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Baptist Health Services Review 2013

Papua New Guinea

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ACRONYMS AND ABBREVIATIONS

ABMS	Australian Baptist Missionary Society
APO	Aid Post Orderly
ART	Anti-Retro Treatment
BHS	Baptist Health Services
BNHSB	Baptist National Health Services Board
BUPNG	Baptist Union PNG
CEO	Chief Executive Officer
CHS	Church Health Services
CHW	Community Health Worker
CHWTS	Community Health Worker Training School
CMC	Churches Medical Council
CPA	Certified Practicing Accountant
CPP	Churches Partnership Program
DNS	Director Nursing Services
EBHS	Enga Baptist Health Service
EBU	Enga Baptist Union
GIA	Global Interaction Australia
HEO	Health Extension Officer
ISS	Institutional Strengthening Strategy
KIS	Kompiam International School
LLG	Local Level Government
MAF	Mission Aviation Fellowship
MBHS	Min Baptist Health Services
MBU	Min Baptist Union
MCH	Maternal Child Health
MS	Medical Superintendent
MYOB	Mind Your Own Business Accounting Package
NDoH	National Department of Health

PNG	Papua New Guinea
TAI	Transform Aid International
TDH	Telefomin District Hospital
TIDH	Tinsley District Hospital
VHV	Village Health Volunteer
VSAT	Video Satellite
WHBHS	Western Highlands Baptist Health Service
WHBU	Western Highlands Baptist Union

NOTES

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Introduction

This present evaluation is a follow-up review of the health services of Baptist Union PNG (BUPNG), with the aim to contribute towards improving the quality of health care in its three main districts.

Papua New Guinea's (PNG) culture, history and practices provide some significant challenges for an evaluation. It is Australia's nearest neighbour and former colonial dependency. Today it can be described as a fragile state with diverse natural resources operating within a broad political and social landscape. PNG has a population of around 7 million people, and is represented by 860 different ethnic groups. Although PNG is regarded as being well-endowed with diverse natural resources, 85% of the population continue to live in remote areas with 40% of the population now living in poverty.

PNG faces challenges to its development due to its diversity of cultures, languages and traditions, geographic remoteness of communities, and the effects of globalisation. The reforms arising from the decentralisation of its government services have seen a loss of efficacy and legitimacy of the state, accompanied by weak capacity, poor organisation of politicians outside of urban areas, political challenges, clan based politics, rent seeking[1], corruption, mismanagement and conflict, making it difficult for the PNG government to respond to the needs of a rapidly growing population. The provision of health services in PNG poses some significant challenges within this context. Since independence in 1975 and changes introduced by the new organic law[2], PNG's health sector has shifted towards a decentralised system of health provision where many functions have been transferred to the provincial and district level. Consequently, this has led to confusion in the system and ultimately a decline in performance.

The PNG Government partnership with churches in the delivery of health services, particularly in rural areas, still remains a priority today. This is due to their reputation in being able to influence change, which stems in large part from their strong connections to diverse communities. The churches have played a key role in building capacities in the health sector, e.g. training health practitioners, advocacy, leadership, development and sustaining service delivery throughout the country. Government-church collaboration has been extremely important with the churches operating about half of PNG's health facilities and making a major contribution to training of health workers. The Churches Medical Council (CMC) plays a central role as it facilitates coordination among the churches and between the churches and government.

The overall performance of the health system is constrained by various problems in policy implementation. These shortcomings can best be understood in a broader historical context of policy reform and implementation in PNG. These policy reforms are characterised by intensely competing interests (political, bureaucratic, and institutional) which often undermine 'sound policies'. PNG is presently being guided by its fifth National Health Plan - *Health Vision 2010* - which aims to "improve the health of all PNG people, through the development of a health system that is responsive, effective, affordable, and accessible to the majority of our people". Specific

[1] 'rent seeking' occurs when a company, organisation or individual uses their resources to obtain economic gain from others, instead of trying to create wealth.

[2] PNG's organic law outlines the arrangements concerning Provincial and Local Level Governments.

priorities include increased services to the rural majority (85% of the population), many of whom presently do not have access to basic health services.

In light of this context, it is our view that an evaluation of Baptist Health Services (BHS) in PNG should consider these complexities if it is to be relevant to the reader. It has therefore been our intent to ensure that this present evaluation and its findings have been positioned first within this historic-socio-cultural frame. Furthermore, it is our hope that this present evaluation report can contribute in a meaningful way towards a discussion concerning how best to advance BHS in the years to come.

Background and Context

The story of the establishment, development and expansion of health work by Baptists in PNG is a remarkable one. Great strides have been made and lives improved since 1949, when health services first began as part of Christian missionary work in PNG. The Enga people in the Baiyer and Sau Valleys of the then Western Highlands District and the Min people of the Telefomin area of the West Sepik District have all benefited from this. There has been considerable investment in facilities but the investment in people, both in communities and training Community Health Workers (CHWs), has been the most significant achievement with the most recent being an increasing role in the development of specialist training of rural doctors.

The nature and relationship of the three arms of the BHS (Western Highlands, Enga and Min), and their relationship to BUPNG, has changed significantly over time and particularly since the full nationalisation of church and health administration. Following on from these changes, it was considered prudent to engage in a review of BHS in 2005 to look at how it could address issues that had emerged concerning health service provision. The drive behind the first review stemmed first from the repercussions of a church health services review draft report in 2003 that, although procedurally and methodologically flawed, did not find any significant outcome differences between government and church run health services. Second, seeing the erosion of services and capacity because of the withdrawal of the Australian Baptist Mission Society (now GIA) from full time presence in PNG. The most dramatic loss was of the CHW School at Telefomin.

In 2005, BUPNG undertook to conduct a comprehensive review of all three arms of its health services in PNG. It was the first time in the nearly 60-year history of BHS that such a review had been attempted. The process took over a month to complete, involved 21 personnel and the final report was nearly 600 pages long. Without doubt, the “Review” as it became known, was a major benchmark for BUPNG Health. Consequently, following the 2005 review, BHS was reunified under a stronger BUPNG umbrella that saw the establishment of a Baptist National Health Service Office and Health Services Board.

Some of the recommendations made in the original 2005 report were immediately implemented by the health services. Others were envisaged to be ongoing and achievable over a longer time frame. In order to keep the process of reform going, a series of follow up reviews to the original work was decided on in order to check, encourage and continue the process of training first started in July 2005. The review process was therefore later repeated on a smaller scale with another review of BUPNG health taking place in 2007. The 2007 follow-up review has been the only review to take place after the initial extensive review. This present evaluation constitutes the second one.

Purpose and Scope

The Evaluation

The present evaluation is an evaluation of BUPNG's three main health service arms in the Baiyer (Western Highlands), Kompiam (Enga), and Telefomin (Sandaun/Min) districts.

The purpose of the evaluation is:

- To evaluate the performance of recommended implementations from the previous evaluation and to assess progress in achieving these desired outcomes and impacts
- To highlight new areas which are working well and those that require further capacity building attention.
- To learn from the experiences of the last review to apply to future assessments.

Specifically, this present evaluation sets out to review the degree to which the 2005 and 2007 recommendations have been implemented against a series of adjusted operational plans. The operational plans cover key service areas such as 1) Governance and Management, 2) Financial Services, 3) Infrastructure & Plant, 4) Security & Land, 5) Clinical and Community Services. The present evaluation includes an assessment to consider whether the previous recommendations are still valid and whether revised or new recommendations should be made. The evaluation process includes a new qualitative component. This is designed to provide opportunities for broad participation amongst the stakeholders to surface aspects that are deemed important by local people themselves. Particular emphasis is placed on perspectives from community leaders and women's groups and triangulates evidence to filter out political realities of participant responses. In addition, opportunities were taken to build the capacity of local health service staff as they arose during this evaluation. This was taken up by the relevant health service upon request and only if it was deemed to add value to the running of the health service.

Evaluation Questions

The key evaluation questions designed to guide the evaluation team were as follows:

1. To what degree have the service recommendations in the revised 2007 operational plan been implemented?

2. Are the recommendations still valid and what additional recommendations are suggested for inclusion? How are these changes expected to provide benefit to the overall goals of the health service community?

3. What structural or process changes are necessary to help facilitate implementation of the recommendations?

4. What are some notable outcomes and impacts arising from the implementation or otherwise of the previous recommendations?

Answers to these questions are imbedded within various sections of this present evaluation report.

Methodology

Conceptual Framework

The evaluation approach was intentionally designed to be collaborative, constituting an intercultural learning space between evaluation team members, which informed the evaluation strategies employed and built the capacity of those involved. The IWCK model[3] served as a guiding framework based on its three broad goals: (1) all development initiatives should strive for sustainable projects; (2) all development projects should strive to benefit all; and (3) all development projects should strive to have the broadest possible knowledge base.

[3] The IWCK model 'is jointly published by the International Labour Organization (ILO), the World Bank (WB), Canadian International Development Agency (CIDA), and KIVU Nature, Inc (Sillitoe, Bicker & Pottier 2010).

Embedded within the design was the opening up of space for multiple points of view which would added rigor to the evaluation process, and harness a collective wisdom which would open the possibility of a negotiated partnership of knowledge that was sensitive to the PNG context. The merits of the present evaluation have benefits that extend beyond the reporting outcomes. The opportunity to work collaboratively with local PNG nationals in an evaluation process has provided the chance for all to be involved, extend in knowledge concerning research evaluation methods and build social capital amongst the three health service arms. Furthermore, during the review, two management team members from another Baptist hospital joined in the review as a capacity building exercise. In one of these joint meetings, one of these participants stated: *"We are not as strong as this management".* Their inclusion demonstrated the practical benefits that the review process could provide for the local people involved, where insights into what is working within a similar context had a generative effect and desire for those participants to bring change back to their own health service. Individual participant group sessions at each health service provided the opportunity for participants to freely express their concerns:

> *"We are isolated and our problems and worries are locked inside here!"* (Staff Member)
>
> *"We never shared our hearts before, we stayed in our caves. It's a special honour for us"* (Women's Representative)

Initial orientation meetings with staff and hospital Management Teams were conducted at the commencement of each evaluation in order to put to rest any fears that local community members may have

had and to provide the opportunity for clarification on issues that needed resolution.

Hospital Staff in an Orientation Meeting

Opportunities were also taken by the evaluation team to repair equipment and engage in capacity building of hospital management teams and staff. Evaluation team members provided reports of equipment, critical water supply, in-service clinical training and on the job training events (i.e. health information management, organising drugs in dispensary and ordering from Area Medical Stores) that served as a great encouragement for the health service communities involved during the evaluation.

Review Team Members Construct an Unused X-Ray Machine in a Box

In-service Training for Clinical Staff

Building Capacity of Finance Staff

In terms of the presentation of findings and write up of this present evaluation, the approach seeks to build on the advances made by the Baptist Health Service Office by encouraging the clear delineation of strategic and operational functions. Current development approaches to governing arrangements in the administrative sciences suggests that conceptions of governance should extend beyond the hospital boardroom to include other interested and interconnected actors who influence the decision making process within the system. The present evaluation has therefore been extended to include recommendations incorporating the Baptist National Health Service Office with reference to the BUPNG Institutional Strengthening Strategy (ISS).

Western Highlands Baptist Union District Office Constructed as Part of the BUPNG ISS.

The operational plan developed in 2005 included strategic, operational and descriptive concepts that did not allow for the separation of strategic and operational activities. By separating the two functions in this follow-up evaluation, governing arrangements can become clearer to allow for more effective oversight through reporting on progress between the Health Office and hospital management teams. Such delineation assists the Baptist National Health Office to remain strategically focused.

The new operational plans developed out of this review (See Appendix 7 to 10) constitute a migration away from tasks (which do not adequately build local capacity in critical thinking) towards a matter of process that is flexible enough for meeting the future needs of not only the three hospitals but also the Health Centres, Aid Posts, Community Health Worker school and Village Health Volunteer (VHV) centres. An emphasis on process recognises organic views of change, which takes place slowly and on a number of dimensions involving the active, genuine and informed participation of multiple actors. The emphasis on 'process' moves one beyond a western preoccupation with outcomes to incorporate an open systems perspective; a perspective which reinforces the most important principles of community development. A process view draws attention to holistic, informal, dynamic and interactive processes, recognising the cultural and political side of development and encompassing notions such as; capacity building, participation and empowerment, endogenous and exogenous change processes, principles, leadership and values, and collaboration.

