all who seek to improve maternal child health services in rural areas of Papua New Guinea.

Pascoe Kase

Secretary for Health



GLOSSARY

ADB – Asian Development Bank
 CEO – Chief Executive Officer
 CHP – Community Health Post
 CHPP – Community Health Post Policy
 CHPIG – Community Health Post Implementing Guidelines
 CHS – Church Health Services
 CHW – Community Health Workers
 CSO – Civil Society Organisations
 DA – District Administrator
 DHMC – **District Health Management Committee**
 DHO – District Health Officer
 FMC – **Facility Management Committee**
 GHS – Government Health Facilities
 HF – Health Facilities
 HFG – Health Function Grant
 HP – Health Promotion
 HR – Human Resources
 HSP – Health Service Providers
 IG – Implementation Guidelines
 JDP&BPC – **Joint District Planning and Budgeting Priorities Committee**
 LLG – Local Level Government
 MCH – Maternal & Child Health
 MTDP – Medium Term Development Plan
 NDOH – National Department of Health
 NDOH CHPP – National Department of Health Community Health Post Policy
 NGHP – Non Government Health Partners
 NGO – Non Government Organisations
 NHAA - National Health Administration Act
 NHSS – National Health Service Standards
 NS – National Standards
 PA – Provincial Administration
 PHA – Provincial Health Authority
 PHC – Public Health Campaigns
 PHCS – Primary Health Care Services
 PHD – Provincial Health Departments
 PNG DSP – Papua New Guinea Development Strategic Plan
 PNG HFDS – **Papua New Guinea Health Facility Design Standards**
 PNG NHP – Papua New Guinea National Health Plan
 RHS – Rural Health Services
 VBA – Village Birth Attendants
 VHV – Village Health Volunteers
 WDF – Waste Disposal Facilities



Background to the Community Health Post Initiative

Community Health Posts (CHPs) are a **new type of health facility** and service being introduced into the Papua New Guinea (PNG) health system. The revised health referral model for PNG envisioned by Health Vision 2050 projects that **CHPs will eventually replace aid posts as the most peripheral facility in the PNG health system**. To begin this transformation, the PNG National Health Plan 2011-2020 (NHP) calls for CHPs to be progressively established in strategic locations over the life of the Plan. While **significant government resources will be directed toward this initiative**, the NHP acknowledges that the collaborative efforts of many stakeholders are required to address deteriorating health indicators in PNG. The establishment and operation of CHPs represents a key service delivery reform where partners including churches, the private sector, development partners and civil society organisations can collaborate with Districts, Provinces and the National Department of Health (NDoH) to improve the health of the communities they work alongside.

The introduction of CHPs is a deliberate policy response to deteriorating health indicators, especially worsening maternal mortality, and a rapidly growing population. The NHP identifies establishing CHPs as a key strategy to increase access to quality health services for the rural majority. This CHP Policy therefore directly supports NHP 2010-2020 implementation, which in turn aims to contribute to broader national development goals contained within the Medium Term Development Plan 2011-2016, the PNG Development Strategic Plan 2010-2030 and PNG Vision 2050.

The CHP initiative reflects the 'back to basics' approach of the NHP. CHPs emphasise primary health care, forming the interface between the community and formal health services by operating as the 'campus' from where public health activities— including outreach patrols, awareness campaigns and health promotion activities – are delivered. More than just new facilities, CHPs embody a new mindset for health delivery in PNG. CHPs will act as catalysts for community transformation by equipping the community with the skills and knowledge to take responsibility for their own healthy living. Services delivered by CHP staff will be closely integrated with those provided by other service delivery agents active in the community, especially schools and churches.

In order to provide **24 hour emergency services to the community, CHPs will be staffed by a minimum of three health workers**. To contribute to improving maternal mortality rates, at least one of these health workers will possess specialised midwifery training, while all CHPs will be required to have delivery rooms. CHPs may also provide a 'waiting house' for low risk expectant mothers from remote parts of the facility catchment.

