

ANNUAL REPORT 2018/19



Vision

To take simple and practical steps to strengthen the existing healthcare facilities in Papua New Guinea with the aim of decreasing the infant and maternal mortality and morbidity rates and supporting women's health.

Mission

To take simple and practical steps to decrease the maternal and infant health complications and deaths following birth by;

1. encouraging women to attend health services for antenatal care and birth (Mother and Baby Packs);
2. equipping birth attendants with life saving equipment (Health Worker Kits) and;
3. supporting Provincial Health Authorities with education support and provision of much needed equipment and supplies.

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President's Annual Report (Nov 18-Nov19)



As I write this report I reflect on the beginning of the highlands foundation 16 years ago and what inspired me to form a foundation. Mothers and babies I had the honour of assisting in birth and believing in equal distribution of resources for ALL. The notion that healthy families make healthy nations has guided our work. The relationships formed with health workers and communities in different provinces of PNG have been instrumental in the longevity of this foundation. However, all that we have

achieved has been due to the commitment and hard work of our committee members and our volunteers' selfless time and efforts. When our personal lives become hectic, and we grow weary of doing this labour of love, I am reminded that maternal and infant mortality rates are still at tragically high levels in Papua New Guinea. Hence an amazing team and I continue to do what we can to make a difference.

The last year has been quite full for us as a foundation and personally. We have continued to have a strong relationship with our partners Williamstown Rotary and Beaumaris Rotary who have supported us financially and physically in recent years and continue to do so. Hazel Ackland from Williamstown Rotary has been amazing raising large funds with her Christmas raffle raising over \$3000. Heather Chisholm had a very influential presidential year in raising over \$5000 for the foundation with Beaumaris Rotary. Her passion and commitment for the Highlands Foundation carried on to the new president's wife and the organisation has also committed their fundraising year to the foundation.

The highlight of this year was a field trip to 3 provinces of Papua New Guinea by 4 committee members. Leslie Lobo (Treasurer), Ricky Kirori (Cultural Liaison), Kylie Stanley (Secretary) and myself had a very productive time in Eastern Highlands Province - Goroka General Hospital meeting with executives and staff and reconnecting with the origins of our foundation. Kylie and I also supported women in labour and caught a few babies named after us as a sign of gratitude. Great things are happening in the Eastern Highlands with a brand new hospital and some well-equipped Community Health Centres. We also had the opportunity to go rural and visit one of these centres (they are ambitious). The roads as usual were not the smoothest ride, however, with an experienced driver, we made a safe trip while enjoying the sights of the heart of the highlands.

Our next destination was the beautiful coastal town of Kavieng in New Ireland. Here we met with Dr Frank Apamumu and toured the rundown but very functioning hospital with some new buildings being constructed. However, due to lack of funding, progress was slow. After a bit of R&R, we headed to the capital Port Moresby, where we connected with the people of Boira Village who hosted a lovely gathering by the sea. We discussed the community's challenges in accessing Health Care and Education, especially among young women. Great networks were made, and we experienced true PNG warmth and hospitality. This was Kylie and Leslie's first trip to PNG, and hence they have an abundance of photos which I'm sure they would be delighted to show anyone and tell the stories behind them. This trip was important to make a physical connection and reconnection to the cause of the foundation.

Due to many challenges of the year, our fundraising activities did not take flight. However, we have remained financially afloat to make the next container delivery possible in the New Year.

The past year also saw The Highlands Foundation move into a new working space in a shed at the Scout Hall at 21 Dousa Road Altona. After moving all our belongings into a 40ft container, we moved the 40ft container to Altona and emptied the contents into the shed. The 40ft container was then returned and replaced by a 20ft container for us to begin packing to send to Kompian in Enga Province. Shan has been instrumental in

organising all our supplies and managing the move efficiently. Kylie, Shan and Elaine have also had successful packing days making several hundred mother and baby packs.

Elaine Price has kept us environmentally conscious by ensuring we do not include too much plastic in our packs, replacing disposable sanitary pads with sustainable and environmentally safe sanitary packs made from cloth. Elaine's "Friends of Girls" charity has been supported for many years by 1. Envision: who sews the mother and baby packs. 2. Dr Andrew Tucker, Periodontist has donated toothbrushes and toothpaste for toddler's packs. 3. Elizabeth Donohue sews hundreds of PUL liners for the sanitary packs.