The separation of strategic and operational aspects of the plan creates a level of accountability that brings clarity to roles and responsibilities and which is easier for officers both at the head office level and on the ground to action and report on. Consequently, the final recommendations of this present evaluation are presented in the form of a 5-year strategic plan for BHS as well as 5-year operational plans for the three health service arms, which can be adopted for use within health centres and aid posts as need arises.

Evaluation Team Developing the Strategic plan.

The linkage is drawn between the strategies and activities in the new operational plans to connect into an achievable monitoring and evaluation process. The plans are linked to a vision for the three health services that provide broad direction for stakeholders and give meaning to the new plans.

It is envisaged that, supported by the necessary training, review of progress in achievement of strategic priorities would be coordinated through at least bi-annual progress reports from hospital management teams through health field officers to the Baptist Health Service Office and an annual follow up by the Baptist Health Service Office to confirm reported progress prior to presentation at the National Health Board. The process is envisaged to elevate the officers of the Baptist Health Service Office and Baptist National Health Board to a higher level of strategic oversight which is underpinned by tighter planning cycles. At the end of the five-year term, a more formalised evaluation would provide the opportunity to more formally evaluate progress and prepare a new and actionable plan for the following years.

Evaluation Strategies

The evaluation took place over three weeks by a team of overseas and local experts. It incorporated an array of strategies of inquiry and methods of data collection that were determined would best meet the objectives of the evaluation within a complex setting. The predominant measures to capture data included: documentary evidence, focus group meetings, informal relational conversations, and direct observation.

A participant stakeholder list prepared prior to the evaluation guided the selection of participants.

Ethics

The approach minimised risk by ensuring relevant orientation meetings were conducted and that the ethical treatment of participants and children was observed.

Executive Summary of the Present Evaluation

This executive summary is presented as a snapshot of each health service at the time of the present evaluation. The summaries that follow for each of the health services represent a condensed version of the findings and recommendations of this present evaluation. The executive summary begins with the Baptist National Health Office followed by the three individual health services and the CHW School.

When reviewing the results, one should take into consideration the fact that each hospital is at a different stage of development. The activities in each of the operational plans reflect a pathway for continual improvement in each health service and measured results should not be used solely for comparative purposes between these health services. Improvements and recommendations are made concerning process rather than personalities filling positions. If an incumbent to a position is considered unsuitable for advancing the necessary process changes, decisions to consider alternative officers may need to be made in the go-forward strategy.

The Baptist National Health Office

It is clear that the creation of the BUPNG National Health Office has been a key bulwark for all Baptist health services. The assistance and intervention of the national office is valued and appreciated, and has on several occasions been essential in helping the local health service management teams. Its presence has not always been felt on the ground (i.e. MBHS) but this is turning around as regular health service visitations are becoming more frequent.

The need to continue building the National Health Office and National Health Board will be important in developing the overall framework for BHS in the go forward. It will also have several practical implications for the oversight of the CHW Training School (CHWTS) and help to create a sense of structure and authority within BUPNG health. This will be important in the evolution of the services in the years to come. Moving the office towards a more clearly defined role in terms of its strategic oversight function, supported by a strong capacity building framework and toolkit for implementation, should assist in furthering the aims of the BHS main central office. In concert with the recent BUPNG organisational restructure, the impact that the water and sanitation has on the ability of the health office to meet deliverables requires serious and immediate consideration.

The contribution the office can make to the successful running of its three health service arms cannot be underestimated. It is clear that there needs to be a building of the general national BUPNG health entity, with the development of a strong policy environment, and a more collegial approach to the training of boards and management teams, supported by annual gatherings for this purpose and meetings of the National Health Board. Ongoing leadership and management training programs for each of its health service management teams and boards is a priority. Access to funding for the development of policies is also crucial to guide health service activity.

Western Highlands Baptist Health Services (WHBS) and CHW School

The operational plan scoring for Tinsley Hospital reveals that the strategic areas of governance and management, financial services, infrastructure and plant, and security and land had progressed to varying degrees during the period 2007-2013 (See Appendix 2). In total however, the adjusted overall status achievement calculation in 2013 remains unchanged compared to the 2007 total of 36%. This result is largely due to a drop in the status calculation of clinical services, which experienced a decline from 37% completion to 26%. The standout was financial services, with a status calculation increasing from 48% completion to 59%.

The governance and management of WHBS has experienced significant challenges in the period 2005-2013. In particular, the eruption of major tribal fighting in the Baiyer Valley in 2005, and in the Lumusa region in 2009-2010 led to a significant disruption of services at Baiyer and the total destruction of all services at Lumusa. Although the WHBS board has been meeting regularly of late, management has continued to experience difficulties in uniting as a team in the last five years. The traditional role hierarchies, and in particular, a traditional role of Medical Superintendent (MS) as the effective Chief Executive Officer (CEO) of the organisation has created potential for turbulence in the organisation.

The Management Team structure in relatively new and has clearly yet to fully take root in the consciousness of the organisation of the community. There is an ongoing need to train the management and the board in order to help them understand and carry out their roles both individually and as departmental heads. More importantly, they need to unite as a single authoritative and trusted entity. This is a key to ensuring the organisation stabilises and grows. Further, there is a real gap at present between the management and staff. Steps can be taken to immediately improve the situation by holding regular staff meetings, providing training, and building trust by outlining roles and responsibilities in contracts and job descriptions which have not been provided for many years.

Poor management capacity has also restricted the health service ability to meet its clinical needs adequately. Basic equipment, instrument and materials are not available in most of the ward sections. Clinical policies were also not observed during the present evaluation. Despite some of these weaknesses, WHBS has demonstrated strength in staff in-servicing and in some specialty training (Emergency medicine, midwifery and medical laboratory training). This is expected to grow over the next five years.

There have been positive developments in the finance area concerning MYOB accounting; maintenance of MYOB cashbooks for all bank accounts; Internet banking providing access to daily balances, enables prompt attention to any bank statement queries and timely bank reconciliations; and detailed financial reporting to the Management Team and WHBU Health Board. The current financial reporting provides both the Management Team and Board with year to date actual expenditures, comparison to year to date budgets and the full year budgets, and details fixed assets expenditures. The necessary and effective control over all funds received has been maintained.

Infrastructure development has been approached in an ad-hoc fashion but with some advances made in solarisation, improved power output, access to new vehicles, improved water supply, Internet services and development of a new master plan. New building projects are generally the result of non-hospital initiative. Maintenance of existing hospital facilities have been largely neglected by the Management Team for many years. Failure to ensure safety, compliance, maintenance to basic standards and adequate and appropriate resourcing mean that the staff are compromised in their ability to provide the best possible care at Tinsley Hospital. Cleaning is carried out but is superficial, and the use of new lab equipment is beyond local capacity to use independently at this time.

Since the follow-up review in 2007 of the CHW School, there have been positive developments in terms of the MYOB accounting, including maintaining MYOB cashbooks for the CHWTS bank account, timely bank reconciliations and detailed financial reporting to the Management Team and WHBU Health Board. The current financial reporting provides both the Management Team and Board with year-to-date actual expenditures, comparison to year-to-date budgets and the full-year budgets, and details fixed assets expenditures. The necessary and effective control over all funds received has been maintained.

Recommendations to address weaknesses in the accounting function for Tinsley Hospital are relevant to CHWTS because the TEDH Finance Officer's responsibilities and duties include CHWTS accounting and reporting functions. Some of the key weaknesses encountered are insufficient attention to detail and accuracy in the annual budget process and inadequate operations planning, especially for facilities maintenance and infrastructure development. This results in unrealistic budgets being approved.

Although the CHW School has benefitted from increased funding and infrastructure development at the moment, it could do well to have a better administrative capacity, and a more responsive management structure, with increased oversight at a national level.

Enga Baptist Health Services (EBHS)

Kompiam Hospital, although a fledgling health service has emerged as a team-led, progressive, sustainable, training oriented and rural focused provider of health services. Kompiam Hospital is well on its way to achieving excellent

results in the areas of its governing arrangements, infrastructure development, financial reporting and training programs.

The operational plan scoring for Kompiam Hospital reveals that since the 2007 scores, there has been significant and broad improvement across all areas including governance and management, financial services, infrastructure and plant, land and security, as well as clinical and community services (See Appendix 3). The total score increased from 39% in 2007 to 57% in large due to significant improvements in governance and management (from 39% to 46%), financial services (from 51% to 71%), infrastructure and plant (from 39% to 56%), security and land (from 78% to 89%), and clinical and community services (from 24% to 40%).

These outcomes are the result of an effective and very practical oriented management team, visionary leadership, a master planning process and effective management structures that allow efficient progress to be made without getting distracted by unnecessary protocols. The governing arrangements of EBHS include institutional arrangements that are centred on a strong, vibrant, unified, skilled and spiritually committed hospital management team that are seen to work in making decisions as a group.

This notion of team is seen as an important critical enabler towards achieving good governance and sustainability. This unity however does not appear to be translated in a formal and locally owned collective future vision for the health service. Whilst many governance and management protocols are being observed, there are some inconsistencies between constitutional rules and what actually takes place in practice, opening the institution up to potential areas of risk. In the strong drive forward, the meeting of compliance obligations must be attended to. Moving into the future, EBHSs would also do well to take care to retain balance of focus and impact as it continues to progress towards its infrastructure development goals in the short to midterm. Key areas to be mindful of are a team-led vision with community buy in, concern for patient and staff welfare, and attention to issues of workplace safety.

Kompiam has consolidated the progress in financial services with improvements in budgeting and job cost reporting to management. The necessary and effective control over all funds received has been maintained. Ongoing training, especially to up-skill the finance team in using the MYOB software should ensure that appropriate levels of financial services are maintained and further enhanced.

The absence of a Director of Nursing Services (DNS) is being felt across the health service. The load is being carried by the Officer in Charge (OIC) in each section with sections remaining functional under the administration of the Medical Superintendent (MS). EBHS would do well to appoint a new DNS to take on the nursing administrative duties as soon as possible. We believe that this matter is currently being addressed. Despite not having a DNS, EBHS has progressed well in the provision of clinical services and with the community.

All ward sections are well equipped with required equipment, instruments and materials and there is an effective staff in-service programme conducted regularly by the medical doctors. To assist with staff recruitment and retention, the hospital management should seriously consider post-basic courses and/or short-term on-the-job training outside of the Kompiam hospital and/or formal accreditation of its current in-service training program with BUPNG's National Training Scheme.

Min Baptist Health Services (MBHS)

The operational plan scoring for Telefomin Hospital reveals that the strategic areas of financial services (from 52% to 54%) and clinical and community services (from 28% to 40%) had progressed during the period 2007-2013 (See Appendix 4). However, the areas of governance and management (from 59% to 41%) and particularly infrastructure and plant (a halving of 27% to 13%) experienced sizeable decline. Consequently, the overall score for Telefomin Hospital has regressed from 34% to 27% completion, highlighting a greater exposure to institutional risk and the need for imminent attention.

Whilst there have been developments in some areas, the need for imminent collective action should be noted as part of an immediate go forward plan for MBHS. Of most significance since 2005 has been the stabilisation of the MBHS financial position from one of near insolvency to a point that now a reasonable size cash flow has been accrued and available for much needed development. However, maintaining the strong cash position can also be attributed to the failure to secure key personnel for the hospital and implement an effective property maintenance and refurbishment program.

Some of the aforementioned positive changes stand in contrast to the few real achievements in infrastructure or maintenance. The BUPNG National Health Office must proactively work to redevelop the confidence and capacity of the Management Team and Board as together they repair and replace the aging and deteriorating infrastructure. The Management Team should consider measures such as improved housing to attract a workforce from outside of Telefomin to provide accessible and affordable services.

We understand that new building construction is about to commence and doctors from the Masters in Rural Health Program will be including Telefomin as part of their area of impact. Despite the absence of an experienced doctor, Telefomin hospital has progressed in the areas of clinical and community services. Since the 2005 review, scoring in clinical services has advanced. Despite having a shortage in nursing officers, senior CHWs have been assigned as OICs of their respective sections, ensuring functionality under the administration of the DNS. Having said this, all ward sections require basic equipment, instruments and materials to carry out basic tasks. Staff in-service training has not been conducted and therefore MBHS is encouraged to start participating in an in-service training program for the sustainability of the health service. Consideration should be given by the hospital Management Team to further plan and consider available Post Basic courses and on the job training outside of Telefomin hospital to build the capacity of officers to deliver effective services to the people they serve.

