



REACHING EVERY CHILD - Papua New Guinea

An Initiative to reach the unimmunized children in identified low-performing districts using Reaching Every District (RED) strategy

“REACHING EVERY DISTRICT” TO “REACH EVERY CHILD”

The initiative is implemented by National Department of Health and National Capital District & AROB Provincial Health office with technical support from World Health Organization- Papua New Guinea office

Report of [Reaching Every Child](#) initiative in Papua New Guinea

Executive Summary

The immunization coverage of Papua New Guinea (PNG) has been around 70% for the last three years. The National Expanded Programme on Immunization with support from the World Health Organization (WHO) and UNICEF has identified the low-performing districts in PNG based on unvaccinated DTP-3 children.

The US Centre for Disease Control (CDC) provided financial grants to WHO-PNG to support the routine immunization improvement at the district level. The aim of the initiative developed by WHO-PNG revolves around the operational concept of Reaching Every District with emphasis on the outreach services. The objective of the initiative is to reach the unimmunized children in these low-performing districts of PNG with all EPI vaccines to prevent morbidity and mortality from vaccine preventable diseases.

The financial support from the US CDC was used to pilot the initiative in the National Capital District (NCD) and Autonomous Region of Bougainville (AROB) provinces in 2011. The initial results of the initiative in these pilot provinces have clearly identified the weaknesses in the existing immunization services in these provinces. The district level planning to address these weaknesses will lead to qualitative and quantitative improvement of immunization services in PNG.

It is therefore recommended that the National Department of Health implement this initiative in all identified low-performing districts of Papua New Guinea. The main emphasis should be to conduct the outreach sessions planning for all the urban settlements and rural hard-to-reach areas in all health facility areas. It is also recommended that the National EPI team must coordinate with other programme units as Maternal Health, Child Health and Malaria for comprehensive health care during the outreach health patrol to maximize the use of available resources.

Several steps were undertaken in 2011 by AusAID, UNICEF and WHO in Papua New Guinea. This included financial support for implementing the initiative and human resource support in five provinces by AusAID. WHO provided the technical support for implementation of the initiative in identified low-performing provinces.

In 2012, it is planned to conduct a qualitative assessment of the initiative in the pilot provinces by establishing the tracking of children in routine immunization sessions to reduce drop out for DTP and Measles doses. This initiative will be scaled-up in all provinces in Papua New Guinea to improve the routine EPI coverage.

1. Background and introduction to the initiative

The immunization coverage of Papua New Guinea (PNG) has been fairly constant (around 70%) over last three years. The national DTP-HepB-Hib-3 (referred to as DTP-3 in the document) coverage was around 60-70% between 2007 and 2009 with wide inter-district and inter-provincial differences.

The National Expanded Programme on Immunization (EPI) team, with support from the World Health Organization (WHO) and UNICEF, has identified the low-performing districts in PNG based on unvaccinated DTP-3 children. This information was shared with provinces and districts to foster improvement in these districts. However, mere identification of these low-performing districts by the National EPI team and sharing the feedback with provinces and districts did not change immunization coverage in these districts.

The comprehensive multi-year plan (cMYP) of PNG emphasizes the commitment of the National Department of Health to improve routine immunization coverage. Strengthening the district level programme is the hallmark of the EPI cMYP 2011-2015. The topographical and geographical uniqueness of the country requires specific district level activity to improve the routine immunization coverage that will reduce the mortality and morbidity of children from vaccine preventable diseases.

In 2010, the US Centre for Disease Control (CDC) provided financial grants to WHO-PNG to support improvement of the routine immunization coverage at the district level in PNG. The initiative developed by WHO-PNG was based on the WHO/UNICEF Reaching Every District (RED) strategy and adapted to PNG settings to improve both quantitative and qualitative aspects of EPI services in these districts. The initiative involves the assessment of each district to identify the reasons for low-performance and to develop a local level district plan to improve the immunization services in these districts.

This report outlines the activities undertaken in PNG to implement the Reaching Every Child initiative in 2011 with small grants financial support from the US CDC.