Thank you to Sarah our Vice President /Marketing Officer who with her very busy life of being a mum to young ones and completing her Bachelor of Midwifery has maintained our social media and marketing presence.

Currently, Kylie has been working on the governance requirements of the foundation. We are very grateful for the talents she has brought to the foundation attending to all the areas we have neglected and lacked the skill to complete. Kylie is one amazing human. Despite her personal issues she has powered on to be an extraordinary Secretary.

Thank you for caring and making a difference to mothers and babies in PNG.



Successes of 2018/19

Our container arrived in Tari, Hela Province

After much stress and 8 months on the dock, Dr. Tana Kiak got the container released and delivered up the long, long hwy to Tari hospital.

It was a team effort to waive dock fees and storage fees and to have the container delivered up the long, long, poorly surfaced Highlands Highway.

Supplies were distributed to local district health centres and Tari District Hospital.

All of the supplies complement the Health services being delivered in the area and support the goals of Hela Provincial Health Authority to meet minimum health service standards and upskill health workers with midwifery skills.



Our Container arrived in the Sepik

We undertook a very ambitious goal to send off two containers in 2016 to two different regions. The second container was bound for the Sepik region. Below is some info from the arrival of that container.

We have received some **great news** from the Sepik region where one of our containers arrived. Below are some great photos of the emptied container and some babies with their new gifts. All of your hard work has its final reward. I hope that you feel as proud as I did when I first saw these photos. I have also copied some of the letter that we received from Eddie Yehrewanie who has worked with Julie Kemp on the ground in PNG to help distribute our precious donations.

"Yes, we have opened the container and distributed the items. In fact, the container was originally destined for Ulupu health centre and Kombikum health centre in Maprik District of East Sepik Province. However, seeing the overwhelming request by other health facilities in the district for some of the medical items, I decided to include other seven health facilities. The items were equally distributed to nine health facilities altogether -inclusive of Ulupu and Kombikum.

Each received a truck-load. I believe we were generous enough. Those seven health facilities were so thankful for the initiative and assistance."

From Eddie Yehrewanie





2018 High Tea

The Sun came out, and the committee and the busy bees created a beautiful space. The guests arrived and a delicious afternoon tea was served to 90 guests. A successful High Tea was had, raising awareness and funds for improving maternal and child health in remote parts of Papua New Guinea.

The room looked beautiful, Birds of Paradise centred the tables, and Magdalen played the grand piano as the guests arrived. There were opportunities to bid on fabulous silent auction prizes, win a prize in our raffle and drive away in a Ferrari (well, a 2 hours chauffeur-driven Ferrari ride!)

We had displays sharing information about our current projects - Mother and Baby Packs and our Health Worker Kits. Many people sponsored items to help us complete these kits.

Fabulous food was donated by Ricky Holt Catering, Swan St Bakery, Lentil as Anything Catering and Brunetti Cafe. We drank tea donated by Uniglobe International and fresh ground coffee donated by Alex Podolakin. We heard a very touching talk by Heather, a volunteer Midwife who spent time in the Highlands of PNG in 2014. The first-hand account of her experience was an eye-opener for most guests.

We were able to raise **\$9813.65** which is amazing. With this new cash injection, we can plan our next 12-18 months. This gets us a container and delivery to PNG. This also allows us to purchase much-needed items to complete our Health Worker Kits. We can buy stethoscopes, infant and mother resuscitation bags and blood pressure machines. We hope to have 30 kits ready to go (this is worth \$9000).

A special thank you to Shan Podolakin (coordinator), Aleks Podolakin, Elaine Price (Friends of Girls), Mary Ellen Blackburn and Georgia Lagoudakis. These women and the waiters did all the hard work behind the scenes to make the day successful.

A new site to store our donations and run our organisation

In January 2019 we were given 3 months to have all our "stuff" out of our space in West Footscray. We rented a 40ft container and moved all our items into it. We then looked and looked for an alternative site. After much stress and searching Williamstown Rotary came to our rescue in May having found a new storage site for all our donations. We now have a yard to store our 20ft container, a shed for donations to be safely stored and a hall to hold packing days.

We must thank the members of Williamstown Rotary who spent hours cleaning the shed and surrounds, making it possible for the 40 ft container to be unpacked into a clean space.

