PROPOSED COMMUNITY HEALTH POST POLICY AND STANDARDS (SUMMARY)

1. The Government of Papua New Guinea has developed a National Health Plan (NHP) 2011-2020 to guide the health sector over the next 10 years. The main way services are going to be improved for the rural majority is through the development of community health posts (CHPs). They will improve service delivery in the rural health sector and thereby reduce unnecessary deaths of mothers and children.

A. What are CHPs?

2. CHPs are a set of services provided from a facility, staffed by at least three health workers, skilled in maternal and child health, midwifery, and health promotion and community awareness. The CHP may be new, or a remodeling of a current aid post or subhealth center.

3. The CHP will be the frontline health facility to provide clinical, public health, awareness, and advocacy for important local health issues, where the community first meets the health system. It will be the center where different health programs (such as HIV/AIDS and family planning) work together for the well-being of the community. A CHP will comprise a building or a group of buildings that will be all-inclusive in terms of staff accommodation, water supply, sanitation, energy supply, and so on.

4. The local government and the local communities will play a vital role in determining the location of the CHPs and in monitoring their performance in the future. A geo-mapping tool has been developed to aid in deciding the location of CHPs based on access.

B. What are the Roles of a CHP?

5. Four roles will be fulfilled by the CHPs:
   (i) be the first line of treatment for minor health conditions;
   (ii) be the first line of assessment and decision making for further diagnosis and/or treatment and for referral to a higher level facility;
   (iii) be a center for all public health activities, such as outreach maternal and child health clinic, disease control, follow up, etc.; and
   (iv) be a base from which all relevant awareness, advocacy, and public health campaigns are conducted.

C. What are some of the Outcomes that CHPs will Address?

6. Some of the outcomes that CHPs will address are the following:
   (i) Improve the health status in the rural areas, especially maternal and child health.
   (ii) Maintain health workers and health services in isolated areas.
   (iii) Stop the closure of and restore nonfunctioning aid posts.
   (iv) Improve the functioning of existing health facilities.
   (v) Improve staff support, supervision, and retention.
   (vi) Improve the personal security of health staff in isolated services.
   (vii) Improve maternal health and address Millennium Development Goal #5.
   (viii) Effectively match the resources (human, facilities, and funding) with the service need.
   (ix) Increase the focus on service outputs (what services do) and inputs and resources.
   (x) Clarify service level expectations at the periphery of the rural health system.
   (xi) Provide a “new approach” for rural health delivery urgently needed to drive the NHP.
Provide a framework for decisions on new facilities such as aid posts, which are currently being built in many places without reference to overall design and future resourcing.

Improve the relationship between health services and local communities.

Improve the relationship between peripheral health services and larger facilities for supervision and referral of cases.

**D. What is the Need to Grade CHPs?**

7. Since no one size CHP will suit all local situations and communities, they have been typed into three grades. The grades of the CHPs will be determined by the criteria based on geographical location, distance between facilities, ease of access to the CHP by the bulk of the population, population density, and ease of communicating between the CHP and the supervising health center. The staffing depends on the workload,\(^1\) but will not be less than three for any facility.

**E. What are the Three Grades of CHPs?**

8. **Grade 1: CHP covers a population greater than 10,000.** The population served is within 2 hours walking distance, considering mountains, rivers, and valleys. Staff numbers should be determined by the clinical workload, i.e., extra clinical or public health responsibilities, the community places on the facility. The facility should have six general beds for monitoring patients for 24 hours with a view to discharging them or referring them to a next level health facility. The facility could have several beds for outpatients. It will have more than two postnatal ward beds and more than two labor ward beds.

9. **Grade 2: CHP covers a population of 5,001–10,000.** It will be located at a reasonable distance providing accessibility to the majority of the population served. It will house a full complement of staff responsible for its main roles/functions. It will have four general beds for monitoring patients for 24 hours with a view to either discharging them or referring them to a higher level health facility. It will have two postnatal ward beds and two labor ward beds. The topography of the terrain is medium, i.e., relative ease of travel for the majority of the population except for some.

10. **Grade 3: CHP covers a population of up to 5,000.** It will be in a location that is reasonable and accessible to the majority of the population served. It will have the full complement of staff responsible for its main roles/functions. This post will be appropriate for remote locations with smaller catchment populations, justifiable based on distance from any other health facility. It will have one labor and one postnatal ward bed. It will also have two general beds for monitoring patients for 24 hours with a view to discharging them or referring them to a higher facility. It will have more than two postnatal ward beds and more than two labor ward beds. The topography of the terrain around the CHP facility is difficult, mountainous, and dangerous, making access to the CHP difficult.

**F. What are the Generic Criteria Applicable to All Three Grades of CHPs?**

11. The generic criteria applicable to all grades of CHPs are as follows:

   (i) mother-friendly;
   (ii) it will practice integrated management of adult illnesses as a routine measure;
   (iii) baby/child-friendly: it will practice integrated management of childhood illnesses as its main tool so as not to miss any childhood illnesses;

---

\(^1\) See health facility human resources resourcing tool.
(iv) practices high level of awareness and advocacy on pertinent health issues for community involvement and cooperation;
(v) practices good management; does not run out of drugs and medical supplies, and the staff cooperate and work together as a good team;
(vi) will be visited regularly by the supervising health center, at least three times per year, preferably more, if feasible and needed;
(vii) expected to report on a monthly basis for the national health information system and possible other program indicators; the use of technology, especially mobile telephones, for this purpose will be explored; and
(viii) there should be good support from the catchment communities including establishment of a CHP committee that will provide oversight of the smooth running of the health facility.

G. What Other Important Factors Need to be Considered?

12. Several other important factors should also be taken into account for the adequate resourcing\(^2\) and good management of the CHP in each locality. These will include population to be covered, governance, outcome-oriented health services, finance human resources, medical and nonmedical equipment, infrastructure, information and communications technology, and medical supplies.

13. Future development of standards for CHPs will review the existing standards for rural health services and provide a clear direction for developing CHP standards.

---

\(^2\) Footnote 1, p. 2.