Oil Search Health Foundation
Maternal and Child Health Program


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### Acronyms & Abbreviations

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>EMOC</td>
<td>Emergency Obstetric Care Course</td>
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<td>EOC</td>
<td>Essential Obstetric Care</td>
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<td>EPI</td>
<td>Expanded Program on Immunisations</td>
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<td>GoPNG</td>
<td>Government of Papua New Guinea</td>
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<td>HPV</td>
<td>Human Papillomavirus</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MOH</td>
<td>Medical Occupational Health</td>
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<tr>
<td>MTF</td>
<td>Ministerial Task Force</td>
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<td>NDoH</td>
<td>National Department of Health</td>
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<td>OSHF</td>
<td>Oil Search Health Foundation</td>
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<td>OSL</td>
<td>Oil Search Limited</td>
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<tr>
<td>RANZCOG</td>
<td>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</td>
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<td>RHTU</td>
<td>Reproductive Health Training Unit</td>
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<td>SIA</td>
<td>Supplementary Immunisation Activity</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1 Introduction

Oil Search Ltd (OSL) is the major operator of Papua New Guinea’s (PNG) oil and gas fields and aims to be a leader in delivering sustainable development across the industry. Driven by integrity, innovation and partnership with the Government of Papua New Guinea (GoPNG), development partners and local communities, the establishment of the Oil Search Health Foundation (OSHF) in 2011 was a natural step towards achieving this vision.

The Health Foundation is a not-for-profit charitable body and wholly owned subsidiary of Oil Search (PNG) Limited. It is recognised by the GoPNG as the Oil Search body responsible for working with National Department of Health (NDoH), donor and development partners and local community stakeholders for the design and implementation of public health initiatives including clinical services, community health campaigns, staff education and capacity building, mentoring and support programmes, and research and development.

The Maternal and Child Health (MCH) program aligns with four key national and international strategies:

1. Ministerial Taskforce on Maternal Health in PNG 2009;
3. The World health Organisation’s (WHO) Millennium Development Goals (4 & 5);

The principal objectives of the MCH program are to contribute to improving maternal and child survival. This will broadly be accomplished by:

- Improvements in access and availability of family planning;
- Increased availability and uptake of supervised deliveries;
- Increased access to, and uptake of, childhood immunisation programs;
- Responding to Gender Based Violence (GBV);
- Strengthening health systems.

The Health Foundation’s MCH program utilises a public-private partnership model in order to coordinate and optimise the strengths and capacities of partner agencies to deliver effective and increasingly efficient health care for families.

From the grass-roots beginnings, the MCH program has systematically built on its successes using evidence-informed approaches and has gradually expanded its team and expertise. The MCH Program has continued to seek partnership opportunities and apply innovative interventions which aim to improve maternal and child health outcomes.

In consultation with its growing network of partners, the MCH Program has identified an urgent need in the provision of (post-basic) reproductive healthcare training and competence development for health care workers in PNG. As a result, in 2012, the team established a national Reproductive Health Unit (RHTU) that will deliver PNG-contextualized training to address these currently unmet needs. A fundamental element of this program is to continue the focus on improving local health service capacity by providing ongoing education to local health professionals, as well as vital infrastructure and equipment support.
2 Guiding Principles

The Ministerial Task Force (MTF) on Maternal Health in PNG (2009) provides three core strategies to reduce the maternal mortality rate:

- Family Planning
- Supervised delivery
- Skilled Emergency Obstetric Care training for health care providers.

The MCH strategy outlined in this document takes the MTF recommended strategies and integrates them into the Health Foundation programs. By practical application of these strategies, the MCH program will deliver programs and activities that focus on the following priorities:

1. Prevention
2. Access
3. Health Systems Strengthening

Ensuring access to a strong and robust health system that emphasises prevention, especially family planning will have a direct impact on reducing maternal mortality.

For the Health Foundation MCH team, this means:

- **Working with others** - developing partnerships at all levels is central to the strategy’s success. Cooperative relations will be developed between national, provincial and local-level health and education authorities; key stakeholders within Oil Search; external development partners and local communities the Foundation serves.

- **Delivering high quality, locally contextualised training and coaching** - ensuring that community healthcare providers are provided with a comprehensive skills-based package of training that includes both theory and practical skills that are relevant to their local contexts.