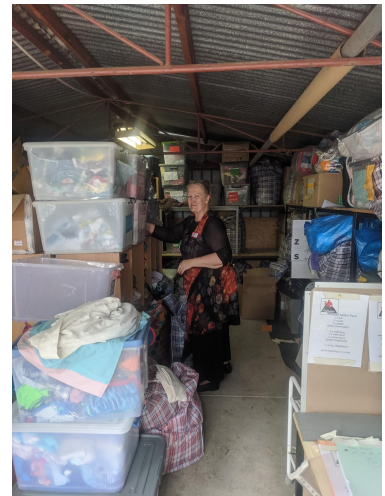
We had a great response to our "unpacking" day with volunteers plastic lining the shed, setting up shelving and sorting the boxes and bags into organised spaces. Everyone enjoyed a delicious lunch and nibbles throughout the day (thank you, Shan)

We are now in Altona North - 21 Dousa Rd, Altona North.

Packing days are restricted due to the hall being used by other groups on weekends. We will coordinate with other groups and make release dates available to us.

Weekly sorting days

Shan has been very proactive as the new Donations Coordinator and is a welcome committee member. Now that we are set up in our new location she is holding weekly sorting days (Wednesday 10:30-2:30) at the shed to keep donations sorted. This makes packing days far more efficient and lets us inform our members about what we need.



Elaine Price and her *Friends of Girls* organisation

1. Elaine continues supplying us with reusable sanitary packs - now included in all Mother packs. She sources fabric (requiring expensive flannel) and waterproof PUL liners. She has spent time designing her packs - no pins or stud clips are used, and the design minimises leaks.
2. PUL liners are generously supplied and made by Elizabeth Donohue.
3. Elaine has also developed a relationship with Envision (a community not-for-profit) that sew items for our mother and baby packs, makes linen for hospitals and makes toys.
4. Thanks to a relationship with Dr Andrew Tucker - Periodontist, we have received donations of toothbrushes and toothpaste for our toddler packs.
5. Elaine is a very welcome addition to the committee



Community Health Worker Kits Project

Our Health Worker Kit Project to supply 30 kits is well underway.

Dr Tana Kiak from Tari District Hospital took 10 Health Worker Kits to present to newly graduated Midwives.

Dr Frank Apamumu took 6 Health Worker Kits to Kavieng for the new Obstetric emergency upskilling program graduates.

These programs are paid for by the hospital or sponsored by companies. We are very happy to give these kits so the health worker can deal with a birth in any location. Most community health centres are under-resourced. Therefore the importance of a health worker having their **own** kit is invaluable. Their pride in their work and care for their **own** items makes this project an obvious 'value add' to the service of Maternal and Child Health in rural environments. Each pack costing \$300 adds far more value to providing a health service.



Container for Kompiam Hospital

Our next container is headed to Kompiam District Hospital in Enga Province. A province we have not supported before. Hospital director Dr David Mills and Nursing Director Ann Hallet have requested Mother and Baby packs. The hospital is in a very isolated and mountainous province in Enga Province. It needs the incentive to encourage women to

make the often difficult journey to visit a health clinic or the hospital during pregnancy and when they need to deliver.

We are also collecting other items - the hospital's wish list includes: 4 Labour beds, emergency beds, filing cabinets, orthopaedic boots, towels and linen, dentistry items (such as a dentistry chair) and consumable hospital items, especially bandages and tapes.

SUBJECT: REQUEST FOR ASSISTANCE WITH BABY PACKS

Dear Sir/Madam,

I write to express interest on behalf of Enga Baptist Health Services, in obtaining support from your organization to be able to provide baby packs to new mothers here at Kompam Hospital.

Papua New Guinea as you may know has one of the highest maternal mortality rates in the world. Although the stated figures are around 750 deaths per 100,000 women, in fact this data reflects the situation in more accessible areas. In the more remote areas of the country, where data collection is poor, the situation is certainly worse.

The reasons for this are multiple. Traditional beliefs that prevent people from taking the first steps, poor access to health facilities, poor supplies of adequately trained health workers and drugs are just a few.

In our service we have been slowly working to try and overcome these barriers. More recently we have constructed new waiting house accommodation to give options to women who wish to come in early and await delivery. A brand new maternity ward has also encouraged more women to come in for supervised deliveries.