By incorporating the features described above (and summarised in Box One below) CHPs will contribute to reversing the following interrelated trends:

- The reduction in supervised births;
- Closure of facilities, attributed to difficulty of staff retention and/or lack of maintenance;
- The reduced frequency and scope of health patrols;
- The drift of skilled health workers away from the rural majority



Box One: The Fundamentals of How CHPs Will Operate in PNG

All Community Health Posts in PNG will:

- Function as 'campuses' from which the community access quality primary health care services
- Provide public health services including community awareness and health promotion
- Provide 24 hour emergency services to the community
- Act as catalysts for community transformation by equipping the community with the skills and knowledge to take responsibility for their own healthy living
- Cooperate closely with other local service providers active in the community
- Operate as 'Level 2 Facilities' (as defined by the National Health Services Standards 2011-2020)
- Be staffed by a minimum of three health workers, at least one of whom has postgraduate training in midwifery
- Be equipped with a delivery room and may provide a 'waiting house' for expectant mothers
- Be located on a strategic site which will include adequate staff housing, waste disposal facilities and access to reliable and sustainable energy and water supplies

Background to the Community Health Post Policy

The germination of the CHP concept in PNG can be traced to the Human Resources for Health Forum held in 2008. A year later, at the 2009 National Health Conference in Goroka, a concept paper was presented to key health sector stakeholders. Since then, the rollout of CHPs has been adopted as a key plank of the NHP's efforts to rejuvenate the PNG health system, a commitment also recorded in the PNG Medium Term Development Strategy 2011-2015. Subsequently, in 2011, the services to be offered by a CHP in PNG – and the necessary staffing and medical equipment this requires– were defined in the National Health Service Standards for PNG 2011-2020.

Yet despite the recent prominence of the CHP concept, this Policy represents the first attempt to set out, in a single dedicated document, clear expectations about how CHPs should be established and operated. The pressing need for a guiding document has become evident as various partners within the health sector have begun to build CHPs without a shared framework about how the reforms should be undertaken. Without a series of principles to guide this new initiative, there is a risk that CHPs will not achieve the transformational impact on health outcomes they are designed to achieve.

The CHP policy has been produced to guide the early stages of this reform. It sets out 10 broad principles to guide the establishment and operation of CHPs in PNG, thereby providing the basis for a degree of standardisation. This Policy is intended to be a 'living document'. As the reform progresses, more will be learned about what works best and why. Opportunities to revise this policy will arise accordingly, with a full revision scheduled to coincide with the planned revision of the NHSS.



Policy Statement

For the introduction of CHPs in PNG to realise both the significant health outcomes they were designed to achieve, and to maximise the return on the considerable investment their establishment requires, it is imperative that all CHPs are established and operated according to a defined standard. The National Health Administration Act 1997 empowers the National Department of Health to establish policy frameworks and standards to allow for the implementation of national health policy. CHPs must be consistently implemented across PNG, regardless of their location, who finances their establishment, and who operates them. Papua New Guineans are entitled to expect and receive the same type and quality of health services wherever and whenever they attend a CHP in PNG.

Intent of this Policy

The purpose of this policy is to ensure:

- Consistency in the establishment and operation of CHPs across PNG;
- That the revised health referral model for PNG envisioned by Health Vision 2050 is progressively realised;
- That pre-registration processes are clear, especially those which relate to province-level clearances and approvals;
- That the requirements to obtain an official CHP Facility Number and licensing are specified;
- That non-government health partners are able to contribute to improving health services in rural PNG by establishing CHPs which meet national standards.

Scope

This policy applies to all parties involved in the establishment or operation of Community Health Posts in PNG. This encompasses a wide range of stakeholders including:

- **Government organisations and bodies** involved in health service management or provision, including the NDoH, Provincial Health Departments and Provincial Health Authorities (where applicable), District Health Management Committees, Provincial Administrations and District Administrations.
- **Community Leaders**, including relevant elected officials at National, Provincial and LLG level.
- **Health workers**, especially those employed at CHPs or in nearby referral facilities.
- **Churches** delivering health services;
- **Private sector companies**, especially those seeking to provide health services to the communities or enclaves in which they operate;
- **Development partners**, especially those funding the establishment of CHPs;
- **Non-government Organisations** and **Civil Society Organisations** which provide health services to the community.



Principles

The 10 principles below form the core of this policy. These principles **govern CHP establishment** (6 principles) and **CHP operation** (4 principles) in PNG¹. For the purposes of this Policy, 'establishment' of a CHP refers to both the construction of a new facility *and* the process of upgrading an existing facility to CHP specifications.