- **Ensuring expert technical advice and skilled program management** - the MCH team will keep abreast of international, regional and national evidence-informed trends in policy and practice. This information will be synthesised to form the basis of technical advice and assistance to local stakeholders and colleagues across the Health Foundation.

- **Providing information about performance** - the provision of complete, accurate and timely data related to national and organisational standards of monitoring and evaluation will ensure the performance of the Health Foundation constructively contributes to the ongoing planning of services and activities.
# 3 Strategy Overview

The MCH program matrix outlines the program goal, priority areas and core objectives of the Health Foundation. As stated, these are aligned with the National MCH Strategy.

<table>
<thead>
<tr>
<th>MCH Program Goal</th>
<th>Priority Areas</th>
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<tr>
<td>To improve maternal and child survival</td>
<td>1. Prevention</td>
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<td></td>
<td>2. Access to Quality Maternal Health Services</td>
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<td></td>
<td>3. Health systems strengthening</td>
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**Core Objectives**

- To reduce the transmission of communicable disease in children through improvements in immunisation coverage
- To increase the number of births attended by skilled health workers
- To increase the uptake of family planning
- To increase the engagement of men in reproductive health
- To improve quality of antenatal care
- To strengthen human resource capacity to provide effective health care for women and children
- To improve collection, analysis and use of strategic information

**Key Activities**

- Supply of EPI vaccines to health facilities
- Formal training of health workers in EPI
- On-the job coaching of health staff in clinical techniques, cold chain maintenance and data collection
- Facilitation of logistic supplies (fridges /gas cylinders) to health facilities
- Support health facilities to conduct immunisation patrols
- Liaison with Provincial Health Authorities, NDoH and faith based organisations
- EPI coverage surveys
- Community mobilisation for EPI
- Support and participation in Supplementary Immunisation Campaigns
- Community mobilisation for ANC attendance
- Health education at schools
- Training and on the job coaching for health staff maternal health care
- Promotion of health centre delivery at ANC encounters
- Facilitating +/- providing essential MCH equipment
- Development and dissemination of Health promotion materials
- Community conversations with men
- Coaching of health staff on SRH issues with men
- Implement roll-out of Syphilis testing at point of care
- Participation in ANC clinics
- Establishment of a national training and development unit for reproductive health
- Engage with health worker training institutions
- Provide support and mentorship for health care staff in rural and remote health facilities
- Strengthen local supplies distribution systems
- Support coordination efforts of MCH stakeholders
4  Priority Area 1 – Prevention

Improving child health is vital for the future of PNG and is a major commitment for the MCH program. Immunisation is a relatively inexpensive, effective way of preventing serious or life-threatening disease.

The principal objective of the MCH program is to increase the immunisation coverage within rural and remote communities. Our objectives are aligned with the PNG Child Health Policy & Plan (2009-2020) which has provided six core strategies in the Expanded Program on Immunisation (EPI):

1. Make progress towards the elimination of measles
2. Progress towards the control of Hepatitis B
3. Maintenance of PNG’s polio free status
4. Elimination of maternal and neonatal Tetanus
5. Integrate Expanded Program on Immunisations with other health services
6. Conduct Supplementary Immunisation Activities every second year

To date, prevention interventions have mostly been based in communities within the Health Foundation project area. In June 2013 the program was expanded to include Lake Murray, demonstrating our ability to mobilise vaccination provision in other areas of the country. These services have incorporated static, mobile and overnight patrols. The Health Foundation is committed, within the next three years to increase immunisation coverage to 85% of children being fully immunised within our program areas.

4.1  Steps to be taken

There are several steps that will increase the immunisation coverage.

1. **Provide assistance with Expanded Program on Immunisation**

The MCH program will continue to provide a range of support to the national Expanded Program of Immunisation (EPI) program. During the 1\textsuperscript{st} and 2\textsuperscript{nd} quarter of 2012, 5,909 vaccinations were administered. During the same period for 2013, 10,956 vaccinations were administered. This increase was due to an increase in mobile patrols throughout the project area and the Lake Murray Project, as well as a close relationship and support system with community health care providers.

Given these success rates, the MCH team will continue to promote the message of “

\textit{Vaccinate at every opportunity}”. The MCH team will maintain an active part in MCH patrols delivering the EPI programme to remote areas as per the community health facilities annual activity plan.