There is considerable misinformation on the ground about where the “power” lies to make decisions. Indeed, there seems to be a general understanding that the Hagen BUPNG Health Office has “all the power” and MBHS local management is still seen as being a somewhat impotent entity. It is evident that there is therefore a great need for further increase in capacity at the Hagen Office to assist MBHS with training and on the ground support for the board and management to help them begin to make and implement vital decisions. It is important that BUPNG does not act unilaterally to make decisions for MBHS as this only reinforces the local perceptions that BUPNG has taken over. Wherever possible, decisions should be made in consultation and announced in a similar vein.

The need to engage the PNG Government continues to be a pressing one. Increased funding is now available through government sources and the failure of MBHS and BUPNG to enact significant development at MBHS over the years, threatens to see government entities act unilaterally to accomplish this. It is therefore vital that wherever possible, communication be made to inform and include government at agency, provincial and district levels in planning which in the end still need to be run and maintained by the church.

The Baptist National Health Office

Since the follow-up review in 2007, the Baptist Health Service Office has continued to support the operations of its three health services. Primarily, support provided has been of a financial, and funding, reporting, infrastructure, logistical nature as well as taking up a role in dispute resolution. Other activities include a large water and sanitation component which, due to its large draw on resources from the health office, has been the subject of a more recent organisational leading to the planned separation of those activities from that of the National Health Office.

A female Project Officer, who has extensive medical experience in rural nursing, has strengthened staffing of the office over the last two years. However, many of the activities undertaken by the national office, whilst valuable up unto this point, appear to be still quite operational in nature. It is the view of the Review Team that the focus of the Baptist National Health Office should shift to that of providing strategic oversight if the health services are to continue to operate at any sustainable level.

BUPNG Manager of Health Services

Up until now, since the Baptist National Health Board and National Health Office were established, they have not engaged in any targeted strategic activities across the health services to direct, effect or monitor the implementation of previous operational plan recommendations. During our evaluation, we found much of this is due to minimal understanding of the office role and a lack of clarity in job descriptions of health office staff; the absence of a clear terms of reference for the Baptist National Health Board; and poor access to the operational plans for management teams and medical boards.

Consequently, operational plans developed in the previous reviews have not been overseen or implemented in an intentional way at a local level. However, some of the recommendations existed prior to formalising operational plans and therefore were achieved in any case to varying degrees (I.e. EBHS). Other advances made since 2007 have also arisen from circumstances or addressed as various needs or gaps developed during the natural course of business.

Amongst the health services, there is some confusion over the processes for policy approval. In practice, there is no formal process for policy approval. Therefore, policy development loses its dynamic nature and rather becomes the subject of review during evaluations. Consequently, formal health service policies have not been developed and

communicated since the 2007 follow-up review. During our evaluation, however, we noted use of the 'blue book', which is a staffing handbook that serves as a guide to staff employed in BHS. The frequent reference made to the book suggests that it is working as a policy strategy and deserves further consideration across other domains. Moving forward, we suggest developing and rolling out a whole suite of books (policies) that can guide the different areas of hospital operations [Refer Appendix 20].

Further, it is paramount that the Baptist Health Service Office should be provided the capacity and tools to assist the three health services in being constantly aware of and achieving their operational mandates. There is strong evidence to suggest that decentralisation of services requires strong forms of communication and coordination to achieve the intended ends. BHS would do well to:

1) Build the required levels of coordination and communication by maintaining very close proximity with the local health services through frequent visitations; providing stronger and more targeted strategic oversight as it rolls out the ISS.

2) Establish a clearly defined self-guiding operational and reporting framework.

3) Strengthen its institutions through a strong policy environment; and an emphasis on building the capacity of local health service boards and management teams.

It is envisaged that this present evaluation will go some way to providing recommendations and tools that may assist BHS to achieve these objectives.

"That office must have some kind of ingredients in there…now they are starting from scraps…their work must be strengthened" (EBHU Board member)

As an extension of some of the above points, the Baptist Health Service "calendar" should be now shaped in such a way as to quarantine time in November of each year where several important matters can be discussed. Some of these include, among other things, the following:

1) Review of academic performance of CHWTS students.

2) Review of disciplinary issues of CHWTS students.

3) Selection of CHWTS students for the following year.

4) Review of the financial performance of the three health services.

5) Review of any major issues affecting provision of smooth services at the health services.

6) Review of modification of the BHS handbook and policies.

7) Annual training for Board members including review of procedures manual and constitution.

8) Annual training for Management Teams.

Western Highlands Baptist Health Services

Introduction

The Western Highlands Baptist Health Service (WHBS) has been in operation since 1950. It is located in the Baiyer Lumusa sub-districts area of the Western Highlands Province serving a population of 50,000-60,000 people. The centres under the management of WHBHS and their status include:

Facility	Status
Tinsley District Hospital	Open
Lumusa Health Centre	Closed
Kyaimanda Health Centre	Closed
Pinyapaisa Base Aid Post	Closed
Mamusi Aid Post	Open

Aerial view of Tinsley District Hospital

Total staff strength of WHBHS totals 62 funded positions comprising 46 nursing positions, 2 doctors' positions and 12 other general positions. Activities carried out by the service includes outpatient treatments, inpatients, Maternal & Child Health Clinics, Village Health Volunteer support and training, dental clinics, blood tests, X-rays and deliveries, Mamusi and Ruti quarterly visits, road and air ambulance services. Mamusi is the only health centre that remains open and all others health centres are currently closed.

Tinsley District Hospital

Tinsley District Hospital (TIDH) has a Management Team comprising a Board Chairperson, Financial Representative, Director of Nursing Services (DNS), CHW School Principal, Casual Supervisor and the MS. The board of the service meets quarterly each year, however, there are reported inconsistencies in the weekly/monthly management meetings. Historically, management has tended to be characterised by a lack of unity, infighting amongst team members and poor understanding of approved procedures. Staff have tended to take sides with attempts made to discredit one another. The community at large and the appointment of the top management personnel, such as doctors and matrons, have influenced hiring and firing of ancillary staff, making it quite unstable.

In less than six years, the WHBS has experienced significant staff turnover at the management level. DNS movements in 2006 and 2007 were due to reasons ranging from accusations of gross mismanagement; mismanagement, damage and theft of hospital property. During 2008, the DNS was terminated due to a serious breach of conduct resulting in the resignation of 32 staff, supported by members of the community who were in support of the DNS, calling

for an immediate reinstatement. The Health Service Board stood by its decision despite a call for reinstatement by the Churches Medical Council (CMC). Subsequently, police force was used to vacate resigning staff followed by a court challenge with a decision being granted in favour of WHBS.

The hospital has experienced challenges concerning the recruitment and retention of doctors. Since 2004, six doctors (both expatriate and national) have moved through the hospital. Reasons for resignations vary from removal for disciplinary reasons, seeking of further training, taking up of government postings, and takeover efforts. Expatriate doctors have generally not been willing to participate in the management aspects of the hospital, but have rather been primarily interested in carrying out routine duties.

Tinsley District Hospital ward room

The follow up review in 2007 pointed to progress concerning the updating of accounts and the need for further capacity building for accounts staff in the area of finance. These advancements were made despite the relocation of accounts staff to Mt Hagen for reasons of safety, however management meetings were disadvantaged as a result of this separation. The need for regular and ordered management meetings at the hospital was highlighted as an area of considerable concern and it was noted that this caused problems for the running of the CHW School. Key infrastructure areas in the lead up to the review showed no signs of progress in water and sewerage.

The community members have indicated that they want to see change, however this will require a big *team* effort on behalf of all stakeholders including the community in making this possible.

> *"Will a change be made or will we keep living like this?"* (Women's Rep, WHBU)

Governance, Management & Training

Since the first major review in 2005 and the subsequent mini review in 2007, WHBHS had been through some fairly tumultuous events, including major tribal fights both in the Baiyer and at Lumusa (the latter of which totally destroyed the Health Centre and has seen all services in the area closed). There has also been the coming and going of several different doctors and a great deal of turmoil surrounding these departures in each case. Thus the "status" of the achievements or failures as highlighted by a raw "score" in the operational plan is very much a fluid, rather than a fixed picture. Much has taken place and this needs to be taken into consideration when discussing the situation. Nevertheless there are some major themes that arise.

The coming of some very forceful personalities into the role of MS saw a commensurate huge decrease in the effectiveness of the management as a team, and management is really only just starting the process of recovery from this.

"Management is the only problem area…they don't want to work together as a team. Somebody wants to pull the string"

(Baptist Health Service Office)

The relocation of the Finance Officer from TIDH to Hagen, because of safety concerns, has also had a very negative impact on the unity of management. However, it should be said that his presence in Hagen has allowed him access to good supervision, advice and training on the management of the finances. It may also be fair to say that his relocation is as much a sign of, and result of the disunity of management, as much as it is adding to the problem.

Nevertheless, the overall point is that functioning of team is suffering, with meetings happening sporadically throughout 2013. Where decisions are made, there is a lack of group ownership.

"The Board are supposed to protect the people on the ground. The Management Team are not united and blame each other for decisions" (Women's Rep, WHBHS)

Consequently, the community leaders and women representatives perceive the board and management as disinterested group of people whose members do not have equal voice, who inadequately give voice to the needs of the community and who lack control over the hospital workforce.

The Board does not care about us…the Board does not do any work" (Women's Rep, WHBU)

"The problem is inside men, not outside people. The community has no power to do anything as it's controlled by workmen…Australia follows rules, here they don't, they follow all kinds of roads" (Leader WHBU)

Cases were also reported of the often lack of confidentiality arising immediately after meetings being held, drawing community members into some operational or sensitive aspects of the health service.

"Some seconds or minutes, it's out the door. The community have a tug of war with the management" (Women's Rep, WHBU)

It must be said though that the Board itself has been meeting regularly throughout the past two years and this is a credit to both the Chairman and the oversight of the Baptist National Health Office. Indeed the input of the National Health Office is clearly one of the major reforms that came out of the original 2005 review and the impact of that change can clearly be seen at Tinsley. The problems and difficulties that have beset WHBHS, as outlined in the introduction, would have been immeasurably more damaging to the institution as a whole had it not been for the intervention and assistance of the National Health Office on several occasions.

Many of the key themes from the 2005 review are still quite relevant. In particular the need for regular and united management team meetings, as outlined above, is likely the most pressing need at WHBHS. The issue of staff contracts and clear duty statements is still outstanding and is contributing to the general

distance that is obvious between staff and management.

> *"One important thing I see in this place is that we are not self-disciplined. We do not know our duty statements; mechanics become carpenters and carpenters become mechanics, from management all the way down to the bottom. If we stick to our duty statements we will progress I think"* (Staff member, WHBU)

Concerning the CHWTS, whether the school should create its own management is something new for consideration. Although there have not been major complaints during this current review about the current system, it is clear that the current dysfunction of the WHBHS Management, although there are some signs of improvement, will certainly lead to difficulties for CHWTS administration if not addressed. It is probable that the absence of the Principal for training during 2013 has decreased the voice of CHWTS on management and thus a proper assessment as to the real effectiveness of the current arrangements is difficult to make. We think it likely that a more responsive management for the school would be created if the Principal and tutors could meet weekly in their own Management Team, with representation from WHBHS Management.

Moving forward, WHBS and CHWTS is recommended to engage in the following strategies:

1) Build board and management capacity and effectiveness. This can be achieved through having regular meetings with actionable items; having a properly constituted constitution and procedures manual; ongoing management and leadership training and an investment into equipment for WHBU office functionality.

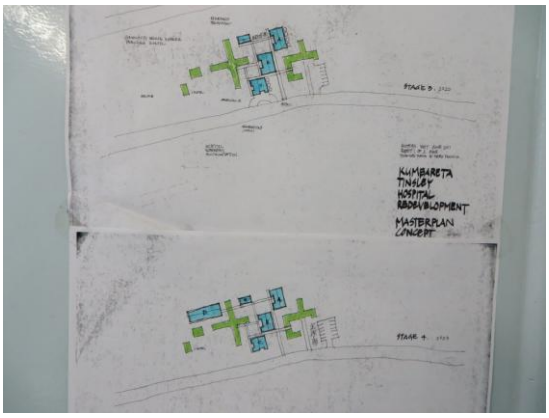
2) Build up the staff by conducting regular staff meetings and in-service training; development of annual contracts and job descriptions supported by the BHS Handbook; and carry out relevant induction and orientation.

3) Build up Health Centres and Aid Posts. This can be achieved by appointing a member of management with specific oversight of Health Centres; Health Centre Boards to be properly constituted with relevant financial management training and accountability.