In the past too we have experimented with Baby Bundles and found this has been very well received. We had some supplies donated back in 2014 or thereabouts. Unfortunately, we just haven't had the financial wherewithal to sustain this. Funds are marginal in PNG at the best of times and just keeping the services running has taken a major effort in a time with the health dollar has shrunk considerably.

We had heard through our Director of Nursing, Sr Ann Hallett of your service and we would certainly like to register our interest, if possible to receive these baby packs on an ongoing basis. Although baby packs don't solve all the problems, they certainly do give that added incentive to women who may be tentative – just helping to tip the balance in favour of making the considerable effort to get here and deliver in an environment we know to be much safer than delivery in a grass hut with a dirt floor.

I look forward to hearing from you.

Sincerely,

Dr. David Mills

BM BS (Flinders), DRACOG, FRACGP, FARGP

Medical Superintendent

Enga Baptist Health Services

P.O. Box 1017, Mt Hagen, WHP 281

Ann Hallet took supplies over to the hospital on her last trip back. The situation in the hospital is challenging. The story of only one towel in the whole place is unbelievable but true. We are excited by the opportunity to support a new province.

- | | |
|---|---------------------------------|
| 1) 20 plastic shoe covers for theatre | 11) Three paper tape measures |
| 2) 25 EDC wheels | 12) Two blood spot band aids |
| 3) One Medela hand expression pump kit | 13) 40 blue sheets |
| 4) 100 grey blood tubes | 14) Two self-heating bags |
| 5) Four Neonatal SPO2 sensors | 15) 40 tourniquets |
| 6) IV support boards (neonate) | 16) 50 IV Tegaderm adult |
| 7) Litmus paper (two boxes) | 17) One Kylie blanket |
| 8) Eight Tegaderm IV neonate advanced | 10) Ten Suture Packs (reusable) |
| 9) various tapes for fixing IV's for neonates | 11) Seven Disposable IDC packs |
| 10) Four neonate pulse oximeter wraps | |

We have purchased a container and are trying to get it filled and on the water by early 2020. The loss of 6 months whilst we were looking for a new site has held us back some.

“Kompam Rural Hospital, along with 10 other health centres and aid posts, is situated deep in the remote north of Papua New Guinea’s Enga Province, an area listed as one of the most disadvantaged in PNG. Jointly known as the Enga Baptist Health Services it is a ministry of the Baptist Union of Papua New Guinea. There are over 100 separate villages in our drainage area but only a handful of these have an immediate health service available”

<http://kompamhospital.org/>

A new website and email addresses

This has been many years in the making, but we have a new website up and running. It contains more information, is interactive, and contains forms and a donations page. And most importantly it is easy to maintain and update.

The address remains the same - highlandfoundation.org.au

We tried @highlandfoundation.org.au email addresses, but because these cost \$6 a month each, we decided that the expense was not worth it, so we are using @gmail accounts. Each committee member has an email account.

Generous Donations

Kylie and Marie were fortunate enough to be invited to attend the handover dinner for Beaumaris Rotary. Heather Chisholm (the outgoing President) had chosen The Highlands Foundation to be their Rotary Group 2018/19 International Project.

We received a \$5000 donation and a surprise that Diane Hone (incoming President's wife) chose to continue supporting us for the 2019/20 year.

On behalf of the community at the Highlands Foundation we would like to thank Beaumaris for their generous ongoing support.



Thank you, Heather - \$5000 cheque



Kylie and Marie



Thank you, Hazel

We also received a generous donation from **Williamstown Rotary**. Williamstown continues to support The Highlands Foundation with financial support (paying the rent for our shed and the fee to Rotary's Donations in Kind, allowing us access to Rotary's shed full of donations), manpower on packing days and any other physical help we need and general support. We cannot thank the team involved enough.

Every Christmas Williamstown Rotary holds a Christmas raffle, and for many years Hazel Acland has donated an enormous gift basket and has given her time selling tickets in force. We have been lucky enough to be the recipients of her tireless work. This year we received \$3000. We would like to mention thanks to Hazel Ackland, John Barry and Nils Omen and Eddie Knight.