2. Strategic framework of the initiative

The initiative was named Reaching Every Child (REC) as the ultimate aim of this initiative is to reach every child with all eligible antigens by one year of age. The principles of the RED strategy will identify the reasons of low-performance in the districts. This will support in developing an effective local action plan to improve the immunization services in the districts.

2.1 Aim of REC initiative:

The aim of this initiative is to reach the unimmunized children in the low-performing districts of PNG with all EPI vaccines to prevent morbidity and mortality from vaccine preventable diseases.

2.2 Objectives of REC Initiative:

The initiative revolves around the functional concept of RED. The main emphasis of this initiative will be outreach services through local level planning. This will be followed by tracking of all beneficiaries in each target areas to ensure every child in PNG is fully immunised by one year of age.

The various objectives of the initiative are:

- a. To identify the reasons of low-performance in the identified districts;
- b. To support the health-facility level planning to increase immunization coverage and integrate MCH activities;
- c. To establish a mechanism to track every child in a community for completion of vaccination by one year of age; and
- d. To scale-up the initiative in other districts of PNG.

The activities conducted in this initiative will address issues beyond the immunization services and eventually support the health system strengthening in PNG.

2.3 Operational process of the initiative:

In a phased expansion of this initiative, the first step will be to conduct the assessment in each district using the supportive supervision check list. This will be followed by local level planning and on-site training using the operational guidelines. The second step will be to develop a system to track children for EPI vaccines along with other MCH services.

Provinces and districts to be targeted in this initiative are:

- National Capital District:
 - Moresby North East
 - Moresby North West
 - Moresby South
- Morobe Province:
 - Menyamya
 - Huon
 - Bulolo
- Madang Province:
 - Middle Ramu
 - Rai Coast
 - Bogia
- East Sepik Province:
 - Ambunti/Drekirir

- Central Province:
 - Rigo
 - Kairiku/ Hiri
 - Goilala
 - Abau

Additional provinces to be targeted under Innovative Grants Project-2009 are:

- Enga Province
 - Kandep
 - Kompam-ambum
 - Laigap/Porgera
 - Wabag
 - Wapenamanda
- Manus Province
 - Lorengau
- West New Britain Province
 - Kandrian/Gloucester
 - Talasea
- North Solomons (Autonomous Region of Bougainville)
 - Central Bougainville

The steps to be followed in this initiative are as follows:

1. The National EPI team with WHO and UNICEF will hold a planning meeting to finalize the methodology, assessment matrix and analysis tool.
2. The National EPI team will brief the Deputy Secretary of Health and the Secretary of Health, GoPNG on the initiative and secure administrative support and financial commitment.
3. The provincial EPI and other allied staffs (district managers of the concerned districts with the provincial paediatricians) will be briefed on the operational guidelines.
4. The identified districts will be assessed using the standard assessment matrix jointly by the national, provincial and district staffs. During the assessment, supportive supervision and on-site training will be provided in the districts.
5. The results will be shared with the provinces and at national level;
 - a. Feedback on the standard programme indicators will be provided to the provincial health advisors and family health coordinators
 - b. Feedback on the manpower, infrastructure and policy level issues will be shared with the Deputy Secretary and the Secretary of Health

6. The district and health facility activities will be planned based on the results of the assessment exercise;
 - a. The local NGOs, Church, Women's group, LLG councillors and local representatives will be involved during the planning process
 - b. Supervisory plan will be developed for provincial and national staffs
7. The training plan will be developed for district and health facility staffs based on the results of assessment.

2.4 Data Analysis and Sharing:

A comparative analysis will be done using the initial assessment as base line data with the subsequent assessments to measure the progress made by the initiative. The analytical tool with auto-generated indicators and graphs will be used for comparison and shared with provinces and districts to monitor the progress. Simple monitoring tools like the coverage monitoring charts and Make my Village will be used at health centres for assessment of progress.