Infrastructure and Plant, Land & Security

Some of the key developments for WHBS in infrastructure and plant, land and security since the 2007 follow-up review include the following: 1) solar installation to main ward to minimise diesel consumption; 2) installation of V-sat system in an effort to improve the communication; 3) Mamusi H/C connected with HF-Radio email system to communicate efficiently; 4) minor maintenance to facilities; 5) Improved sewage system; 6) Master Plan drawn for the redevelopment of the hospital and two buildings constructed in line with the master plan; 7) Improved electricity output by replacing the old 70KVA generator set with a new 80KVA one; 8) Improved transport system by purchasing two new ten seaters; 9) New 26 foot boat bought and serving Mamusi, Ruti making it easier for river crossing; 10) Renewed

Tinsley Hospital Land – Portion 3 for another 99 years and fencing mess wires purchased and waiting installation to improve hospital security.



Tinsley District Hospital Master plan

Additionally of important note, there has been an improved water supply system that pumps water from a nearby creek complemented by an ongoing water tank replacement project where aging galvanised iron water tanks are being replaced by durable 'Tuffa Tanks'. This project is approximately half complete and a further 20 tanks have yet to be installed in the staff housing areas.

Tinsley District Hospital water supply

With the exception of the water supply, the 05/07 operational plans, however, have not been strategically implemented at any level and several members of the Management Team had never seen it. Those who have had access to the plan had no unified plan for prioritisation and action. This led to a business-as-normal approach to infrastructure and plant from 2007 to 2013 which did little to address the wide range of maintenance problems leading to the continued degradation of the physical structures and systems of TIDH.

Sanitation at Tinsley District Hospital

There is very limited maintenance capacity in terms of workshops and sheds, power tools, hand tools and building supplies. The personnel who are tasked with maintenance lack basic resources, training and supervision.

Failure to fill key positions [plumber, mechanic, electrician, dentist, dispensary officer, x-ray technician, etc.] has led unqualified staff to attempt to fill these roles. Without adequate knowledge and skills to correct the problems, some outcomes are simply unsatisfactory. These include: toilets that are blocked, taps that leak, sinks that do not drain, lawnmowers and pumps that do not work, dental facilities that are unused and non-compliant electrical connections proliferate.

Plumbing with no Drainage

Unsafe Power Usage

The limited attention over many years to attend to the most rudimentary maintenance in the staff housing areas appears to have an association with the low morale in the staff and problems with staff retention and recruitment. Staff are dissatisfied with the provided accommodation and management's attention to these issues.

"If you look at this house, you will think it belongs to a pig…I go and tell him about rain coming in my house and he says "sleep with an umbrella…you guys need to consider staff welfare, our houses are very poor" (Staff member, WHBU)

With real improvement to these critical staff housing maintenance needs, staff recruitment and retention could be addressed.

"If we have good houses, anyone would like to come and be here with us" (Women's Rep WHBU)

Moving forward, WHBS is recommended to engage in the following strategies:

1) Establish achievable and appropriate plans and standards. This can be achieved through a review of master plans; development of minimum standards for housing and hospital infrastructure [See Appendix 12]; and collaborate with relevant authorities for the development and implementation of plans

2) Develop program strategies, acquire resources (capacity and materials) and maintain the standards. This can be achieved by setting and communicating development priorities [See Appendix 13]; building human capital to implement priorities; and developing and communicating the process for implementation.

3) Improve implementation and monitoring. This can be achieved through the provision of ongoing training in the implementation of these recommendations; monitoring progress against established priorities; and appropriate communication of progress against achievement.

Finance & Administration

Since the follow-up review in 2007, there have been positive developments in terms of the MYOB accounting, including maintaining MYOB cashbooks for the CHWTS bank account, timely bank reconciliations and detailed financial reporting to the Management Team and WHBU Health Board.

For the most part, in the minds of the community there is the perception that the financial management is in order.

> *"Every year, every month, every day the generator is on so I say the finances are alright""* (Leader, WHBU)

Some of the key weaknesses include: insufficient detail and accuracy in the annual budget process and inadequate operations planning (especially for facilities maintenance and infrastructure development), resulting in unrealistic budgets being approved.

The need to increase the administrative capacity in the offices, (both of the hospital and the CHWTS) by investment in solar power and better computing and printing, is still a major need that could be easily addressed. Communications have been improved by installation of VSAT, although this has not been functioning in the last few months. This has a major impact on payroll processing, and other accounting functions that need access to emailed statements and other Internet based functions.

Moving forward, WHBS is recommended to engage in the following strategies:

1) Establish and implement effective Operational Plans and Financial Budgets to ensure financial resources are applied to meet strategic priorities and appropriate operational plans are in place to achieve this. This can be achieved by developing Operations Plans and ensuring the annual budget process incorporates these plans and strengthening the capacity within the finance team. The designated Finance Officer must be equipped with necessary accounting skills to ensure that the financial reporting is compliant with generally accepted accounting principles and PNG Certified Practicing Accounting (CPA) standards. Management accounting reports must also comply through the introduction of job cost centre reporting and planned budget processes. These would aim to develop more realistic and meaningful annual financial forecasts. Adding a suitably qualified, competent sub-ordinate accounts clerk would strengthen the finance team.

2) Establish and implement an effective financial and management accounting function to ensure there is an appropriate stewardship of financial resource; that statutory reporting requirements are met; and management reporting requirements are met. This could be achieved by developing and maintaining written financial policies and procedures covering both the financial and management accounting functions; and improved discipline over data management and security, by ensuring strict compliance to accounting data back policies.

Clinical & Community

WHBU has suffered over the years without the ongoing presence of a doctor to provide stability to the Management Team and boost the morale of staff.

Attending Medical staff at Tinsley District Hospital

Poor morale of staff has had a negative effect on staff performance. However, it must be said that during our evaluation, we were able to witness the high level of professionalism between staff members who were able to mobilise themselves and work together to address a significant emergency in the form of a child with an axe wound. The matter was resolved within a very short space of time, leaving an impression on those witnessing the event.

Medical staff at Tinsley District Hospital Attending to an Emergency

> *"One doctor must come from time to time. One at the hospital and one at the school of nursing"* (Women's Rep, WHBU)

For some time, the hospital has not been able to fill the radiography position and to date this position remains unfilled. Whilst the position was available, the hospital has lacked available space from which the x-ray section could adequately function. Out of recognition of the need (resulting from the high costs involved in patient referrals to Hagen hospital for an x-ray), and with the support of EBHS, the hospital's Management Team was able to secure an x-ray machine. During initial planning for implementation, the hospital physiotherapist was trained on the use of the machine. A suitable space was allocated, however the machine was not operational. Technical staff of the evaluation team rectified this during the evaluation and we can confirm that the machine is now operational.

Radiography at Tinsley District Hospital

In the last two years the physiotherapist has established the Rehabilitation and Disability Clinic. The clinic currently has 69 disabled patients (63 crutches and 6 wheel chairs). There are also a total of 9 patients with 'talipes' (club foot) of which

six patients have responded to operations and another three are yet to respond. In the midst of these results, resources (i.e. wheelchairs and crutches) remain scarce.

With the assistance of the BUPNG HIV/AIDS department, the health service has established a HIV/Aids clinic with a permanent officer on the ground. During this time, malarial slides and HIV sera have been sent to the Mt Hagen laboratory for diagnosis and the prescribing of treatment. The referral caused inconvenience for the patients waiting long periods of time to be treated. The Field Coordinator for the HIV/Aids Clinic of the health service has since undergone required training to obtain qualifications to carry out confirmatory testing and the prescribing of drugs.

Consequently, since 2009, the clinic has accreditation to carry out confirmatory testing with prescription of the Anti-Retro Treatment (ART).

Moving forward, WHBS is recommended to engage in the following strategies:

1. Establish workable and achievable clinical policies. This can be achieved by ensuring that all sections have the relevant clinical policies identified, developed, communicated and implemented.
2. Enhance staff capacity to perform their tasks. This can be achieved by ensuring all sections are fully equipped with the basic equipment and instruments for normal functioning; developing overall training needs of the staff for the next five years in especially areas such as Obstetrics, Paediatrics, Theatre, Emergency medicine, Pathology, Pharmacy, Dental and X-ray. Furthermore continue the staff in-service training and performance appraisals on a regular basis.

Enga Baptist Health Services

Introduction

Kompiam Ambum District is located in the Enga Province and is divided into three Local Level Governments namely; Ambum, Yangis and Kompiam.

Aerial view of Kompiam Station

The total population of the district is approximately 60,000 including men, women and children who benefit directly from health services provided by three partners. Provincial Health look after most small Aid Posts in the district.

Nearly all are closed due to lack of staffing and coordination from the authority. EBHS provides health care to most of the Kompiam District in the two Local Level Government (LLG) areas: Kompiam and Yangis. Catholic Health Services provides health care to the people living in Ambum sub-district in the Ambum LLG area. The hospital land remains the under government control and the church does not have title over it.

EBHS manages the following facilities: Kompiam Rural Hospital; Alagula Health Centre; Lapalama Health Centre; Yangisa Health Centre; Aikos Health Centre; Marambe Health Centre; Elem Aid Post; Lutisau Aid Post; Asangamut Aid Post (East Sepik Province) (EBHS staff pulled out); Irapeno Aid Post; Yambaitok Aid Post; Mangao Aid Post (recently moved in 2013).

EBHS staff strength includes clinical and casual staff totalling 84 funded positions. There are a total of 51 clinical staff including doctors and allied health. Five of the health facilities (many accessible only by air) are not funded by the Government, however, the management shares the cost of the others to ensure there is an equal distribution of health service throughout the district.

EBHS activities include inpatient and outpatient medical change, surgical, radiology and pathology services, MCH and dental services.

The 2007 follow up review showed Kompiam to be making significant progress in the areas of financial services with improvements in payroll and reporting. Management was noted to be functioning well but infrastructure required particular attention in water supply and sanitation. Staff housing remained an ongoing problem. Some maintenance on the houses had been carried out with power connected and funds set aside for the installation of tanks. The security of the boundary had in the main been addressed. Plans were in place for a major upgrade of wards and advances in this area were expected through a new redevelopment programme for the whole hospital.

New Hospital ward at Kompiam District Hospital

Subsequent to the 2007 follow up review, staffing remained steady with a new matron appointed in 2008. The hospital experienced significant turmoil in 2011 leading to the termination of the matron and relocation of the MS for a period of 12 months for safety reasons. A new matron was appointed in 2012 but after leaving for further studies the replacement matron appointed in an acting position was terminated for disciplinary reasons. Up until this point in time, EBHS has not been able to appoint a new matron.

Kompiam Hospital is becoming a centre of excellence for rural healthcare. There is a solid foundation being built on to further enhance the current clinical and

community services being provided. The community are very happy with the services being provided.

> *"The community are very happy because of the service being given, all come. We are very very proud (Staff member, EBHS*)

However, the process of change has not occurred quickly.

> *"We are starting a new work…we are talking about lifetimes of work"* (Management team member, EBHS)

EBHS in creating momentum, supported by strong processes which will likely carry them forward into a new era 1) excellent infrastructure and housing, and strong training program, 2) experienced and trustworthy, effective and capable Management Team, 3) committed outside resourcing (volunteers, missionaries, Government support, BUPNG support, etc.), 4) strong community buy in, 5) Momentum, processes, team and capacity established to deal with ongoing maintenance and development needs.

With these assets in place, EBHS will be placed to be a true leader in Christian health care provision. EBHS may be a fledgling health service, but it is growing well under the care and nurture of a strong management team.

Governance, Management & Training

The governance of EBHS includes institutional arrangements that are centred on a strong, vibrant, unified, skilled and spiritually committed hospital Management Team. Its members are also appointed to the provincial church health service board.

When health service stakeholders are asked "who is the boss" there is a very clear understanding that it is a team and not any one individual. This approach has placed the health service in strong position where each member of the team is seen as a group of equals. Arriving at this point has taken a lot of concentrated effort over many years and a willingness of its stronger members to take the humble position.

> *"Five men manage this hospital…It's no good if we lift up the name of the doctor. We don't speak that way to the community, we only praise the name of God"* (Staff member, EBHS)

Decision-making is not the responsibility of one person but is collective in nature. Kompiam Hospital generally enjoys high quality management practice after the review in 2005 and the follow up in 2007. Regular management meetings and having a good understanding of the roles and responsibilities of the team have been a catalyst to their overall performances so far despite facing social, political issues and staffing shortages over years.