Principles Concerning Community Health Post Establishment

1. CHPs are established in strategic locations

The location of a CHP will be informed by:

- *Health needs*, including:
 - The current and projected size of the population in the facility catchment area;
 - The current and future disease burden of this population, including any 'hot spot' areas;
 - The presence of vulnerable and/or target population groups within the catchment area;
 - Analysis of existing referral patterns and health-seeking behaviour;
 - Accessibility of health support services;
 - The type, nature and proximity of the health services provided by existing facilities; and
 - Available utilisation data.
- *Accessibility*, including:
 - Topography and geography;
 - Availability of water;
 - The potential for obtaining sustainable energy supplies (including solar, wind and hydroelectricity);
 - The presence of suitable tracks, roads, airports and rivers for transport and evacuation of people with severe or emergency need of complex care;
 - The degree of mobility of the catchment population;
 - The presence of mobile telephone reception; and
 - The proximity of referral facilities.
- *Community structure and needs*, including:
 - The availability of land;
 - Future infrastructure plans;
 - The presence of complementary existing services, especially churches, schools, other government services and markets;
 - The absence of community conflict; and
 - Relevant local knowledge and customs.

¹ The National Department of Health has produced 'Community Health Post Implementation Guidelines' which is a step-by-step guide to establishing CHPs which comply with the principles in this policy.



2. The catchment community agrees to establish a CHP and to its proposed location.

A decision to establish a CHP, as well as the proposed location of the facility, will be reached in consultation with the catchment community. The decision making process will be the result of extensive consultation and dialogue involving numerous relevant stakeholders². The input of women should be sought and prioritised at all stages to ensure their needs with respect to maternal and child health inform this process.

At a minimum, it is expected that the preparatory stages of CHP establishment should involve consultation with:

- Community members;
- Health workers at potential referral facilities;
- The Head of the Local-level Government and members representing local wards;
- The District Administration, including the District Administrator and District Health Officer;
- The District Health Management Committee; and
- The Joint District Planning and Budgeting Priorities Committee.
- The Provincial Government / Provincial Health Authority

Although **the establishment of a CHP is a community initiative**, the presence of a champion, or small group of champions, will likely need to take the lead for the planned project to come to fruition. In particular, these individuals will need to take the lead in advocating for the establishment of the facility, developing the necessary documentation, obtaining funding and securing stakeholder agreement. One way for the champion/s to navigate these steps is to establish a CHP Committee. This Committee can help make decisions during the planning stage and then transition to oversee the management of the facility once it is operational.

3. Establishment of a CHP is approved by the relevant province-level body responsible for health and aligns with broader strategic planning priorities

Approval from the body responsible for health services in the province is required to establish a CHP³. Provincial-level approval is required for two main reasons:

1. To ensure **CHP establishment aligns with strategic-level planning priorities** agreed by the province, for instance in a Health Service Plan;
2. To ensure **provisions for recurrent expenditure can be met and budgeted for within the available resource envelope**. (Note that this is also relevant for church-funded CHPs, because some facility operating funds for these facilities are covered from the **Health Function Grant**,

²The National Department of Health has developed a Preliminary Assessment Checklist to ensure communities adequately address Principles 1, 2 and 3 when planning to establish a CHP. This Checklist forms part of the Community Health Post Implementation Guidelines.

³In provinces where a Provincial Health Authority is in operation, approval is required from the CEO and Board of the PHA. In non-PHA provinces, approval must be forthcoming from the Provincial Health Adviser and the Provincial Administrator.



including some training activities, vehicle replacement, and medical equipment maintenance⁴.

Other key stakeholders who can help ensure alignment with strategic planning priorities should also be involved. They include:

- The relevant **Member of Parliament** (especially if funding is being provided by the **District Support Improvement Program**);
- Relevant individuals within the **Provincial Administration**, including the **Provincial Health Adviser and Provincial Administrator** or PHA CEO and PHA Board;
- The Relevant Church Health Service; and
- The NDoH (especially if capital funding is sought through the **PNG Development Budget**).