Other donations were received from the Banyule Women's VIEW club. We also continue to receive cash and physical donations from the Edithvale Probus Club, with a special mention of thanks to Sue and Barry Hilton and the Deer Park Probus Club and to Dawn and Brian Wilson. We also received a generous individual donation of \$500 from Ms Anna Tomada after attending the High Tea, she felt she needed to contribute, becoming aware of the dedicated work done by the foundation whilst listening to the informative, heartfelt talk given by Kylie Stanley.

The situation in PNG

Unfortunately, there are still many challenges faced in health care in PNG, particularly in the rural and isolated areas of the Highlands where we focus our projects. The Millennium Development Goals came and went, with most not being met in PNG. The Sustainable Development Goals or Global Goals have replaced these. Our foundation focuses on 3. Good Health and Well-being, but also understand that;

“The 17 SDGs are **integrated**—that is, they recognise that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.” (United Nations Development Programme, PNG)

Papua New Guinea has some of the worst health indicators in the Asia-Pacific region. The maternal mortality ratio has nearly doubled from 370 in 1996 to 733 per 100,000 live births in 2006.

A review of health leadership and management capacity in Papua New Guinea, p.3, 2011

Information from the PNG Child Health Policy and Plan 2009 -2020

Nurse and Midwife numbers Without increased numbers of trained health staff this plan cannot be fully implemented, and PNG's MDG-4 goal will not be reached. Child health and midwifery nursing need a major influx of resources. There are two post-graduate child health nursing courses in PNG. The most established is in the School of Medicine and Health Sciences, University of Papua New Guinea, Taurama Campus, Boroko, Port Moresby. This school trains about 20 new midwives and paediatric nurses annually. A new child health course at Goroka University trains another 20-25 per year. A review of PNG's nursing workforce in 2002-3 estimated a need for 435 more midwives and 200 more paediatric nurses. These post-graduate programs, which are fragile because of limited teaching and other resources, will need ongoing support. Reviewing and standardising the curricula of all courses that teach maternal and child health (Community Health Workers, Child Health Nurses, Midwifery, HEO, and Medical students) to ensure the content contains essential child health training interventions and the contents of this plan are urgently required.

Population growth The Paediatric Society of PNG and the Family Health Services Division of the National Department of Health are aware of the fact that one of the factors in PNG that has the potential to derail all the positive gains made so far is uncontrolled population growth. PNG now has almost a 3% population growth rate with a projected doubling time of 20 years. This means that in 10 years' time, the paediatric population will have increased by around 2 million.

Neonatal mortality makes up 50% of infant mortality, so the neonatal mortality rate for PNG is likely to be about 28 per thousand live births. Two-thirds of neonatal deaths are associated with high-risk pregnancies, labour and delivery. Although there are many factors, prematurity, low birth weight, deliveries not supervised by skilled health workers and early neonatal sepsis account for most neonatal deaths in PNG.

Malnutrition Nutrition is a vital but neglected part of health care in Papua New Guinea. The unacceptably high malnutrition rate contributes substantially to high child mortality, poor growth and neurodevelopment and high infectious disease morbidity. Severely malnourished children (marasmus and Kwashiorkor) account for over 5% of all paediatric hospital admissions. However many other children suffer from moderate malnutrition, which increases the risk of death from pneumonia, diarrhoea, tuberculosis, HIV and malaria.^{6;7} Two-thirds of all child deaths are associated with moderate or severe malnutrition. The 2005 national nutritional survey showed that over half of all children under 5 years of age had some malnutrition. Contributing factors towards malnutrition include early weaning, inappropriate feeding, adoption and infections. Improving exclusive breastfeeding rates for six months is crucial to achieving better nutrition throughout childhood.

Pneumonia Acute lower respiratory infection is the most common cause of serious illness and death in children in PNG, accounting for 30-40% of all hospitalisations. Pneumonia, the commonest cause of ARI, is particularly prevalent in highlands provinces.

TB Childhood tuberculosis (TB) is a huge burden in PNG. Childhood TB reflects the transmission rate of TB in the community. Childhood TB represented 31% of all TB treated in PNG in 2005-6. This is twice the expected caseload of paediatric TB, implying that the TB control and elimination programme is not functioning well. It also reflects the impact of the HIV epidemic on TB cases. Pulmonary TB and TB meningitis contribute substantially to high child mortality rates, malnutrition and impaired neurological and cognitive development. Improving the detection, prevention and management of children with TB was considered by the Paediatric Society as a major priority in Child Survival. It was added to the goal areas the Western Pacific Region identified.