Management (appointed by the Board) meets weekly, enjoying decentralisation of powers and making decisions based on their needs. This gives them confidence to contribute meaningfully to their own development. The Management Team comprises the MS, Director of Nursing Services, the Village

Health Volunteer Coordinator, Accounts Officer, 1 staff representative and the Chairman of the Board, who is the Enga Baptist Union (EBU) Board representative. They, meet every week to discuss day-to-day operations of the Service and to review Petty Cash and Financial Reports, which are tabled and approved every month.

Medical Board membership comprises the Provincial Health Adviser, two different Local Level Government Presidents, the, MS, BUPNG Health Secretary, two women's representatives from the EBU, the District Administrator and the EBU representative. Meetings are held every quarter. Minutes are kept by the Secretary.

Where members of the Management Team are tempted to seek a decision by the MS, the onus for decision-making is placed squarely back on the full team. Each member of the Management Team is encouraged to contribute, which takes the pressure of any one individual when negative repercussions from a decision may eventuate.

> *"The management is there and functions, giving a way for decisions to be made without an individual having to make them without negative connotations…It's the team making the decisions…you are taking the emphasis off one person which is a good way to go…its not a dictatorship for sure and everyone contributes"* (Staff member, EBHS)

The unified nature of the team is a position taken that works as a good governance strategy. As stakeholders witness the unity amongst the Management Team, the work of the health service is strengthened. This enables hospital operations to function as smooth as possible. The impact of the strengthening of the team can be understood in terms of increased sustainability of hospital operations, continuity of hospital functionality, and a strengthening of each of its members to bear the stresses of operating a hospital.

Looking back at progress made in the hospital, Management Team members reflected on the enabling conditions and highlighted the teamwork amongst the Management Team as being a critical factor towards their successes and a key initial measure in sustaining the organisation's future.

> *"Either you have teamwork or you have nothing!…Looking back you have no other option, everyone needs to be pulling on the same rope…there was no choice, we had to do it this way"* (Doctor, EBHS)

However, this unity does not appear to be translated in a formal, locally-owned and collective future vision for the health service but rather is driven by a MS who has a very clear pathway and strategy for moving forward and is willing and able to endure the requisite/inevitable hardships to make the vision a reality.

> *"It would be good to have a formalised vision and plan"* (Staff member, EBHS)

Translating the vision into the hearts and minds of others will take time and requires stakeholder buy in. If staff are able to buy in to the vision they may be more willing to accept certain elements of life at Kompiam station: isolation, higher prices, less pay, pay being transferred to the building account, limited access to vehicles, longer hours, etc.

Whilst the MS's strong drive keeps everyone on task, in his absence, operations still continue, albeit at a slower pace, signalling a health service that is being prepared to draw from

capable local human resources as a strategic key step towards sustainability. For some staff however, the absence of the MS is felt.

> *"The majority of us sleep good because of the Doctor. When doctor is not here, we use a candle"* (Staff member EBHS)

Some staff feel that the essential ingredient is the "drive" to make things happen and that the management structure alone is insufficient to make things happen.

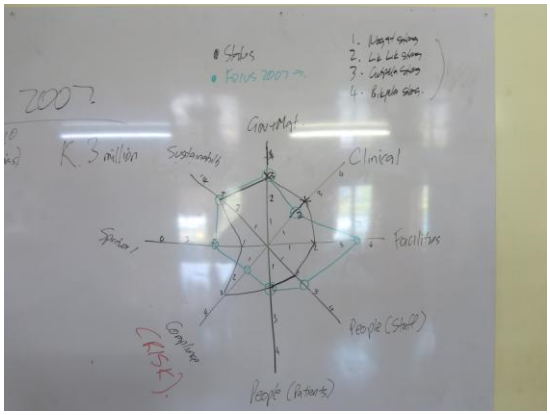
> *"The structure is there, but its about having the drive to make things happen"* (Staff member, EBHS)

The momentum forward that has been generated has seen process and procedure set to the side so that the resulting developments in infrastructure and people can take place without useless distractions and endless paperwork and meetings. In this sense, the vision is very strong, but potentially opens up the health service to various elements of risk.

Meeting minutes following decisions are kept on record and actions from the prior meeting are followed up, although outstanding actions can often fall by the wayside, as an outstanding action list is not maintained. During the evaluation, it was evident that, notwithstanding a form of meeting minuting that is not in line with Western best practice reporting, its practical orientation is effective and therefore fit for the purpose that is intended.

In general, considering the context in which the health service operates, the Management Team are functioning at a high level, and certainly the highest level of capacity out of all three health services. During the evaluation, the Management Team was encouraged to reflect on the significant achievements and impacts that had been realised since 2007.

Following the exercise, an understanding of the status and focus of the hospital in a number of key areas were realised by the Management Team. These areas were visualised using an eight-spoke "wheel of balance"[4] incorporating the following areas that had emerged during our evaluation of the health service: governance and management; clinical services; people (staff); people (patients); training; spiritual and compliance.



Wheel of Balance for EBHS

In the discussion that ensued, it was clear that management's attention has been placed on the training of staff and particularly development of hospital infrastructure.

[4] The 'wheel of balance' is a technique used to indicate the status concerning health service development, the focus of attention in more recent years, and highlight gaps.

"The skew towards facilities is a natural skew. There is a big push at the start to get the conditions right and to get the right people into the health service" (Management Team member, EBHS)

The evaluation team supports the view of management that this emphasis is typical of a younger institution, however is also of the view that all efforts must be taken to ensure that balance across other key areas are not disregarded by management as the drive forward continues.

In the drive forward, some staff feel that their concerns are not being listened to in a range of areas including high costs of store food, leave and perceived lack of feedback from the Management Team.

"When we take things to management, things bounce back" (Staff member, EBHS)

This appears to have eventuated as the MS has absorbed the additional workload resulting from the position of DNS, which has remained vacant for two years. The failure to recruit a DNS has led to a lack of voice for staff. This sentiment has been well acknowledged by the Management Team and it is our understanding that the DNS position is now in the process of being filled by an overseas expatriate for commencement in 2014.

The Health Service Board of Management is guided by a constitution. The role that the constitution and policies play in guiding effective decision making is clearly understood by the board.

"Policy guides our work, we are the watchdogs… practice cannot contradict the law" (Board member, EBHS)

As far as could be ascertained, the objects outlined in the constitution are met and annual general meetings take place each year within prescribed time frames. Office bearers are elected for a period of two years (but considered inadequate), quorums and voting procedures, and annual budget approval requirements adhered to in line with constitutional requirements.

It was noted however that a number of areas of non-compliance exist between the constitutional requirements and what occurs in practice. Some of these issues include the number of board meetings held each year (two instead of four), appointment of auditor (not occurring), and decisions for major capital purchases (exceeding K10,000)[5] and adoption of salary rates being relegated to a management function rather than seen as the powers of the board. Official signed hard copies of minutes are not kept on file, opening the health service to minimal defence against any potential legal challenge. The little attention to matters of administrative compliance has led to recommendations and in the operational plan activities in the go forward activities.

Training has become as specialty focus of EBHS, serving as a draw card for visiting medical students, national doctors and building the capacity of nursing and ancillary staff. The health service facilitates the Masters in Rural Medicine programme, which is accredited with the University of Goroka and is gaining in traction.

[5] In this report, the currency referred to is the PNG Kina and understood in terms of the symbol (K)

Such advancements in training see the health service as having an impact broader than the confines of its geographic limits. Training of local carpenters without prior experience has been a relatively new initiative in the last two years, which is proving to be beneficial for building local capacity and the local economy. These carpenters, overseen by an expatriate builder, constructed the recently built ward and their accomplishment is testament to what can be achieved with the right mix of training and support for local people.

Carpenter busy at work at Kompiam District Hospital

Nursing staff are provided with high quality in-service training. Staff are not afforded an opportunity for completion of units in formalised external training leading to a certificate as this has previously led to the loss of trained staff for the health service. Rather in-house training is being used as a strategy of retention and the quality of this training is considered by staff to be very high and exceeding that which is provided in formal training institutions.

> *"In-service is 100%, I am very happy to get in-servicing"* (Staff member EBHS)

Unfortunately, for staff who have been employed for an extended period of time, their period of tenure and associated training is not formally recognised beyond a certificate of participation.

Moving forward, EBHS is recommended to engage in the following strategies:

1. Build hospital board and management capacity and effectiveness. This can be achieved by first developing and communicating a clear vision for members of the hospital community creating community ownership and a sense of worth. Second, by building group identity and cohesion through management retreats, lifting prayer life, and staff social team building activities. Third, by reviewing progress against the "wheel of balance" to ensure the health service develops in a balanced way. This does not suggest that there will be equal effort, focus, manpower or money applied in every category but rather identify areas where shortfalls may be occurring. Last, by providing regular training for board and management in leadership and procedures relevant to the carrying out of their functions and for the meeting of compliance obligations.

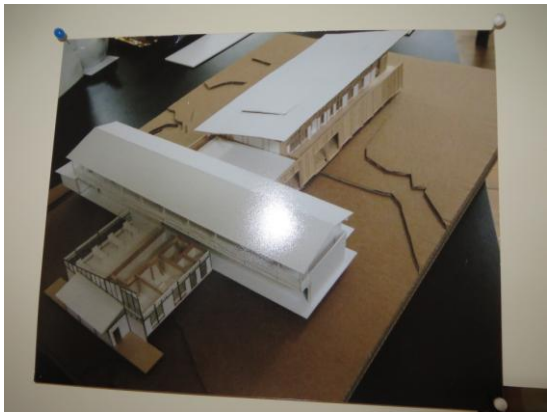
2. Build up the staff of the health service. This can be achieved by providing clarification to staff on pay band structures and career pathways and ensuring succession plans are in place for key staff.

Infrastructure and Plant, Land & Security

The Management Team at Kompiam Hospital has not been limited by the 2005/2007 Operational Plans. However, despite the 2005 Operational Plan not being consciously used as a reference for the activities, many of the same areas have been successfully addressed. This result has occurred in that the previous review recommendations emerged out of the needs that the hospital had already identified and were working towards. Both the operational plan and the focus of management have shown to be strongly aligned, achieving massive inroads against the infrastructure and maintenance needs.

New Paediatric ward at Kompiam District Hospital

An ambitious master plan for redeveloping the hospital has been put in place with the support of funding partners, allowing for the identification of goals, prioritisation, planning and completion of a large host of infrastructure activities, which are claimed as having a significant impact on the surrounding communities.



Some of the resultant impacts include 1) remaining open 2) greater trust with a reduction in grievances, improved staff morale and better community relations and participation; 3) enhanced capacity to host training medical doctors; 4) greater attraction and retention of staff; 5) better primary health care for people located in outstations; 6) improved administrative efficiency and staff safety; 7) and greater opportunities for building social relations.

Master Planning for Kompiam District Hospital

The EBHS is taking the lead departing from an attitude of trying to recreate the past but advancing with a visionary and effective new building program that is bringing the aging hospital facilities into the 21st century. “Why should we be like Port Moresby or Wabag? We’re better than that!” “We don’t have to apologise

for being Kompiam and doing what we need to do!"

The progress made on activities in infrastructure and plant from 2007 to 2013 can be organized as follows: 1) Already Replaced-New Buildings & Equipment 2) In Progress: Largely Complete 3) In Progress: Started 4) In Progress: Pending.

[** indicates activities which were not included on the 05/07Operational Plan but were attended to anyway.]

ALREADY REPLACED - New Buildings and Equipment

Developments in terms of new buildings and equipment include new wards; new delivery ward and labour room; new administration offices; new power generation and solar; new communication and Internet services; **new uniforms for staff; **new ford constructed to bypass collapsed bridge;**road maintained and landslides cleared; **construction of four new houses and **a new Playground.

New Uniforms for Staff at Kompiam District Hospital

Due to the construction of a new ward, delivery room, paediatric ward, pathology room, conference room, admin offices and radio room, many of the maintenance activities outlines in the 2005 Operational Plan are irrelevant due to new facilities replacing the prior ones. In such cases, full scores have been given in that an alternative means to solve an identified problem has been undertaken and completed and therefore the problem no longer exists.

IN PROGRESS – Largely Complete

Developments in progress, which are largely complete, include the maintenance workshop; new and renovated staff housing maintenance; water security and storage; airstrip; dental section relocated and cleaned; Maternal Child Health (MCH); **New power poles and transmission lines.

The development of a local team of carpenters under the direction and guidance of a skilled builder is a significant development.

Proud Carpenters at work at Kompiam District Hospital

This has led to increased local capacity for infrastructure development and maintenance and greater participation and ownership by the local community and support from donors.