4. CHPs are designed according to the Design Standards for Health Facilities in Papua New Guinea

CHPs are designated as Level 2 Facilities by the PNG National Health Services Standards⁵. To meet the health service requirements expected of a facility with this delineated role, a CHP must be built to certain design specifications and outfitted with appropriate amenities, fittings and equipment. In addition, a **CHP site must also include adequate staff housing, waste disposal facilities and access to reliable and sustainable energy and water supplies**. Details of these requirements are set out in Volume Three of the National Health Service Standards for Papua New Guinea 2011-2020 - Design Standards for Health Facilities in Papua New Guinea.

Depending on the unique characteristics of each site, different layouts of CHPs will be required. Schedule One contains **four approved CHP layouts which each adhere to the PNG Health Facility Design Standards**. Each layout can be modified to increase or decrease capacity according to local needs. If necessary, alternate layouts can be proposed, but must comply with the PNG Health Facility Design Standards. Particular consideration should be given to the unique needs of constructing facilities in especially remote areas⁶. In addition, local communities are encouraged to consider local needs in the design of their CHP, for instance to incorporate traditional building styles.

5. The National Department of Health will grant a provisional Facility Number to a proposed CHP upon approving a satisfactory Detailed Scoping and Design Document

Only facilities granted a CHP Facility Number by the National Department of Health will be officially recognised as CHPs. Prior to the commencement of any capital works, a provisional CHP Facility

⁴The NDoH's annually-produced '**Budgeting Guidelines for Rural Health Services**' provide further details on these arrangements.

⁵ Refer to National Health Service Standards for Papua New Guinea 2011-2020, Volume I, Annex One: 'Role Delineation for Health Services in Papua New Guinea'.

⁶ Refer **National Health Service Standards for Papua New Guinea 2011-2020**, Volume 3, p. 11.



Number will be awarded to a proposed CHP for which a satisfactory 'Detailed Scoping and Design Document' is submitted⁷.

Two key reasons for the NDoH issuing CHP Facility Numbers are:

1. To ensure consistency in the establishment of CHPs across PNG by checking compliance with Principles 1-4 in this policy.
2. To ensure the **national-level responsibilities for successful facility operation** are organised.

These include:

- To monitor the availability of recurrent funds for operational expenses and for staffing needs;
- Provision of medical supplies, especially drugs;
- **Integration of the facility into the national planning and data systems**⁸; and
- Availability of referral facilities.

The Detailed Scoping and Design Document⁹ will include, at a minimum, the following four components:

1. Detailed Design (the fully detailed plan for the buildings)
2. Works Specifications (type of materials, workmanship required).
3. General Conditions of Contract (guidelines and laws to govern to the people who are constructors and the funding body).
4. Special Conditions of contract

6. Community Health Posts are constructed according to the PNG Health Facility Design Standards and other relevant laws and guidelines

Once a proposed CHP has been issued a provisional facility number and funding has been secured the necessary capital works can begin. Construction will adhere to:

- The **'Procurement and Design Process'** described in the National Health Service Standards, Volume 3;
- The requirements of each **Provincial Building Board**;
- The Public Finances (Management) Act 1995, which legislates the nature of the tendering processes that must accompany the utilisation of public funds for capital works; and
- The **Building Code of PNG**.

If CHP establishment is funded with government money, the NDoH may assist in contract negotiations and management. Upon inspection of a satisfactorily completed capital works process (be it for a new building or refurbishment of an existing facility), the NDoH will change the provisional status of the facility number to reflect its final approval and licensing as a CHP.

⁷ It is expected that the production of the Detailed Scoping and Design Document will be prepared with the assistance of contracted architects and engineers and/or support from the National Department of Health.

⁸ As per Section 24 of the National Health Administration Act 1997.

⁹ The National Department of Health is able to provide templates for these documents.



Principles Concerning Community Health Post Operation

7. CHPs deliver health services in line with their designation as 'Level 2' facilities

The role delineation of Health Services in Papua New Guinea designates CHPs as Level Two facilities¹⁰. This designation means all CHPs are required to deliver health services in line with the requirements for Level 2 facilities set out in the 'Role Delineation Matrix for Health Services in Papua New Guinea'. This matrix outlines, for all health service providers in PNG, the minimum requisite health service delivery requirements, essential and basic medical equipment, cold chain equipment, non medical equipment, essential drugs, vaccines and supplies that must accompany each level of facility.