The MCH team will conduct bi-annual MCH surveys to obtain immunisation coverage and adapt our programs to the findings. This is an intricate part of monitoring and evaluation and allows program staff to analyse current rates of vaccination administration and improvements in service delivery. Education is also provided on the correct schedule, dose, route and technique of administration of the vaccines.

The MCH team will also assist in the rollout of the new vaccine schedules vaccines are added to the PNG NDoH vaccination schedule in the future, such as Human Papillomavirus (HPV) and Pneumococcal vaccine (Pneumovax).

2. **Respond to confirmed outbreaks of infectious diseases**

Although to date the Health Foundation has yet to have a confirmed outbreak of infectious disease in children within its program areas (e.g. measles), should there be an outbreak, the MCH team will
play a major role in responding. This will be performed in cooperation with the Provincial Health Authority and their response procedures and policies.

3. Supplementary Immunisation Activities (SIA)

The Supplementary Immunisation Activity (SIA) conducted three rounds nationally in 2011 & 2012. The Health Foundation provided transport and supply logistics, human resources, on-site mentoring and coaching to health facility staff, and monitoring and evaluation within the Kutubu project areas. We also provided community awareness posters which we distributed throughout the Kutubu and Kikori areas.

Through monitoring and evaluation processes, the MCH team were able to demonstrate the success of program activities with the number of vaccinations administered almost tripling from 4,588 in 2011 to 14,692 in 2012. This included assisting the SIA program with the roll-out of 2,792 Tetanus Toxoid vaccinations for women 15–45 years within both the communities and the OSL workforce. During a further phase, 1,778 Tetanus Toxoid vaccinations were administered.

These results clearly validate our contribution to the SIA program. With sound experience in hand, the MCH team will continue to support future Provincial Health Authority SIA activities.

4.2 Anticipated Results

Improvement in the following key performance indicators:

- Percentage of fully immunised children 2-23 months
- Percentage of antenatal women receiving the first Tetanus Toxoid vaccination
- Percentage of antenatal women receiving the second Tetanus Toxoid vaccination

4.3 Strategic actions

i) The MCH team has historically provided services within the OSL project area. As of June 2013 the team expanded to delivering services to the Lake Murray district. It is anticipated over the next two years the MCH program will be expanded to other areas, particularly those in the OSL operating areas such as Hela Province.

ii) Within the project areas, the MCH team will provide assistance to local health facility outreach immunisation programs. This will include the procurement of vaccines, supporting the delivery of gas cylinders for the vaccine fridges, logistics including transportation of health facility staff and providing boat fuel for the patrols undertaken in remote communities.

iii) Develop a plan that will guide an active response to a confirmed outbreak of infectious disease in children. The MCH team will work directly with the provincial health authority in the event of an outbreak of disease. This will include assisting with logistics, community awareness and man power on the ground.

iv) Deliver bi-annual supplementary immunisation activities in accordance with the national SIA plan.

v) The MCH team will continue to work closely with the OSL medical and occupational health service (MOH). The MOH team provide a comprehensive health service to on-site employees, in addition to emergency cases from the community. The MCH team will provide in-service training for MOH staff on topics relating to MCH. The MCH team will also assist the MOH (during periods of high workloads) with the nursing care of community patients while admitted within the MOH clinic and liaise closely with patient referrals from the community and support local health staff conduct follow-up reviews in the community.
The MCH team continue its engagement in Milne Bay Province, including collaboration with the St Barnabas School of Nursing. Vaccination and Integrated patrol workshops have already been conducted for 3rd year students which included a practical field placement. This will be expanded to 1st and second year students.

5 Priority Area 2 – Access to quality Maternal Health Services

Papua New Guinea has a Maternal Mortality Ratio (MMR) of 733 per 100,000 live births, the second highest in the Asian Pacific Region. Supervised delivery is one core activity recommended by the MTF to reduce maternal deaths. Supervised delivery in PNG is defined by a labour and delivery conducted in a health facility, observed and supervised by a health care professional who has had training in midwifery. Most obstetric complications cannot be predicted or prevented, but if women receive effective treatment in time almost all can be saved. To this end, the MCH program is committed to increasing the number of supervised deliveries in local, fit for purpose, community health facilities.

The MCH program also recognises that family planning improves health and saves the lives of women. A lack of family planning services places women at risk through the following situations:

- A pregnancy occurring when the woman is too young i.e. less than 18 years of age;
- Too many births, i.e. more than four pregnancies;
- Pregnancies too close together i.e. Intervals of less than 3 years;
- Pregnancy when the woman has serious medical risk factors present such as HIV, severe anaemia, TB and diabetes.