IN PROGRESS - STARTED

Initiatives in progress that have recently commenced include waste management with an incinerator researched, purchased, installed and used; new sewerage and sanitation with a new toilet and wash house being built; grounds and general sanitation/cleanliness with bedpans cleaned and rubbish being picked up; new storage and supply; asset control and maintenance; new kitchen and rations; Health Centre renovations; **new Kompiam International School (KIS) campus; **new vehicle workshop and **new entrance to hospital.

IN PROGRESS – PENDING

Developments in progress but which remain pending include a new dispensary; new outpatients; new operating theatre; new sterile supply; and new radiography and pathology.

Whilst there is no doubt that the advancements made in infrastructure and people have had a significant impact on EBHS, not all are winners. The development focus has given little attention to areas of safety and risk management as well as patient welfare (toileting, bathing, and laundry).

A Patient Struggles down the Stairs

Transportation issues remains a contentious issue with staff feeling that vehicles are not available for MCH and 'joyrides' but rather prioritised for transporting expatriate movements and building materials. Staff generally feel that the focus on physical development has led to less attention being given to human resources.

> *"When infrastructure went up, human resources went down"* (Staff member EBHS)

It is important that attention should be given to the 'Dark Detail', looking for what may have been overlooked or left in the

dark while the spotlight has been elsewhere. For example, six monthly maintenance inspections may need to be carried out in every house to identify and attend to problems before they become significant; and interim actions could be taken to improve patient welfare whilst waiting for new facilities. Moving forward, EBHS is recommended to engage in the following strategies:

1) Develop minimum standards for workplace health and safety, and patient welfare. This can be achieved by setting and complying with basic standards for workplace health and safety**.** Examples include the areas of fire, sewage, eyewear, seat belts, rubbish, etc.

2) Formulate minimum standards for patient welfare and ensure these are not compromised by other priorities. For example, patients and guardians will have a suitable place to toilet, bathe and wash.

Finance & Administration

The necessary and effective control over all funds received at EBHS has been maintained and has not emerged as a concern for the community or staff.

> *"In terms of where money is coming from and being spent, normally you would worry about it but it's not a big concern"* (Staff member, EBHS)

Surplus funds from the salary account have been utilised for building projects although we believe that this opportunity will no longer be available with the proposed changes to centralise payroll with the CMC. Hospital staff are able to buy store goods on credit with deductions taken from the payroll however the price of store goods is currently the cause of much staff dissatisfaction. Investigation reveals that store mark-ups of 38% have increased profitability but at the detriment to staff morale.

During the present evaluation, the MYOB accounting software was upgraded from Accounting Plus version 15.0.1 to Accounting Plus version 19.9.1, consistent with the MYOB software used at BUPNG and for the other two Union Health Centres. The Finance Officer's utilisation of the current version of the MYOB Premier / Accounting Plus software, can provide meaningful financial reports to the respective regional health services' Management Committees and Board of Management. The Accountant is currently processing an application for Internet banking service with Bank of South Pacific and this will facilitate timely bank account reconciliations thus improving timeframes for financial reporting to management. It is expected Internet banking will be active for EBHS early in 2014.

A key weakness to be addressed is in the area of statutory compliance in the failure to have timely annual external audit of the financial statements. Audits are outstanding for years 2009 to 2012. The Accountant and Management Team are now working to address this matter. Further improvements in planning and financial controls can be achieved through the development and implementation of written policies and procedures, especially for the personnel and key financial service functions. Financial reporting to the management committee is currently quarterly and it is recommended that this be monthly. The activation of Internet banking should ensure that the Accountant can implement and maintain a monthly reporting schedule.

Clinical & Community

A key strength of EBHS is its strong In-service clinical training program, which has continued to have significant impact on the development of staff and having an extended reach further afield beyond Kompiam. The level of training given is regarded as being better than that which can be obtained from medical institutions.

> *"Comments come from the government health workers that no such in-service trainings are given to the outstation workers but are lucky to be at the hospital to undergo these in-service trainings"*

In-service training is provided once a week, and is followed by exams generally once a year, which reinforces learning and is tied to pay increments to reward staff. Some of the positive areas of impact arising from the training include the ability of staff to screen, diagnose and treat patients with appropriate drugs. Others have stated that 'learning through doing' has helped participants learn more from their mistakes, and building the confidence to carry out respective tasks.

> *"I have built my confidence in work through the in-service as I was a junior officer when I was employed by the Enga Baptist Health Services"*

Whilst in-service training is highly valued, staff have raised their concerns that there are limited opportunities provided by management for post-basic courses and on the job training from outside of EBHS. It has been suggested that this issue has led to increased attrition of staff over the last 2-3 years. Staff have also indicated that resistance from the management to provide work references for the officers has also contributed to high staff turnover. Perceived favouritism by management to certain staff and privileging vehicle access to various stakeholders and for carting of materials continues to be an ongoing concern for staff.

The MS has provided good reasons for why these decisions have been taken, however if these three key issues are not addressed between the Management Team and staff, retention of staff may continue to be problematic. Consideration may also need to be given to providing formal accreditation to staff who have been employed at the health service for an extended length of time and who have successfully completed in-house in-service training.

Each ward section has its 'ward duty check list' that guides the operations of staff in their day-to-day work. Staff know what is expected of them while working in each different section.

The hospital has a dental section set up by an Aid Post Orderly (APO) who has been exposed to on-the-job training at

the Wabag General Hospital dental section. A total of 69 extractions have been carried out since 2011, which is a tremendous achievement. Dental care is considered paramount to the rural communities in Kompiam district as the accessibility to Wabag hospital for the dental care is limited due in part to geographic isolation and transport costs. Although extractions are being offered, consideration should be given to looking at ways of providing additional dental services such as the filling of cavities.

APO Demonstrates Patient Challenges in the Removal of Teeth

Since the inception of the HIV/AIDS Clinic with a trained HIV/Aids Field Officer in the last five years, a total of 39 positive patients have undergone Voluntarily Counselling Testing (VCT). The community radio station has been utilised to enhance awareness on VCT, to encourage testing and obtain knowledge concerning one's HIV status. 85% of patients have been compliant with treatment while 25% have defaulted. The officer was encouraged during the present evaluation to follow up with the defaulters to ensure patients receive their Anti-Retro Virus (ART) drugs. An AIDS case care outreach program to start to track the defaulters may prove beneficial.

The hospital has two active radios. One of these radios belongs to the Mission and the other to the National Department of Health (NDoH). The two radios serve as a means of facilitating medical emergencies; in-services to out station staff; training to new officers and CHWs.

The Village Health Volunteer (VHV) programme continues to expand. Whilst there is no hard evidence to draw upon, there are anecdotal reports that greater community health education may be leading to better primary health care with a greater number of attended births at outstations, addressing malaria and hygiene problems and rubbish in waterways, and importantly an empowering of women.

EBHS Village Health Volunteer Centre

Regular health information reporting from the Health Centres is not being observed due to the absence of the DNS. It is a requirement by the National Department of Health, Provincial Health Office and the Church Health Services (CHS) to report monthly and this has not been met due to the absence of this role. This issue should be resolved in that failure to meet these reporting requirements may result in the withholding of the operational grants by the CHS. Beyond the matter of reporting, the workload is being shouldered by the MS, placing an additional burden on the shoulders of an already stretched individual. It is expected that this matter will be addressed by the appointment of a new DNS in 2014.

"We really need to get a DNS back into the team" (Staff member EBHS)

Kompiam International School (KIS) has been a significant addition to the health service community. The school is attended by 24 primary age school students and is providing much needed educational services based on the ACE system. Schooling is a big concern for staff that are recruited from outside the local area as elementary schooling is usually provided in the local language and this is serving as a disadvantage to young children who are not from the local area. Beyond the educational benefits to the children of staff, the hospital is also gaining due to increased attraction and retention of staff as a result of this important service.

"I am very happy with the school. Suppose I give my child a book to read, he will do better than me" (Staff member, EBHS)

Moving forward, EBHS is recommended to engage in the following strategies:

1. Enhance staff capacity to perform tasks. This can be achieved by having an overall staff training development plan for the next five years to train staff in specialty areas such as Obstetrics, Paediatrics, Theatre, Emergency medicine, Pathology, Pharmacy, Dental and X-ray. This is in line with the EBHS vision and must be sustainable with measures for

retention. Furthermore continue the staff in-service regularly and effectively. Ensure contracts are signed with job description for each individual staff along with induction and orientation in the BHS policy handbook. See that a hospital vehicle policy is developed and implemented and communication systems between hospitals and Health Centres are in place. Last, create a data file for the Health Information System reports for the hospital and the Health Centres.

Min Baptist Health Services

Introduction

Min Baptist Health Services (MBHS) is located in the West Sepik Province of PNG and serves a population of around 24,000 out of a total population of 45,000 people in the Telefomin District. Centres under the management of MBHS and which provide basic health services include:

1 Telefomin District Hospital (TDH)
2 Yapsie Sub Health Centre
3. Tekin Health Centre

Aerial view of Telefomin Station

Min Baptist Health Services is the main health service provider in Telefomin District apart from a smaller number of Aid Posts operated by the PNG Government. TDH also manages Yapsi and Tekin Health Centres, which are very isolated.

The activities undertaken include Family Health Services, Health Promotion and Prevention, Tuberculosis programs, Surgical services, Obstetrics, Dental Health, Radiography, Outpatients and Inpatients.

MBHS has an approved staff ceiling of 42. However due to problems of accommodation, new employees have been very difficult to recruit. The staff housing is an ongoing issue that requires redress at the higher political level, particularly given its geographic isolation from the rest of PNG.

In 2005 there was an emphasis placed on the immediate stabilisation of a situation that was clearly fractured and struggling with issues of maladministration and financial impropriety. The decisions taken at that time have clearly had an impact to improve that situation and this has been recognised by the community.

> *"Lots of things BUPNG have done for the health service in this district"* (Leader, MBHS)
>
> *"Now you say we have plenty of money and we are happy…service delivery is hard"* (Management team member, MBHS)

The follow-up review conducted in 2007 revealed that the Management Team appeared to be functioning regularly with minutes being kept and sent to the BUPNG national office for processing of payments. Major infrastructure continued to be an ongoing concern, and time had been spent with Ok-Tedi Mining Ltd (OTML) to revisit the idea of a total redevelopment using PNG Sustainable Development Funds. The BUPNG National Health Office has since put forward a submission for K2.6 million to erect seven staff houses, however, to date there has been no response. Most recently, Yapsi and Tekin have received some assistance direct from the BUPNG National Office.

The hospital functions with a limited number of nursing officers and some CHW's who are local to the Telefomin district. Due to the isolation, Yapsie is unable to have a full time staff member on the ground. This issue has compelled the BUPNG Health Office to train local grade 10/12 leavers into CHW training school at Tinsley to localise the positions. There are two students undergoing final years of study and these students will take up postings in Yapsi in 2014.

Additionally, four nurses will be funded by the Aus-Aid CPP program to train at Madang Nursing College in 2014 to increase the nursing shortage at MBHS. Housing continues to be a major concern. Limited operational grants received each year are inadequate to house qualified nursing and other expertise from other parts of PNG.

Staff Housing at Telefomin Hospital

Government District Office in Telefomin

Governance, Management & Training

Telefomin has a notional Management Team comprising the Health Extension Officer (HEO), DNS, Accounts Officer and a staff member. Regular management meetings have not been taking place after the departure of Dr Juliet in 2008. However, the health service has continued to exist under the guidance of the BUPNG Health Office.

MBHS has a new Board in place that was properly constituted in 2008. MBHS medical board comprises of Pastor MBU President (Chairman), District Administrator, 3x LLG (Yapsi, Osapmin and Telefomin) Presidents, Women's Representative, Provincial Health Adviser, Accounts Officer, DNS and the BUPNG Health Secretary.

The first board meeting was held in Tabubil in 2009. Unfortunately, although this board was properly constituted under the MBHS constitution, it was disputed by the District Administration. This delayed other follow up meetings while negotiations continued. The second meeting was held in April 2013 at Mt. Hagen and attended by the full Board in spite of the District Health Managers absence.

The third board meeting was held in Telefomin on November 28, 2013. The next board meeting is now scheduled to take place in February 2014 to address the health service budget, staffing and housing plans for 2014.

Of the many recommendations concerning the functioning of MBHS in 2005, the most immediate impact was felt from the relocation of account keeping and chequebook signing authority to the Mt Hagen office. Although this undoubtedly has caused some disharmony with certain groups on the ground in Telefomin, particularly early on, it led to an immediate stabilising of the financial position. Whereas in 2005 the MBHS entity was near to technically insolvent, today it has approximately K1.4million in cash reserves.

