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KAPA-KAMALIKI RURAL HEALTH VISIT AND DONATION OF MEDICAL SUPPLIES

The visit was set on the morning of Thursday 30th of June, 2005 at 8:30am to Kapa-Kamaliki in Bena area with Mr. Fred Sabumei (D/Chairman, Hospital Board), Marie T, a midwife and also a President of Highlands Foundation from Bendigo, Melbourne, Australia and myself with Mr. Samson as our driver.

The goal of our visit was to deliver some medical supplies that were brought into Goroka General Hospital by the Highlands Foundation of Australia, which Marie is the organizer and the President of the Foundation. The arrangement was made by the Deputy Chairman of the Hospital Board to deliver these medical consumables to Kapa-Kamaliki Subhealth center run by Four Square Mission in the Kapa-Kamaliki area of the Bena District. The media personnel for the coverage was unable to make it due to other commitments while the District Health Officer was not available despite the early appointment for the occasion. Nevertheless, the journey proceeded with the inclusion of the executive officer of Unggai Bena Member of Parliament (MP).

The trip was about half an hour drive out from Goroka town along Okuk Highway and another twenty-minute drive out from the highlands highway into Kapa-Kamaliki area. The population of the area is about 16,000 and scattered across the grassland. The area is served by three (3) health facilities; two SHCs are run by Four Square Mission (Kapa-Kamaliki and Lampo) while the other SHC is under government arm of management. The government run SHC was virtually run down and partially functioning with one local female nursing officer minding the clinic. The other two SHCs are under the Four Square Health Services and are well maintained and looked after.

Our visit was coincided with the Korofegu Primary School 30th year anniversary celebration with opening of several donor-funded projects of the school. We first arrived at Korofegu Primary School where we left the executive officer of the Unggai Bena MP and there we met the Four Square Health Service Director and his clinic staff from Kapa-Kamaliki, Lampo and Fore Health Centers. We convoyed to Kapa-Kamaliki sub-health center for facilities orientation and brief lecture.

Marie delivered a brief lecture on safe delivery and peri-care at the rural facilities with improvising of simple maneuvers for half an hour. For another ten (10) minutes we had general discussions on possibilities of further training or in-service for the rural health staff and explanation on the role of rural health visitation program.

Picture one. *Marie delivering a brief tutorial at the Four-Square Mission run SHC*



Building: The building looked new with few renovations. From the entrance of the gate to the doorstep of the building, it is well kept. The corridor was clean and tidy. The building consist of; a section of outpatient, a room for conducting antenatal and family planning clinics, a

delivery room with toilet and shower and a office space. It is a small building but the services are adequately delivered and fulfill its purpose.

Picture two. *Kapakamaliki Sub-health Center building. This is run by Four Square Mission*



Outpatient Section: The floor is tiled and is well kept. It is very impressive with its tidiness. It has two stools on the waiting area for patients to seat and wait while a table is placed at one corner for consultation. The foot scale is newly bought; stethoscope, thermometers and

paediatric and adult treatment manual handbooks are seen on the table. These items indicate the quality of care provided at the clinic. They charge K0.50t for outpatient treatment, which they used this collected money to buy few necessary items that the clinic urgently needed such as toilet rolls etc. The clinic staff reported that on average they are seeing 10- 20 patients in a day, particularly in the mornings.

Delivery room: It contains one delivery bed, which is neat and tidy. It has a functioning manual suction and vaccuum with adequate stock of necessary drugs such as oxytocics, ergometrines and antibiotics. They reported that the essential drugs in the delivery room are well stocked except few occasions they experienced shortfalls. They reported that so far they had not encountered any complications or deaths relating to deliveries. The number of deliveries in the facilities has increased over the months as stated by the clinic staff. Their statistics revealed that they are delivering 5- 8 babies in a month. The clinic charge fee of K15.00 for delivery

Toilet/Shower: The toilet is of flash-water and the water supply is from the tank outside the building. It is not year-round supply of water as it is very much depend on the weather. The toilet is clean and tidy as expected of a mission run facilities. In a similar manner, the shower room is well maintained.

Dispensary/Storeroom: The room is neat and tidy with good ventilation. The shelves are stocked with adequate essential drugs. It is spacious with well-arranged items.

Staff: A general nursing officer runs the clinic with two other community health workers. Their director makes a regular visit and making sure that clinic runs well and maintains the high clinical level. There are no specialized nursing officers.

After the brief orientation and lecture, we traveled to visit the government run SHC, which is about 10 minutes drive from the Four Square run SHC. We arrived at the health facilities at 2: 30 pm and had a quick glance of the facilities. The government run health facilities was in sorry state with virtually run down buildings. The surrounding environment was bushy with untrimmed lawn and looks as though the clinic has not been utilized for the past months. This reflects the amount of clinical output of the clinic that is struggling to provide to the local community.

Building: The building was in a run-down state. I was informed in my early facility study visit that the facilities had experienced numerous breaks and enter and many drugs and equipment were stolen. The building had been vandalized at several times by the local community during the recent tribal warfare. Broken fly wire, louver blades and clinic door evidenced this.

Picture three. *The government run clinic at Kapakamaliki. Notice the state of the building. Behind, is the partially completed clinic building, which is also decaying due to non-availability of fund to complete and replenish the building with equipment and essential items.*



The new clinic building and the staff house was initiated by the previous member for Unggai/Bena but had not been completed due to financial constraint. Neither the local community leaders nor the health authorities have bothered to follow

with the progress to have the building fully operational. We were unable to go in and have a look as this time the clinic door was locked.

We returned to Korofegu Primary School where people from all over the area gathered for the celebration. There, Mr. Fred Subumei, who was officiated in the capacity as the ward 4 councilor introduced us to the community and the purpose we were there.

Picture four. *Marie handing over the donated medical supplies to Four Square Health Services, Director*



Marie was given the opportunity to give a speech on the role of Highlands Foundation, in Australia and the role of rural health visitation program, whilst I was used as an interpretator. At the grand stand, we officially handed over the donated medical supplies to the Director, Four Square Health Services.

We departed for hospital at 3:30pm

This report is the part report of Rural Health Outreach Program in Eastern Highlands Province, Papua New Guinea.

Prepared by Max Manape