The reduction of maternal mortality and morbidity is the highest priority for the Health Foundation MCH program. Delivering family planning services and education to both health care providers and the communities is a key objective. To be sustainable, the Health Foundation recognises that family planning needs to be integrated across primary care services where local women live.

5.1 Steps To Be Taken

There are several critical steps that the MCH program will take to increase access to and quality of maternal and child health services:

1. **Increase the availability and delivery of family planning methods**

   The MCH team has long supported local staff to build capacity to deliver family planning services. We will continue to support the community health facilities to ensure that they are fit for purpose and have the necessary supplies, including assisting with the procurement of contraception when stock-outs occur.

2. **Improve the quality of maternal and child health services**

   The MCH team currently provides weekly support visits and mobile patrols in accordance with the community health centres annual activity plans. These support visits allow the MCH team to assist the local health workers in the delivery of MCH services.

Promoting early detection and treatment syphilis in pregnancy is an important strategy of our program. The procurement of syphilis tests and ongoing mentoring and coaching in antenatal

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screening will continue. The MCH team will work in close collaboration with the Health Foundation HIV team with the testing, treatment and support of HIV positive pregnant women.

Continue support and training to both healthcare providers and antenatal women about the importance of supervised delivery. The MCH team has been active in participating in clinics in villages and health facilities in Kutubu and this has contributed to boosting the number of 1st visits to antenatal care by 44% (321 to 463 in 2012).

In order to achieve and maintain competence, the MCH team will provide ongoing training and mentorship to community healthcare staff by:

- Increasing training to health care workers on evidence based practice, and reinforce with on-the-job coaching and mentoring.
- A training needs analysis (TNA) has been conducted in Kutubu and Kikori project area and has identified gaps in knowledge and skills, in particular regarding women’s health. Contextualised training modules are being developed to address these gaps and will be rolled out throughout 2014.
- Training of MCH program midwives in the insertion of long acting contraceptive methods (implants) will be undertaken by Marie Stopes International. Family planning is one of the most effective means of health promotion for women and their families. The implant is a long-term form of contraception, giving coverage to the woman for up to 5 years. This form of contraception in invaluable for women situated in remote areas with the inability to travel to health centres regularly to obtain contraception. Providing training for the midwives in this procedure will allow our program to provide this service to women who do not have access to local health centres.

3. **Increase the engagement of men in reproductive health**

Unless men are actively engaged in supporting better health and well-being for families and the empowerment of women, progress will remain slow; women will remain vulnerable to reproductive health threats. The MCH team will provide education session through tool boxes to OSL and contract employees on men’s engagement in reproductive health. Focus group discussions are undertaken within the community setting. Community health promotion activities will also be developed throughout 2014.

5.2 **Anticipated Results**

Improvement in the following key performance indicators

- Number of supervised deliveries
- Number of first antenatal visits
- Number of antenatal syphilis testing
- Increasing couple-years protection (CYP). This is an estimate of the number of couples protected against pregnancy during a one–year period based on the volume of contraception provided.
- Number of family planning educational sessions delivered
- Number of women attending family planning clinics
- Number of health care providers trained in “implant insertion”
- Number of implants inserted
- Number of men’s engagement health promotion activities provided
5.3 Strategic actions

i) Promote the importance of supervised deliveries via education to community health care providers and antenatal women

ii) Support the health care facilities in providing “Mother Friendly Services”

iii) Increase the rate of syphilis testing by supporting health staff, procurement of test strips and on-going training

iv) Provide logistic and human resource support to mobile patrols conducted by health facility staff to remote communities.

v) Conduct independent patrols where no health services are available in collaboration with Marie Stopes International, provide training for MCH midwives in long acting contraception methods and incorporate into our regular program activities across all MCH programs

vi) Maintain an accurate MCH data base and use it to inform monitoring and evaluation of the program

vii) Sexual Gender Based Violence program: This project will be officially launched with the International Day for the Elimination of Violence against Women on 24th November 2013 with a range of activities being held.

viii) Identify research priorities relevant to our program and linked to improving patient outcomes.

6 Priority Area 3 – Health Systems Strengthening

To effectively address the maternal mortality and morbidity in PNG requires a trained, competent and motivated workforce to deliver interventions that can save lives. The majority of health workers have had little or no in-service training in reproductive health since graduation.