The monthly antigenic coverage data will be used from the National Health Information System through the provincial office for data analysis. The quarterly feedback on the antigenic coverage will be provided to all the provinces and districts.

3. Result of the initiative

The financial support from US CDC was used to pilot the initiative in the National Capital District (NCD) and Autonomous Region of Bougainville (AROB) provinces. The pilot was implemented jointly by the National Department of Health, WHO, UNICEF, provincial health officials of NCD and AROB.



Joint assessment team of NDOH, WHO, UNICEF at St. John Clinic in National Capital District

The next sections provide the outline of the progress made by PNG in implementation of the proposed initiative in 2011. The financial expenditure of the US CDC small grants will be provided in the CDC financial template.

The activities conducted in 2011 for the effective implementation of the proposed initiative are detailed in three different sub-sections. The first sub-section deals with the activities conducted and the next two sub-section deals with the objective results of the assessment in NCD and AROB provinces.

3.1 Progress in 2011

The planning and consultative meeting was held in April 2011 with the National EPI Team, WHO and UNICEF to finalize the methodology, assessment matrix and data-analysis tool. The WHO provided technical support for the assessment matrix and data-analysis tool. The documents were shared with the members of Child Health Advisory Committee (CHAC) and Inter-agency Coordination Committee (ICC) members for their technical inputs.

The planning and briefing meeting for NCD and AROB provincial staffs was done at Port Moresby and Buka respectively.

The planning and implementing of the REC initiative involved developing an operational guideline for the health facilities. A guideline document was also prepared for the supervisors on using the supportive supervision check list. The auto-generated analysis tool was developed by the WHO to identify the areas for support in each of these districts.

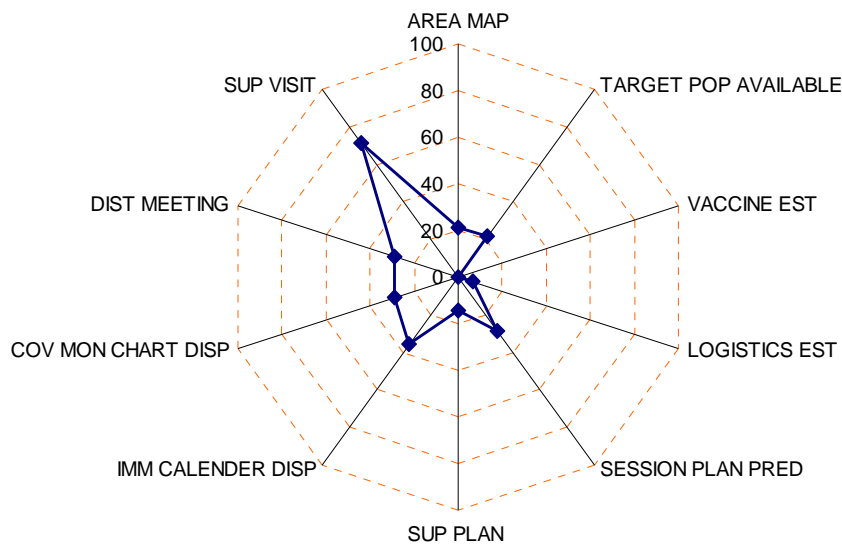
The standard matrix was used for conducting the assessment in all 14 health facilities of NCD and 3 health facilities in Central Bougainville district of AROB. The assessment was done by joint teams of National, provincial and district staffs including WHO and UNICEF. Training on supportive supervision for the district managers and on-site training on operational aspects was done in all health facilities visited.

The sharing of the assessment data was done with the NCD and AROB provincial health office along with the suggestions for improvement. The National EPI Manager shared the findings with the Deputy Secretary for Health and other partners in the ICC and CHAC meetings.