However this large cash reserve in itself highlights ongoing weakness in the capacity of the "new" system to expend that money and improve the services on the ground between 2005 and 2012. This is predominantly because there has been a failure to establish a strong management culture in MBHS with people tending to point towards BUPNG Hagen office. Both the expectation and the excuse, it seems to this review team, has been to wait for the National Health office to make decisions for MBHS and also to enact those decisions.

"The services are run down. This cannot continue. The 40,000 people are only victims of the administration" (Leaders, MBHS)

The reality however was that although cheque signing facility and account keeping was relocated, the power to make relevant decisions as to how that money should be expended was always left in the hands of the local management, and later in that of the reconstituted Board (from 2009). It has to be said that that hope of functioning, decision-making management on the ground in Telefomin is yet to be adequately realised. The latter half of 2013 has seen some early positive signs of change,

"From what I see, previously management has been on and off. Now we are doing ok' (Management team member)

" I feel we have the power to make decisions because without the decisions, nothing would be happening" (Management team member)

It remains a major task of the BUPNG National Health Office to train and support the local management and board to grow into this role. Training and support for the new HEO will need to be a key goal in this regard.

That being said, the setting up of the National Health Office has unarguably been of immense benefit to MBHS. There are numerous practical examples of this. One such is the processing of payroll. In 2005 a lot of money and time was wasted by MBHS flying across to Tabubil to process payroll. Now, the fortnightly pay can be carried out by emailing the payroll to the Hagen office, who do the banking and put the payroll on the plane. There is minimal delay and almost no cost in the exercise and the staff are very happy with the arrangement. New uniforms have been organised for staff by Sr Fredah in Hagen. More recently, maintenance has commenced at both Tekin and Yapsie and maintenance at Telefomin is due to start shortly. There is no doubt that Sr Fredah's arrival at BUPNG headquarters in 2013 has significantly increased the health office's capacity with very tangible results for MBHS.

Moving forward, MBHS is recommended to engage in the following strategies:

1) Build hospital board and management capacity and effectiveness. The clear need is for further, and importantly, *ongoing* training for both Management and Board. There will need to be maximum input from Hagen office to develop and sustain some inertia to the local management process, which is currently only really just beginning to get started after years of paralysis and inactivity. Similarly, the Board will need much support to begin to clearly understand its roles and responsibilities of oversight.

2) Build the capacity and effectiveness of the Baptist National Health Office. MBHS is clearly going to need much help, both from a point of view of training, but also particularly in logistics, planning and support. The major need for infrastructure development (particularly housing) is an area where much assistance will be needed in the coming years and the Hagen office capacity looms as a major potential bottleneck to that process. It also includes the need to more closely engage with the District and Provincial Health authorities. The relationship between BHS and the District and Provincial Health Administration could best be described as "rocky" over the past eight years. There is no doubt there was a considerable negative reaction at a District and Provincial level towards the decisions taken in 2005. The relationship is still delicate. In 2012 and approach

was made by Government to Church Health Services in Moresby to remove funding from the control of Min Baptist Health Services. Although in the end this did not take place, it remains evidence that there is much work to be done to restore a level of trust and communication between the church agency and the local governing authorities.

District Health Office in Telefomin

The District and Provincial Health authorities have already started to make plans and allocated money towards redevelopment of aspects of MBHS. In many cases these plans and decisions have been made unilaterally and without consultation. Examples include the recent allocation of K600,000 to build a new 20-bed ward at Tekin, the development of plans and the allocation of K5 million to rebuild Telefomin hospital. It is probable that such unilateral action has been prompted by the ineffectiveness of the local MBHS Management and Board, and is therefore, to some extent understandable.

There is evidence that there has been a significant increase in health funds made available to the district and there are signs of increased government activities as a result. MBHS of course has its own plans for redevelopments (it has recently spent K50,000 on maintenance at Tekin, another K50,000 at Yapsie and has allocated K100,000 for staff houses at Telefomin.

It is therefore paramount that better communication between MBHS Management and the District Health Office be established so that a cooperative, rather than a seemingly competitive, approach to development of the services can be created. This will take time and some sacrifices, but in our opinion is going to be essential to the longevity of MBHS in a delicate and perhaps politically charged environment.

Infrastructure and Plant, Land & Security

Maintenance to existing infrastructure has commenced after more recent continuous visits from the BUPNG National Health office. The district health office has also started sharing the responsibility by taking two houses under its maintenance program. However, due to lack of qualified expertise, electrical and plumbing works remains a challenge. Power services to the hospital seemed improved greatly with two different sources power plants providing continuous electrical supplies to the area day and night.

Hydro Water Scheme Telefomin

Transportation remains challenge in Telefomin because of the dependence on MAF, which is very expensive.

With the partial closing of MAF in Telefomin, MAF has also hit hard on the MCH patrols and staff movement in and out of the remote health facilities. Though there is continuous flight services provided by other third level airlines in Telefomin, they fail to reach the most remote airstrips, which is usually met by MAF. If MAF closes all its operations into Telefomin, services will be impacted due to the high level of air dependency.

Subsequent to the decisions made to centralise some operations in 2005, the Management Team at Telefomin has largely felt that the power, authority and therefore responsibility for making infrastructure and maintenance decisions did not lie with them. However, this has not been a reality but the perception, with the continued deterioration of many of the infrastructure and maintenance needs of the health service being the result. The Management Team in the main has been operating as bystanders as the BHS office begins to address these needs as a result of continued inactivity from management, better attention by the BHS office, and mounting political pressure. Some of these initiatives include community water supply and hospital connection; solarisation of the DNS office; replacement autoclave acquired and installed; and a portable suitcase x-ray. Communications have improved at the hospital but still remain a challenge in Yapsi and Tekin though they have regular HF radio communications. Introduction of Digicel network has increased use of mobile and email services. In addition a V-sat has been established at the hospital with the support of the BUPNG National Health Office, however it has been out of service for a while. This needs to be addressed immediately. New infrastructure projects initiated by BUPNG are planned starting in 2013, which include some major maintenance; planned construction of six new staff houses; planned construction of a new main hospital building; and a major renovation of DNS and HEO houses.

During the time period 2007 to 2013, minimal minor maintenance was carried out by the hospital with a minimal maintenance budget allocation. These activities include changing light bulbs; digging new pit toilets; replacing window screens; identifying that the administration building posts were rotten and replacing them; identifying that the posts under one staff house were rotten and replacing them; buying a new battery for the backup generator and disconnecting the wires coming in from the district offices; and sending the broken autoclave unit to Vanimo to be fixed. However, no attention has been given to address the long-term problems with the site and infrastructure. Some of these issues include: several water tanks that are rusted through and do not hold water; rotting of foundations; abandonment of new VIP (Ventilated Improved Pit) toilets in favour of traditional pit toilets; leaking water pipes that rot out whole sections of wall and failing to provide water to the ward and theatre; inadequate sink drainage; unreliable hydro power due to poor water supply placing equipment at risk; poor maintenance capacity terms of workshop, tools or regular maintenance personnel; and a shortage of staff housing for half of the staff .

"Accommodation is a big problem. Because of accommodation problems, plenty do not come" (Staff member)

Security concerns at the hospital have started to increase in recent times as voiced by the staff. This is an area that needs immediate attention. A security guard to be employed as well as fencing of the whole perimeter of the hospital area may be necessary. The land remains under the Government and there are no problems to it. There is enough space to extend. A need for perimeter fencing and better security for staff and patients was identified in 2005. No progress has been made and staff continue to feel threatened by occasional intruders to the hospital area.

Moving forward, MBHS are encouraged to act immediately on a maintenance and renovation program that places an immediate emphasis on power, water, waste and housing.

1) In relation to power, there should be compliant cable between buildings, connections and circuit breakers and as much solarisation of the hospital and staff housing as is practicable.

Live Power in Contact with Metal Roofing iron

2) In relation to water, effort should be made to ensure that roofs do not leak; gutters and downpipes deliver water to tanks; patient showers work and are direct from water supply with an option for tank water if the supply fails; the theatre, ward, central supply and labour sinks have water, do not leak; new tanks, if needed, are installed on proper cement slabs with proper fill under them and proper drainage around them (Telefomin Hospital is built on a swamp and this needs to be taken into account); and the header tank pump is solarised and in a working condition.

3) In relation to waste, toilets should be clean and usable and there should not be open sewage at the surface of the ground; sinks drains should be directed to a grey water tank and from there dispersed with a drain field. This prevents biohazard waste from running freely in the ditches; the 'hul pipia' or rubbish pit, must be replaced/relocated before the rubbish reaches the top of the pit. Pits should be fenced at the top to keep children and animals out.

Sanitation at Telefomin District Hospital

4) Staff housing should also be inspected on a regular basis, even when occupied by staff and maintenance needs should be listed and prioritised with adequate funds made available by BHS National Office to the Management Team for action of these important items.

Finance & Administration

This present evaluation confirms that the effective cash control mechanisms implemented after the first review and confirmed by the 2007 follow-up review have been maintained. All expenditures through the bank accounts (apart from petty cash) are controlled from Baptist Union Mt Hagen. MBHS maintains significant cash balances; hence it is imperative to maintain strong financial control.

In 2005, the hospital was threatened as a going concern in 2005. After the 2005 review, the BUPNG National Health Office oversaw financial management. All finances were controlled from Mt. Hagen in consultation with the MBU Management Team. Funds expanded were in the request of the Management Team on the ground. The hospital now has a balance of K1.4 million in cash excluding the staff servings account. The Board in its recent meeting requested the Management Team to develop a plan to spend the money on priority areas to improve the service delivery. The community are now aware of their financial position and recognise their lack of capacity to manage the funds. The community leaders give much credit to BUPNG for their strong fiscal control.

> *"BUPNG does not have trust in us to mark one person to look after the money. They will not just let the money go. We don't have one person who can look after the money well"* (Community Leader, MBHS)
>
> *"Now you say we have plenty of money and we are happy"* (Staff member, MBHS)

The transfer of some of the administrative functions to the Hagen office such as payroll has led to a sizeable improvement in the efficiency of functions with consequent savings of time and money. However, there is still a great deal to be done to build the capacity of the local Board and Management Team. Failures to plan, and to make decisions for vital development such as staff housing maintenance continue to hamper staff recruitment and selection and cause ill will amongst members of the community and the Government with mounting pressure to relocate the chequebook.

Whilst the relocation of the chequebook has emerged as a significant issue of late, our evaluation identified that it is a reaction to the lack of services that have been provided whilst the cash reserves have been building.

> *"The point is, if the power to run the finances is removed it doesn't matter, as long as the service runs good"* (Community Leader, MBHS)

Whilst centralised cash management from Mt Hagen has secured the financial position, there is no effective financial management reporting to the Hospital Management Committee. The lack of clarity over outpatient user fees have led to poor collection rates due to the Government's notice on the ban of the user fee system. Staff advised that they were not guided well by the Management Team concerning this issue. Annual budgets have not been prepared and annual external audits have not been conducted during the period 2005-2012. The external auditor assisted in the preparation of management accounts for 2005-2012. It is planned that Lombange & Associates will audit the 2013 annual financial statements.

Going forward, these issues can be addressed by:

1) Holding the mandated board and management committee meetings.

2) Implementing more effective planning and budget processes.

3) Maintaining strong control over finances, including timely bank reconciliations; preparing and distributing monthly management and financial reports.

4) Ensuring external audits are conducted for 2013 and audits continue in a timely manner each year thereafter.

Clinical & Community

The lack of progress, in particular in the area of staff housing maintenance and construction has been a major contributor to the ongoing inability to attract new staff and retain old ones. This remains one of the key impediments to increased clinical capacity. The hospital has three nursing officers with a HEO on the ground. There has not been any recruitment of employees from outside of Telefomin due to the lack of accommodation available. This matter has also contributed to the failure to address the technical officer's positions, which increases the costs to patients who travel outside of the area to seek services as x-ray, dental, and pathology. Yapsi Health Centre is currently without full-time staff and this needs urgent attention in order to get the services operational. Tekin HC is operating well despite having only a few staff on the ground.