Community Health Nurses and Community Health Posts PNG is moving towards upgrading aid posts to be community health posts. The intention is to have these staffed by three officers; one community health worker with training and skills in maternal and child health care. The services offered at Community Health Posts for mothers and children will include all essential MCH services: antenatal care, deliveries, basic newborn care, immunisations, growth monitoring, and management of common childhood illnesses, and referral of very sick children. Staff will also help encourage the Healthy Islands concept within communities. Given the number of aid posts to be staffed, there will need to be marked increases in the number of CHWs trained and major support given to CHW training schools.

Child Fund released a report on Maternal Mortality in 2018. The most contemporary report we can access.


<https://www.childfund.org.au/media-news/report-shows-australias-closest-neighbor-png-one-of-the-most-dangerous-places-in-the-world-to-be-a-mother/>

PNG also has a National Health Plan 2009-2020. They review figures from 2001-2009 and put in a plan for the following 10 years. We are close to the end of this plan, so in the next few years, we will have a more contemporary set of figures.

Chapter 13 is most relevant to us

Chapter 13

Health Programs (2001–2009) in Review



This chapter includes summary information about a range of health programs in PNG.

I. Family Health

Family Health programs include Child Health, Maternal Health, and Adolescent Health.

Child Health

The neonatal, infant, and child morbidity and mortality rates in Papua New Guinea remain unacceptably high, and are among the worst in the Pacific region, despite modest progress in the last decade. The most common causes of morbidity and mortality are respiratory infections (particularly pneumonia), malaria, and diarrhoea. Poor environments and sanitation, close birth spacing, low education levels of mothers, maternal and child malnutrition, anaemia, and low immunisation coverage are the leading contributing factors to poor health and mortality among neonates, infants, and children. The increase in child abuse and injuries in many communities is alarming, particularly considering that PNG is a signatory to the Convention on the Rights of the Child (1989).

The 2006 Demographic and Health Survey shows an average decrease in infant and child mortality rates of 10% over the years 1996 to 2006. However, the neonatal death rate has remained unchanged over the past ten years. Although improved, the overall coverage of immunisation remains a challenge for the PNG health sector.

Continuing priority programs over the coming ten years will include routine and supplementary immunisation, Integrated Management of Childhood Illness (IMCI), Oxygen Concentrator roll-out, and school health programs.

Looking Back Over the Past Ten Years

Achievements: In spite of the challenges articulated above, our achievements in the key performance outcomes over the past nine years have seen some positive results, as presented in the following tables. The Demographic and Health Survey (DHS) 2006 indicates that there has been some reduction in the infant and child mortality rates.

Figure 1 Status of TB Program 2006–2008

Mortality Rates	1996	2006
Neonatal deaths	32	29
Post neonatal deaths	38	28
Infant Mortality Rate	69	57
Child Mortality Rate	25	19
Under 5 Mortality Rate	93	75

Figure 2 Under 5 Mortality Rates (2006 DHS)

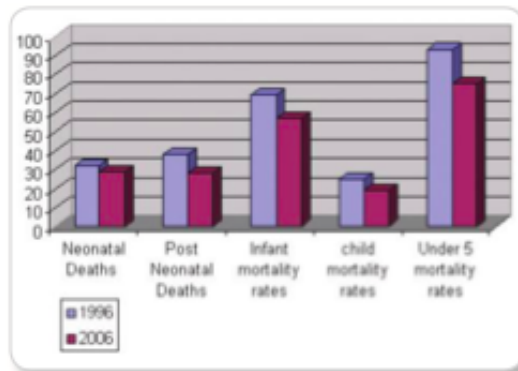


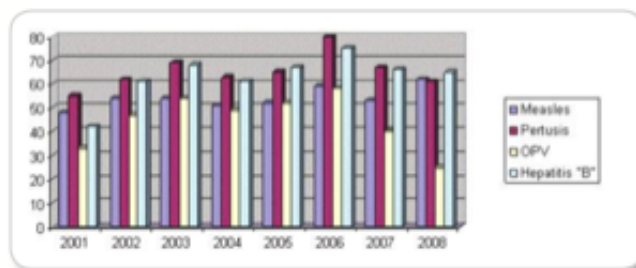
Figure 3 Less than 5 years Case Fatality Rates (%)