Currently there is insufficient human resource capacity within the Provincial health and at NDoH levels to provide contextualized training packages to meet the requirements for continuous education in reproductive health for the health care providers within PNG. The Reproductive Health Training Unit (RHTU) was established as a national initiative, in the form of a Public Private Partnership (PPP) between OSHF, AusAID and NDOH to strengthen the capacity of provinces to provide in-service reproductive health training to health staff. The RHTU reports to a Steering Committee comprising the PPP and key stakeholders. OSHF is facilitating the phase 1 establishment of the RHTU. A handover of the RHTU to a local PNG training institution is planned to occur in 2017 once its sustainability and viability is assured.

While the RHTU focuses broadly on provincial level capacity building in the area of Reproductive Health Training, the OSHF MCH team provides on-going training workshops and on the job coaching in obstetric care, EPI, child health, family planning and health management directly to rural and remote health facility staff, preferably on-site in their health facility.

A health centre that provides basic emergency obstetric care can prevent many maternal and perinatal deaths. For some conditions (e.g. some cases of postpartum haemorrhage) basic care will be sufficient. By providing obstetric training there will be a significant beneficial impact upon MMR. The MCH team will also incorporate refresher training in areas that have received previous training delivered in the area of reproductive health.

The MCH team has recognised that the training they deliver needs to be effective and focused on improving health workers knowledge, attitudes and practice – in a sustainable manner that ultimately benefits patients by improving health outcomes. During 2013, the MCH team prioritised
improving their expertise in training, enhanced with relevant professional development activities. In line with this, the St Barnabas School of Nursing has invited the MCH team to engage in a long-term collaboration to improve the quality and calibre of nursing students graduating from the school. In consultation with the academic staff, the MCH team will design, develop and implement tailored workshops with a strong emphasis on skill development (including, but not limited to, preceptor training and mentoring and clinical facilitation). This will complement the existing curriculum, with student learning supported by appropriate training aids. Professional development of academic staff also be part of providing a holistic approach.

PNG experiences one of the highest rates of Gender Based Violence in the world. While there are some services being provided in four provincial capitals (Family Support Centres in Tari, Lae, Hagen and Port Moresby), there is little to no effective care available in the rural or remote areas. Our key strategy will be to develop capacity of health staff in rural and remote health settings to provide effective care for survivors of sexual violence. In addition, the MCH will collaborate with other departments to raise awareness of the issue within the OSL workforce and lead activities related to the International Day for the Elimination of Violence against Women in Ridge and Moro.

6.1 Steps To Be Taken

1. **Strengthen the current provider workforce to improve quality of Maternal and Child services.**

   Since 2010, the Health Foundation has facilitated numerous Emergency Obstetric Care (EOC) training courses in line with guidelines from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the Pacific Society of Reproductive Health (RANZCOG) who are investigating alternative models of care that could potentially exploit existing interventions.

   The Reproductive Health Unit (RHTU) aims to increase human resource capacity (within existing staff) to provide effective EMOC and family planning training to health workers at the Provincial level. The RHTU focus is on in-service training in keeping with the NDoH priorities, policies, procedures, standards and guidelines aimed at supporting the 2011-2010 National Health Plan. This will include assisting the delivery and distribution of Manuals of Standards Management in Obstetrics and Gynaecology to health centres.

2. **Develop effective, uninterrupted and sustainable supply management systems.**

   The Health Foundation MCH team plays a significant role in the coordinating and distribution of vaccinations and accompanying items such as syringes, needles and sharps containers to the health facilities within the project area. As the main distributor of vaccines the MCH team takes responsibility for ordering the supplies for all the surrounding health centres from the NDoH. The team also supports the health facilities with the delivery of gas for the vaccine fridges to assist in maintaining cold chain monitoring. The MCH team has also played a pivotal role in coordinating local supply-chain for syphilis testing kits.

3. **Streamline and standardise data collection.**

   The MCH program has rationalised and standardised the data collection along with the other programs. This has allowed for a centralised and comprehensive database.

   In 2013, the Reproductive Health Training Unit partnered with the WHO Collaborative Centre at the University of Technology, Sydney. A key aspect of the partnership is to integrate and reinforce existing Health Information System data collection tools (e.g. Maternal Mortality Audit Form) and facilitate the strategic use of this information to inform further interventions.