During the present evaluation we not only observed but it was also confirmed by the HEO of the hospital, that although there are not enough nursing officers and a medical officer at the hospital, the senior CHWs (CHWs) are keeping the clinical sections functional. Each senior CHW is assigned to look after each ward section and therefore each area is tidy, neat and clean. Each ward section has its ward duty checklist, which guides the operations of the day-to-day work. Staff are aware of the expectations of working in their relevant section. Reporting is now carried out monthly with data files created on a computer. However, reports from Tekin & Yapsie Health Centres should be obtained through the Health radio at the end of each month by a nominated person to avoid delays. It is also our understanding that doctors

engaged in the Masters in Rural Medicine programme are due to provide support to the hospital in the short to medium term and this may in turn be a critical avenue for attracting a future doctor for this important health service.

No regular staff in-service training has been conducted for some time and nursing staff have expressed their desire to be sponsored for attendance at post-basic courses. These matters would normally be addressed as part of contracts and the performance appraisal system; however contracts and job descriptions are not in place due to the lack of local understanding or capacity to carry out these management tasks. Addressing these issues is a matter of priority for MBHS.

Since the inception of the HIV/AIDS Clinic, a total of six reactive patients through increase Voluntarily Counselling Test (VCT) have been seen to. These patients have not carried out any confirmatory testing due to lack of training for staff to collect the quality sera blood and send to Tabubil or Vanimo laboratory for confirmation. Consequently, these patients are not on Anti-Retro Viral Treatment (ART) drugs. During the present evaluation, the officer responsible was encouraged to engage in on-the-job training concerning this matter. The HEO was also encouraged to cross-check and confirm figures with the Tabubil and Vanimo districts so that the AIDS case care outreach program can start tracking the defaulters.

Moving forward, MBHS is recommended to engage in the following strategies:

1. Enhance staff capacity to perform their tasks. This can be achieved by first, ensuring that there is an overall staff training development plan and in-service programme for the next five years to train staff in specialty areas like Obstetric, Paediatric, Theatre, Emergency Medicine, Pathology, Pharmacy, Dental & X-ray. Second, ensure regular supervision and control of staff through job descriptions, signed contracts and induction in line with the BHS Handbook. Third, to strengthen the current communication system between the hospital and the Health Centres. Last, improve the HIV work with accreditation to the clinic to allow for the ordering of ART drugs and confirmatory testing.

Key Lessons

Direction, Coordination and Communication

The National Health Office has been a very important development in the evolution of BHS. It has however, to date, mostly functioned in an assisting rather than a directing role. Too often time is consumed in putting out fires and running errands, and not enough in setting the agenda, directing policy and creating a sense of framework to the overall BHS community. It must be said that the National Health Board has not really functioned at all as originally envisioned, and as yet has created no real sense of presence in the collective mindset. The need to change this is a major recommendation of this review. The National Health Board should, in addition

to its direct oversight role of the CHWTS at Tinsley, be meeting to oversee the running of the three health services, discuss issues common to the all and be setting overarching policy. The need to re-establish the National Health Board and train it accordingly also becomes very relevant to these issues. Bringing the three arms of the service together to review each other's performance, to train, and to discuss these difficult problems, will help to build the consciousness of an "overarching" authority with more objectivity and less potential for established and recalcitrant vested interest.

At the local health service level, the need to communicate with staff is a key to building a relationship of trust. This includes the need to have regular staff meetings. It is also necessary to ensure that staff are aware of their roles and responsibilities by providing contracts, job descriptions and copies of the handbook. Devolution of responsibility to health centres can increase capacity to get development down to the next level and also increase community acceptance and participation. Providing access to dedicated funds and centre specific cash accounting is important to build trust. The establishment of local boards increases supervision of local staff and services. Training will need to be provided to the OIC's and boards to enable them to realise the potential of such changes. Equally important is the realisation that such changes cannot be effected without concerted and continuing efforts to engage and train the teams on the ground.

Ongoing Training

Management and Board need to be trained – not once or twice, but regularly, on an ongoing basis. Such training needs to be collective, with other hospital managements and boards where story sharing and encouragement can take place. The training needs to be regular, appropriate and localized, requiring different strategies for different groups with different educational backgrounds, and complemented by an understanding of the relevant policy frameworks and constitutions.

"Once off" training initiatives are unlikely to meet the need. The BUPNG National Health Office needs to make at a minimum annual, group training for all of its arms, a part of its 'calendar'. It also needs to commit to more frequent visits to all of its health services, particularly MBHS as the most remote, to meet with Management and Board and provide more one-to-one and group training on the ground. This goal of change of management culture can only be achieved with a committed effort over the long-term. The need to train for process and procedure is another important component of this evaluation. The 05/07Op.Plan identified areas of need and shortfall leading up to and including 2005/2007. Six years later, this present evaluation reviews the recommended tasks by asking: 'to what degree have the tasks been accomplished?' and looks to the future of the institution. It is clear that recommending goals and strategies from previous evaluations in many respects were not intentionally met. Copies of the present evaluation should be made available to all health services and training in its implementation carried out as a priority. A 'task oriented' approach that only recommends specific actions without developing and understanding effective processes will not be adequate to achieve goals in the operational and strategic plan. Management teams and relevant staff must be trained and supervised in the ongoing process of identifying shortfalls, prioritising them and taking appropriate actions to address them. Management teams and staff must be held accountable to their tasks, duties and schedules through their own internal structures.

Teamwork or Nothing!

Institutional survival requires everyone to work as a team, not dwelling on the past, but creating a vision for the future and translating talk into action. There should be a deep and genuine humility and the deepest faith that "together we are more than we are when we are alone". A key message here is that "disunity is death" and in these village settings, with little or no government presence, very strong, vocal and intrusive community, and unstable police presence, a united strong management is likely the only way that the institution can survive the severe turbulence that those forces can create in rural PNG.

It is essential for management to create a "story" of TEAM in the eyes of the staff and community and in the language it uses to describe itself, by sharing successes and by collectively owning difficulty and failures. All team members need to be "pulling on the same rope". The Board and Management Team need to be in the "driver's seat" of the hospital rather than other drivers escorting them around, or in the seat of co-pilot as someone else drives or doesn't drive.

Sometimes steering the organisation requires the will to make hard and unpopular decisions. Steering based on fear of making the wrong choices can result in no decisions being made. Without decisions, the very existence of the organisation and the services it provides will be threatened. This of course is a major challenge for all people everywhere, but it has been especially evident in the issues that have continued to plague MBHS. Building a broader base for those difficult decisions becomes very important in a village setting, such as those that exist in most of rural PNG. Creating a culture of 'management' does not happen overnight but is a commitment to the long game and preparedness to work together.

How best to bridge the gap between government and church roles in the health sector is a problem for PNG. Generally speaking, there is a very poor understanding of the workings of the church health sector within government, and a poor understanding historically by missions of the way in which the PNG Government works. However, there is anecdotal evidence that increasing nationalisation of church agencies is leading to a gradual improvement in that understanding. Undoubtedly both groups have made errors in this regard. In some provinces the relationships are excellent and the consequent results to services are impressive. The need to forgive each-others past mistakes, be willing to make sacrifices and repeatedly make the attempts engage one another is an important way forward in this regard.

General Recommendations

The general recommendations contained in this present evaluation bring together the lessons learned from each of the health services to constitute a unified list of general recommendations for all health services to follow. Whilst there are a number of health centres and aid posts that were not included in the evaluation, it is our hope that the general recommendations can serve as a way of enabling those centres to also benefit from the recommendations as they are likely to still be of high relevance.

Each of the broad recommendations come together across each of the health services to form a combined strategic plan from which BHS can move forward over the next five years [Refer Appendix 1]. The strategic plan is designed to be sustainable and linked tightly with each of the health service operational plans. The operational plans for the health services (Appendix 7 to 10) are slowly migrating towards a generic set that allows for

ongoing learning and modification, not only advancing, but addressing cases where there may also be regression in development.

Each of the recommendations are dynamic and therefore not static. All health services need to be mindful of resisting the feeling that a recommendation has been met and therefore now can be forgotten. For a plain English version, refer to Appendix 1.1.

The recommendations that follow are classified under four general headings: Governance and People; Finance and Administration; Infrastructure and Plant, Land and Security; and Clinical and Community.

GOVERNANCE AND PEOPLE

1.1 Build Baptist National Health Office capacity and effectiveness.

1.1.1 Generate buy in into the purpose and vision of Baptist Health Services.

1.1.2 Strengthen the National Health Board and National Health Office in fulfilling their respective strategic, coordinating and communicative functions.

1.1.3 Create a dynamic policy environment to guide health service operations.

1.1.4 Equip offices with appropriate human and financial resources to meet plans.

1.1.5 Generate a knowledge sharing and learning environment for the benefit of all health services.

1.2 Build hospital board and management capacity and effectiveness.

1.2.1 Create a sense of identity, purpose and direction with hospital stakeholders.

1.2.2 Build the human resources capacity of each of the health service arms.

1.2.3 Ensure frequent Management Team meetings are carried out, recorded and tasks appointed to officers for action within stated time frames.

1.2.4 Ensure that the constitution of the health service is appropriate, available and understood and complied with.

1.2.5 Provide regular training for Board and Management in leadership and procedures relevant to the carrying out of their functions and for the meeting of compliance obligations.

1.2.6 Engage closely with national, provincial, and district government authorities.

1.3 Build up the staff of the three district hospitals

1.3.1 Improve the relationship between senior management and general staff through regular staff meetings, in-service training and performance appraisals.

1.3.2 Provide clarity to staff concerning employer/employee contractual obligations and entitlements concerning remuneration, housing and the performance of duties.

1.3.3 Revise the Baptist Health Services Handbook and make available to all staff members at the commencement of employment.

1.3.4 Conduct appropriate induction of staff concerning systems of management, supported by relevant documentation and general orientation.

1.3.5 Ensure succession plans and leadership development opportunities are in place for replacement of key staff.

1.4 Build up the staff of the health centres and aid posts.

1.4.1 Create representation on the hospital Management Team for oversight of health centres to increase the team's capacity to effect decisions of local boards.

1.4.2 Properly constitute and provide annual training to health centre boards in the approved procedures and handling of their finances.

1.4.3 Increase the development of accounting processes for health centres.

1.5 Improve management capacity and effectiveness of the CHWT school.

1.5.1 Revise governing arrangements and provide annual training in management and leadership.

1.5.2 Improve administrative capacity in the offices by investment in appropriate power sources and business equipment.

1.5.3 Develop procedures and provide instruction in management procedures.

1.5.4 Strengthen the oversight of the Baptist National Health Board over the school.

1.5.5 Undertake a master planning exercise for the development of infrastructure, administration and human resources.

FINANCE AND ADMINISTRATION

2.1. Establish and implement effective operational plans and financial budgets.

2.1.1 Link master and operational plans to annual budgeting processes.

2.1.2 Establish financial policy procedures for budgets.

2.2. Establish and implement effective financial and management accounting functions.

2.2.1 Establish financial procedures for accounting functions.

2.2.2 Build human and physical capacity to carry out functions.

2.2.3 Enactment of statutory compliant and timely financial reporting.

2.3. Establish and implement effective operational plans and financial budgets

2.3.1 Invest in appropriate office equipment, power sources and communications to enable access to computing, printing and Internet for all senior managers and office staff.

2.3.2 Control fixed assets by ensuring appropriate recording of physical and financial data.

INFRASTRUCTURE AND PLANT, LAND & SECURITY

3.1 Establish achievable and appropriate plans and standards.

3.1.1 Review [Hospital and CHW] Master Plans.

3.1.2 Develop minimum standards for housing and hospital infrastructure.

3.1.3 Develop minimum standards for workplace health & safety, and patient welfare.

3.1.4 Collaborate with appropriate authorities for development and implementation of plans.

3.2. Develop program strategies, acquire the resources and implement to the agreed standards.

3.2.1 Set and communicate development priorities.

3.2.2 Build human and physical capacity to implement priorities.

3.2.3 Develop and communicate the process [procedures] of implementation.

3.3. Improvement of implementation and monitoring.

3.3.1 Provide ongoing training in the implementation of these recommendations.

3.3.2 Monitor progress against established priorities.

3.3.3 Appropriately communicate progress and achievement.

CLINICAL AND COMMUNITY

4.1 Establish workable and achievable clinical policies

4.1.1 Identify the clinical policies areas.

4.1.2 Develop the clinical policies.

4.1.3 Communicate and implement the policies.

4.1.4 Monitor systems to ensure they are suitable and effective.

4.2 Enhance staff capacity to perform required tasks.

4.2.1 Develop overall training needs of the staff.

4.2.2 Resource the individual sections with the required equipment, instruments and personnel.

4.2.3 Ensure regular supervision and control of staff.

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