The 'Role Delineation Matrix for Health Services in Papua New Guinea' makes it clear there are large differences between the health service delivery standards at aid posts and CHPs. For instance, at the headline level, CHPs may manage low acuity inpatient care and therefore must be staffed by at least three health workers, one of whom has post certificate midwifery training and will, in most cases, be designated as the Officer in Charge (OIC). CHPs will provide 24 hours on-call access.

8. CHPs act as a 'campus' for the delivery of health services in the community

CHPs will improve the interface between the community and formal health services, ensuring that the community knows how to access the appropriate level of care, as well as equipping them with the necessary skills and knowledge to better take responsibility for their own health in line with the Healthy Islands concept¹¹. CHPs will be important community 'campuses' around which the community can access and receive health services. They will be where:

- Community members are trained to perform within the scope of practice of village health volunteers;
- Advocacy, community awareness and public health campaigns are delivered;
- The public can seek information on health related issues;
- Outreach and immunisation patrols originate and are managed from; and
- Maternal and child health services are available, potentially including a 'waiting house'¹² for expectant mothers.

Where possible, CHPs staff will also cooperate with other service delivery agencies and providers who are active in the community.

¹⁰ Refer to National Health Service Standards for Papua New Guinea 2011-2020, Volume 1, Annex One: 'Role Delineation for Health Services in Papua New Guinea'.

¹¹ Refer National Policy on Health Promotion 2003

¹² For PNG relevant information on the establishment of waiting houses, refer to Melua (2011), 'Maternal Waiting Houses Exploring the use of the Maternal Waiting House (MWH) in Kairuku-Hiri, Central Province: a study in Papua New Guinea'.



9. CHPs are governed effectively

Governance arrangements for CHPs will vary depending on **who funds the establishment and operation of the particular facility**. Nonetheless, as far as possible, each CHP should have its own facility management committee to improve community involvement and ownership.

Day-to-day management of the CHP is the responsibility of the OIC, with oversight provided by relevant governance mechanisms and bodies including:

- Memoranda of Understanding / Agreement, or preferably Service Provider Agreements (in cases where Government contracts private sector organisations to deliver health services);
- Church health structures;
- the District Health Management Committee;
- The Joint District Planning and Budgeting Priorities Committee; and
- Provincial Health Authorities.

10. CHPs continually improve the health services they provide

Compliance with the **Quality Standards for Health Services** in Papua New Guinea is mandatory for all government health services. The Quality standards applicable to Level 2 facilities can be found in the National Health Service Standards for PNG 2011-2020, Volume 2, Annex 1: Application of Quality Standards for Health Services in Papua New Guinea.

Additional ways that CHPs can achieve excellence include by:

- Adhering, at all times, to the Quality Standards;
- Participating in the **health services accreditation surveys** via the formal voluntary process as part of the province-wide health service¹³;
- Consistently using **NDoH Clinical Guidelines & Treatment Manuals**¹⁴; and
- Contributing information regularly to national planning and data systems.

¹³ Refer National Health Service Standards for PNG, 2011-2020, Volume 2, p.7.

¹⁴ A list of current Guidelines and Manuals can be found in the National Health Service Standards for PNG, 2011-2020, Volume 1, Annex Two.



Key Legislative Authority

Health-related Legislation

- National Health Administration Act 1997
- Provincial Health Authorities Act 2007

Non-Health Legislation

- Organic Law on Provincial Governments and Local-level Governments 1998
- Public Finances(Management) Act 1995
- Public Services (Management) Act 1995

Related Policy Documents

National Department of Health

- Community Health Post Implementation Guidelines
- PNG National Health Plan 2011-2020, Volumes 1 & 2
- National Health Services Standards for Papua New Guinea 2011–2020, Volumes 1, 2&3.
- National Health Administration Act 1997 User Handbook (updated 2009)
- National Policy on Health Promotion Policy 2003
- Health Sector Medium Term Development Plan Aligned Projects and Programs 2011-2015
- **Budgeting Guidelines for Rural Health Services (a new** edition is prepared annually)
- PNG Child Health Policy 2009

Other Government of PNG

- PNG Medium Term Development Plan 2011-2015
- The PNG Development Strategic Plan 2010–2030
- Vision 2050
- Building Code of Papua New Guinea

SCHEDULE ONE

Concept Design for Four Approved Layouts of Community Health Post