4. **Support and strengthen MCH surveillance activities.**

   The MCH team conducts bi-annual surveys within both the Kikori and Kutubu areas which captures the coverage of fully immunised children, number of supervised deliveries, first antenatal visits and
the coverage of pregnant women receiving Tetanus Toxoid coverage. These surveys provide vital information on the current programs and their effectiveness. They also allow the team to identify areas of need and plan annual activities in response to the results. Ongoing audits of clinical support activities will allow us to identify current issues within the program and what is required to improve quality and ensure sustainability.

A demonstration project “Enabling Model for Reproductive Health” in the Dentre Casteaux Islands is planned for 2014. This project would develop and refine different models of training and professional development activity delivery. By investigating interventions that address: a) barriers to the community accessing reproductive health care (e.g. staff attitudes, fees, men as decision-makers); b) supportive management; c) access to appropriate equipment and medications. The interventions would be developed with and supported by the partner agencies (Provincial Health Authority and Church Health Services. The program would be supported by a monitoring and evaluation framework developed in collaboration with the WHO Collaborative Centre at the University of Technology, Sydney.

5. **Provide regular reporting**

Progress in reaching projected programme outputs and strategic milestones will be reported in accordance with the requirements of the Health Foundation and its parent body, Oil Search Limited. In the past, considerable manual manipulation of data has been required to produce the likes of annual reporting. Given the growth of the Health Foundation MCH programme activities, the majority of reporting now needs to move towards greater automation. Data will be presented to different audiences in different forms, including the services that have generated the data.

6. **Expanding the delivery of our services to the St Barnabas School of Nursing (SBSoN) in Alotau**

The MCH team will continue the association with the SBSoN by providing structured training program that complements and enhances the student nurse curriculum. Training packages designed and delivered will adhere to the NDoH policies, standards and guidelines.

The development of a Preceptorship program is currently underway in partnership with SBSoN and PNG NDoH. This program will include on-going supportive supervision and mentoring of the trainee nurses with the maternity section of the Alotau Hospital in Milne Bay Province. The preceptor program will be supported by the delivery of Certificate IV in Training and Assessment for academic staff and clinical educators in the Provincial Health Authority and Church Health Services.

Mapping of nursing competencies and the development of clinical learning pathways for the student nurses will enable students to more effectively meet registration requirements upon graduation.

The MCH program will provide regular reporting to monitor progress in reaching projected programme outputs and strategic milestones (to be developed). This will be accomplished in accordance with the requirements of the Health Foundation and Oil Search.

7. **Development of a Response to Sexual and Gender Based Violence (SGBV) within MCH projects**

MCH staff will be trained in gender, Gender Based Violence, NDOH policies, PNG Law, management of care, health promotion and reporting. MCH staff will be mentored in rolling out this training to community health facilities across MCH project sites and if feasible, a modified family support centre established at one rural site. Retrospective audits of all reported cases will occur in Kutubu. A series of workshops will be developed and implemented at the St Barnabas School of Nursing for students and academic staff.
6.2 Anticipated Results

Improvement in the following key performance indicators:

- Number of Healthcare workers trained in Basic Emergency Management of Obstetric Care and EOC
- Number of BEMOC and EOC courses provided.
- Number of student nurses involved in the Preceptorship program.
- Number of SGBV cases effectively treated in Kutubu Project
- Number of health promotion activities on GBV conducted

6.3 Strategic actions

i) Over the next three years the MCH program will continue to deliver reproductive health training within our programme area.

ii) Engage with stakeholders and other NGOs to prioritise areas of training. This will also prevent duplication of services.

iii) Develop and apply quality assurance processes to all training programs and adapt as required.

iv) Further develop expertise in training, health promotion, monitoring and evaluation and responding to GBV and apply these skills within the MCH programs.

v) Prioritise and plan audit activities on an annual basis.

vi) Investigate feasibility and business case for the RHTU and OSHF to become a Registered Training Organisation in PNG.

7 Conclusion

This is the first MCH strategy for the Oil Search Health Foundation. It has been developed to provide the team with a way forward that not only aligns with the National Health Plan, but also directs us in health service strengthening, support and training delivery. The MCH team’s ability to work across various projects and use transferable skills is one of the key components to the success of its intervention. The team will continue to develop annual activity plans to align with the key priority areas. Monitoring and evaluation will continue to be delivered in accordance with the Health Foundation M&E Framework which will identify our successes and growth over the next three years.