3.2 Results of the assessment in National Capital District

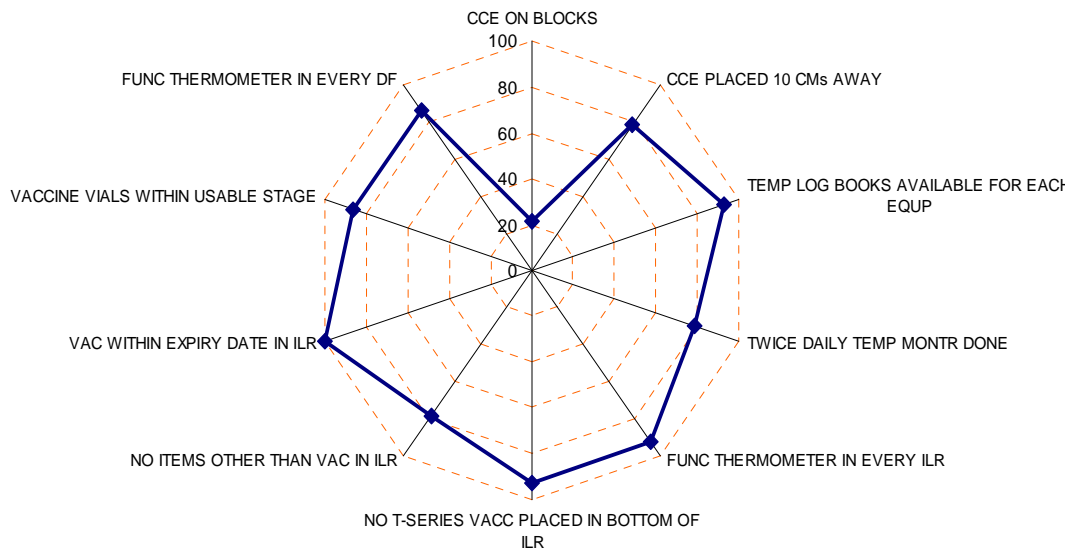
The assessment of 14 health facilities in NCD was done by the provincial health team lead by Dr. Luty Aimos, a/g Provincial Family Health Coordinator with the National Department of Health and partners as WHO and UNICEF.

Graph 1: Findings of Routine Immunization (RI) Programme Management:



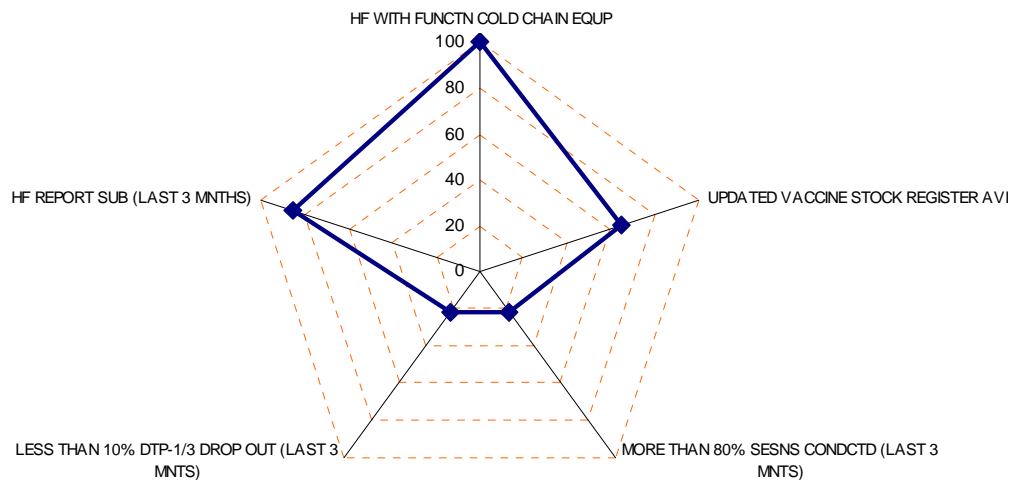
The radar graph shows the target population estimate is not available in most of the health facilities in NCD. As a result, the estimation of vaccines and other logistics is done on purely an ad-hoc basis. The session planning in NCD refers only to fixed sites and no outreach sessions are planned in NCD.