Disease	2004	2005	2006	2007	2008
Pneumonia	4.7	4.3	3.3	2.5	3.0
Malaria	1.3				2.1
Diarrhoea	3.0	3.6	3.3	3.2	3.0
Measles	4.0				

Figure 4 Immunisation Coverage Rates

Vaccine	2001	2002	2003	2004	2005	2006	2007	2008	Average 2006–2008
Measles	48	54	54	51	52	59	53	62	57.9
Pertussis	55	62	69	63	65	80	67	61	69.0
OPV	33	47	54	49	52	58	40	25	40.7
Hepatitis B	42	61	68	61	67	75	66	65	68.6

Figure 5 Immunisation Coverage Rates



Looking Forward to the Next Ten Years

Major challenges and key areas that will require continued support and commitment by all stakeholders include:

- Achieving 100% roll-out of the IMCI Program to all provinces and districts.
- Continuing the routine and supplementary immunisation program.
- Strengthening community IMCI advocacy, training, and partnering program with parents, to prevent childhood illnesses at home.
- Continuing school health medical program.
- Promoting exclusive breastfeeding.
- Continuing to review and ensure Standard Paediatric Treatment Manuals and Guidelines are available and in use by all health workers.
- Achieving 100% availability of essential drugs for treatment of common illnesses.
- Ensuring availability of oral rehydration salts and intravenous fluids.
- Advocating on child abuse and injuries.

Maternal Health

The maternal mortality rate in Papua New Guinea remains unacceptable high, and is the second-highest in the Asia-Pacific region and high in comparison globally. The maternal mortality indicator has worsened. It is estimated that about 1,500 women die as a result of complications during and after childbirth. The two most common complications during and after childbirth are prolonged labour and bleeding associated with infection. These are also the major cause of maternal deaths. It is also reported that maternal deaths in PNG are often associated with other underlying causes, such as TB, malaria, diabetes, and HIV/AIDS.

Looking Back over the Past Ten Years

Maternal mortality in Papua New Guinea remains unacceptably high; it has worsened in the past 12 years. The maternal mortality rate has doubled from 370 per 100,000 in 1996, to 733 per 100,000 in 2006 (DHS 2006). Most experts believe that it could be much higher.

Only 40% of births are supervised or assisted by a trained health worker and village health volunteer, while 60% of births occur in the village without such assistance.

The absence of skilled health workers in midwifery, as well as appropriate drugs and equipment, has had adverse effects on the management of prenatal care and the management of obstetric complications. Health workers, especially community health workers who are the first point of contact, lack competency in midwifery skills.

Antenatal and family planning coverage are still low, and outreach patrols have continued to decline over the past 15 years. The ineffective, delayed, or too-many-layered referral chain has affected the referral of obstetric emergency cases to hospitals, with serious consequences for effective management of obstetric complications. The proportion of delivery rooms with running water, a sink, and lighting has declined over the past ten years (ASR 2008). The fragmented health service delivery has had a negative impact on maternal health in PNG.

Achievements: In spite of the challenges articulated, our achievements in key performance outcomes over the last nine years have included some positive results in family planning acceptor rates and couple year protection, a slight reduction in total fertility rates, and an increase in the mean age at first birth and percentage of women having begun child bearing (DHS 2006).

Figure 1 Key Performance Indicators (DHS 2006)

Vital Statistics	1996	2006
Maternal Mortality/100,000	370	733
Total Fertility Rates	4.8	4.4
% women 15–19 years begun child bearing	21.0	20.5

Figure 2 Maternal Mortality Rates per 100,000 (DHS 2006)

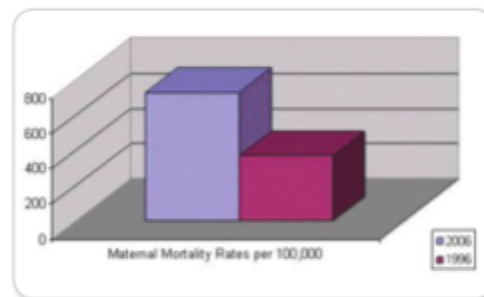


Figure 3 Supervised Births in Health Centres and Hospitals — National Trend (NHIS and ASR 2008)