Graph 2: Findings of Cold Chain Management System:



The radar graph shows the cold chain system in the health facilities is adequate. The important component of twice daily recording of the temperature of the cold chain equipment needs close monitoring by the district managers and Officer-in-Charge of the health facilities.

Graph 3: Findings of Recording, Reporting, Drop Out and Session Conducted:

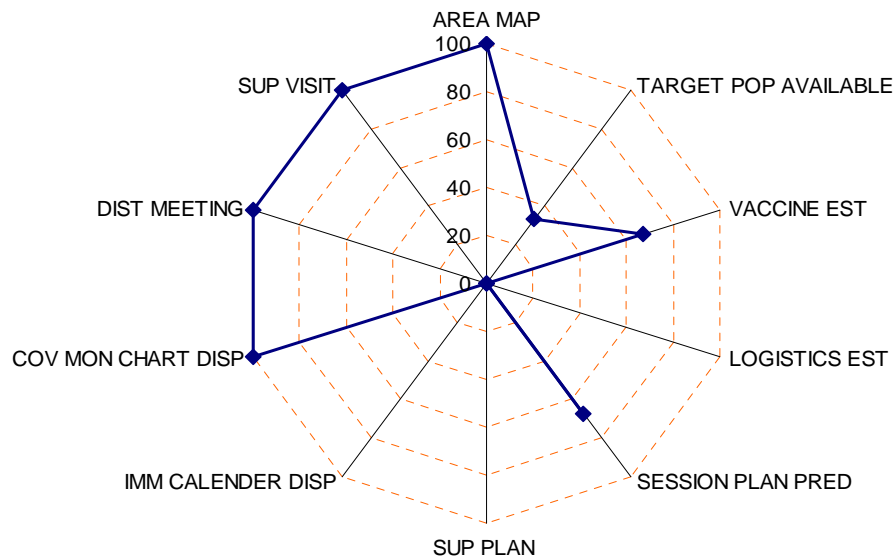


The radar graph shows only 20% of the health facilities in NCD have conducted 80% of the planned sessions. No outreach sessions were conducted by any of the health facilities in NCD. Most of the health facilities had more than 10% drop out between Penta-1 and Penta-3 doses, indicating tracking of children is not done after the first dose of Penta.

3.3 Results of the Autonomous Region of Bougainville

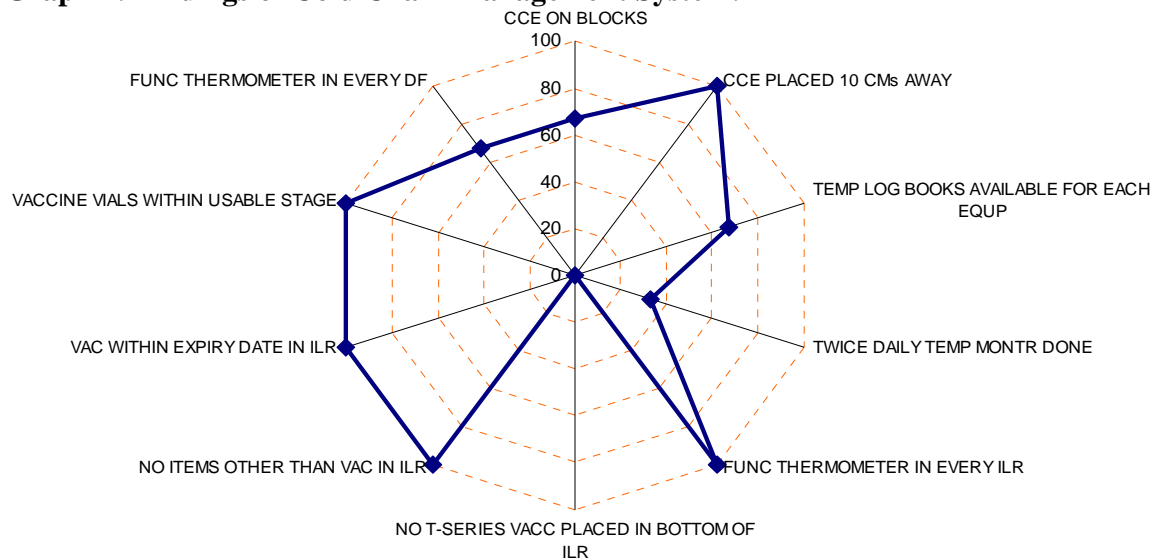
The assessment of 3 (three) health facilities of Central Bougainville was done by the provincial health team lead by Mr. Alois, Provincial Family Health Coordinator with the National Department of Health and partners as WHO and UNICEF.

Graph 1: Findings of RI Programme Management:



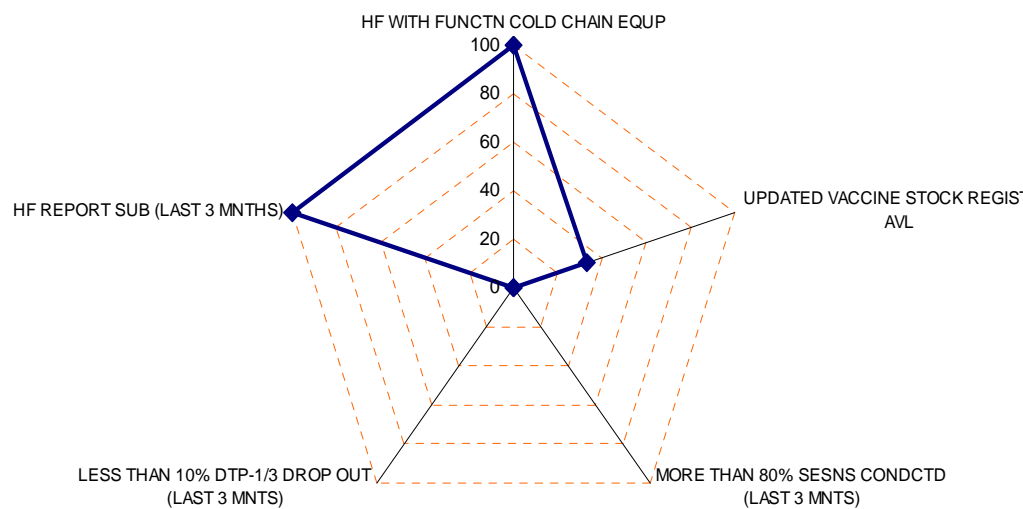
The radar graph shows the target population is not available in most of the health facilities. The session planning in these health facilities refers only to fixed sites and no outreach sessions happened in Central Bougainville in last three assessment months.

Graph 2: Findings of Cold Chain Management System:



The radar graph shows the cold chain system in these health facilities is quite alarming with non-availability of daily temperature monitoring and incorrect placement of vaccine in ILRs. There is a possibility that impotent vaccine may be used in immunization sessions.

Graph 3: Findings of Recording, Reporting, Drop Out and Session Conducted:



The radar graph shows none of the health facilities have conducted 80% of the planned sessions. No outreach sessions were conducted by any of the health facilities in central Bougainville in last three months, primarily due to non-availability of funds. All the health facilities had more than 10% drop out between Penta-1 and Penta-3 doses.

4. Conclusion:

The initial results of the Reaching Every Child initiative in the pilot provinces have clearly identified the weaknesses in the existing immunization services in these provinces. The district level planning to address these weaknesses will lead to both qualitative and quantitative improvement of immunization services. The on-site training of health facility staffs along with supportive supervision by the provinces and district managers incorporated in the present initiative will ensure long term sustainability of improvement from this initiative.