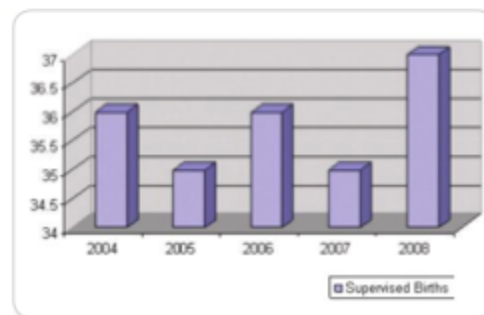


Figure 4 Antenatal Coverage First Visit — National Trend (NHIS and ASR 2008)

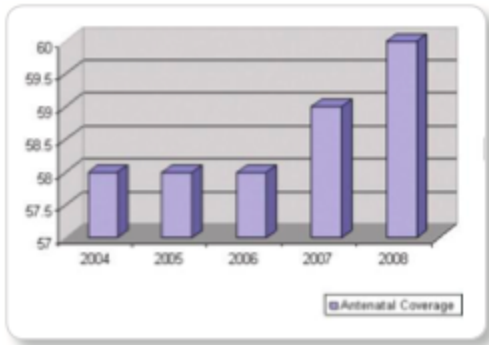
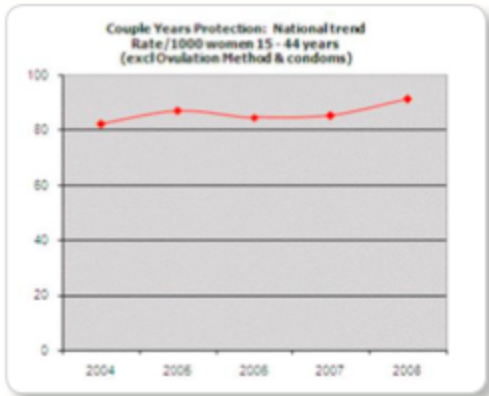


Figure 5 Family Planning Couple Years Protection (NHIS and ASR 2008)



- Increasing awareness of families and communities of the importance of obstetric emergency preparedness, especially the five delays in the repatriation of a mother in obstetric complications.
- Ensuring every hospital, district hospital, health centre, and community health post has a health worker trained in midwifery skills.
- Strengthening and increasing the clinical outreach programs.
- Strengthening and expanding the village health volunteer program and incorporating with Healthy Island/Health Village program.
- In collaboration with the Department of Education including safe motherhood and adult health as part of the higher school curriculum.

Looking Forward to the Next Ten Years

Major challenges and key areas that will require continued support and commitment by all stakeholders include:

- Strengthening the health service delivery system.
- Improving midwifery skills for all cadres of health workers, and in particular community health workers.
- Improving health facility labour wards, including adequate supplies of running water, sinks, and lighting to labour wards and delivery rooms.
- Developing minimum standard integrated obstetric emergency tool kits and guidelines for management of emergency obstetric cases.
- Continuing to update standard treatment manual pocket book of obstetrics and gynaecology for nurses, HEOs, and doctors.

From the information in these plans it is clear that our projects work in with the goals of the existing health service - decrease infection post labour in women (Mother packs), decrease infant pneumonia (baby packs), encourage antenatal visits and birthing with a qualified health worker (Mother and Baby packs), better equip Health Care Workers (Health Worker Kits).

Finances

Opening balance of \$2780.66

Income

High Tea	\$10377.97
Other donations	\$8850.00
Interest	\$16.46
Total:	<u>\$192444.43</u>

Expenses

High Tea	\$564.32
Container	\$2320
Other expenses	
Consumables	\$215.32
IT	\$250
Bank expenses	\$14
Total:	<u>\$3363.64</u>

Closing Balance of \$18661.44

Sponsors - We would like to say thank you

Ongoing supporters

Williamstown Rotary
 Beaumaris Rotary
 Rotary Donations In Kind
 Deer Park Probus Club
 Edithvale Probus
 Warragul Linen Services (who donate palates of linen for our containers)
 Friends of Girls
 Envision : <https://www.facebook.com/EnvisionESI/>, Envisions.org.au

High Tea sponsors

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