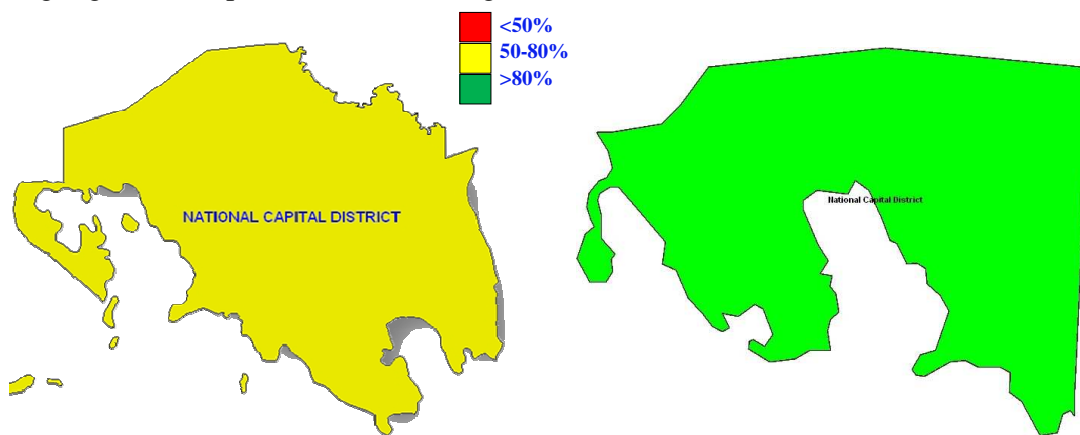
5. Recommendations:

- a. The National Department of Health should implement this initiative in all identified low-performing districts of Papua New Guinea.
- b. The hands-on training of the health facility staffs and health facility level planning must be carried out during the assessment.
- c. The outreach sessions planning must be done for all the urban settlements and rural hard-to-reach areas in all health facilities of Papua New Guinea.
- d. The resource mapping of NGOs and support agencies as faith based organizations must be carried out in the National Capital District and other urban areas of Papua New Guinea.
- e. The National Department of Health should support these low-performing districts with cold-chain equipment.
- f. The supportive supervision tool must be used by provincial, national and district staffs during each visit and feedback must be provided for further improvement.
- g. The regional level training must be planned for all the government health staffs, private service providers, and NGOs in these identified districts.
- h. The National Department of Health must engage all EPI supporting partners in Papua New Guinea for financial, logistical and technical support to address the identified gaps.
- i. The National EPI team must coordinate with other programme units as Maternal Health, Child Health and Malaria for comprehensive health care during the outreach health patrol to maximize the available resources.

6. Objective assessment of progress in National Capital District and Autonomous Region of Bougainville from the 2011 EPI Coverage report

The initiative of Reaching Every Child using the Reaching Every District strategy was implemented in the National Capital District by mapping the health centre areas in province and initiation of the outreach sessions in the settlements of the National Capital District. Similar initiatives were undertaken in the Central Bougainville district of Autonomous Region of Bougainville.

Comparative DTP-3 coverage maps of National Capital District for 2009 and 2011 highlights the improvement in coverage levels.



Map 1: Penta-3 dose coverage in NCD: 2009

Map 2: Penta-3 dose coverage in NCD: 2011

7. Steps undertaken in 2011 based on the recommendations from the initial assessment:

- a. 5 (Five) Provincial Officers were engaged by AusAID-Papua New Guinea to support identified low-performing provinces (Morobe, Madang, Enga, Autonomous Region of Bougainville and Western province)
- b. Financial support was provided by AusAID-Papua New Guinea for implementation of the initiative in the identified provinces
- c. Technical support was provided by the WHO-Papua New Guinea with focused support to supportive supervision and on-job training of the district and provincial staffs
- d. Financial support was provided by UNICEF-Papua New Guinea in provinces of Autonomous Region of Bougainville and Milne Bay.

8. Planned activities in 2012 and beyond:

- a. Assessment of the qualitative improvement in the pilot provinces will be conducted using the supportive supervision check list
- b. Tracking of children in routine immunization sessions will be initiated to address drop-out of infants for DTP and Measles doses
- c. Periodic assessment of the initiative will be conducted in all identified priority provinces to determine the qualitative and quantitative improvement
- d. The initiative will be scaled up in all provinces of Papua New Guinea