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Village Health Volunteer Program



Village Health Volunteers form an important link between the community and the formal health system in Papua New Guinea. Modest investments in health systems focused on disadvantage and marginalized populations can accelerate progress in maternal and child survival even in fragile health systems like PNG.

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1. Summary

Village Health Volunteers form an important link between the community and the formal health system in Papua New Guinea. Modest investments in health systems focused on disadvantage and marginalized populations can accelerate progress in maternal and child survival even in fragile health systems like PNG. Improving maternal health is key to saving the lives of more than a million women who die as a result of complications from pregnancy and child birth, as well communicable diseases, such as HIV and malaria, Tuberculosis.

Almost all deaths could have been saved if women in rural disadvantaged and urban marginalised had accessed to adequate diets, clean safe water and sanitation facilities, basic literacy and health services during pregnancy and child birth. Hunger and malnutrition had been also found to have increased both the incidence and the fatality rate of the conditions that contribute to maternal and child deaths.

Total trained VHVs since the inception of the program:

Tinsley - Baiyer River 136 active and still contributing to the VHV program

Kompam - Enga Province - 112 Active and contributing to the VHV program

Telefomin - Sandaun Province - 63 active VHVs . Unfortunately, I wasn't able to collect any pictures of the regions as the former VHV Coordinator left some time ago. When I do my trip to contact the training for TOT, I should be in a better place to provide some evidence photos and success stories.

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2. Background

The Village Health Volunteer (VHV) program was promoted and implemented by the Baptist Union of Papua New Guinea since its inception in 1994 under the WATCH project. During that time the program was focused on training the village women as Village Birth Attendants until in 2002 the program took a full scale VHV capacity in training and implementing public health activities under the Women and Children Health Project funded by the Australian government via the National Department of Health.

In recent years Baptist Union of Papua New Guinea has focused on training VHV & VBAs specifically so they provide assistance to Community Health Workers (CHWs), in the rural and remote facilities which can supplement the midwifery workforce in providing the continuum of care for mothers during pregnancy, labour (childbirth), postnatal up to more than 6 to 10 weeks of delivery and provide health education on family planning, nutrition and immunization and others which reliefs a burden on curative health.

Many factors have been taken into consideration for this Financial Year (July 2021/2022 June) including; limited timeframe, high cost of goods and services, upcoming PNG national election, and the limited capacity in HR at VHV management level for respective programs. These factors are challenges for the first half of this financial year and therefore the VHV program has to be planned out to with stand those challenges and continue to maintain its core business in community health. An implementation plan and schedule plus a risk management matrix has also been developed and attached below to ensure the program is implemented satisfactorily.

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3. VHV Trainings

VHV Trainings (New training is 8 weeks while Refresher is 2 weeks)

Tinsley - Both New & Refresher Trainings in Tinsley Baiyer.



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Kompam VHV (Both new & Refresher trainings)



Along with Certificates were issued:

- ❖ Delivery Kits
- ❖ VHV Bags
- ❖ VHV Caps and Collar Shirts all printed with the CAP and VHV Logo.

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4. Training Details:

A. Community Action Participation (CAP):

1. What is community?
2. What is Community Action?
3. What is Community Action participation?
4. Organizing Ourselves.
5. Six steps in Community Action Participation

B. Being A Better Volunteer:

1. Being a Better Health Volunteer
2. Community Partnership
3. Organizing Ourselves

C. Learning About Health:

1. Holistic Health
2. What causes Sickness?
3. Personal Hygiene
4. Nutrition
5. Care Of Utensils
6. Clean safe water
7. Rubbish Disposal
8. Habits Affecting Health
9. Sexually Transmitted Infections
10. HIV&AIDS
11. Domestic Violence and Child Abuse
12. Suicide
13. Home Visiting
14. Healthy Family
15. Healthy Community
16. Educating About Health

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D. Healthy Children:

1. Immunization
2. See How They Grow
3. When Children Do Not Grow
4. Diarrhea in Children
5. Fever in Children
6. Cough and Short of Breath in Children

E. Self Help _ Health Care:

1. First AID
2. Malaria
3. Diarrhea
4. Cough, Cold and Short of Breath
5. Anemia
6. Skin Problems
7. Ear Problems
8. Eye Problems

F. Safe Motherhood:

1. Reproduction
2. Needs of Pregnant Woman
3. Antenatal Care
4. High Risk Pregnancy
5. Labour
6. Managing Child Birth
7. Abnormal Labour and Delivery
8. Care of Mother and Baby
9. Family Planning
10. Man valuing woman

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VHVs are strongly advised to accompany mothers to facility for antenatal-checkups, labour and delivery, they are Never encouraged to perform deliveries, although we train them on safe deliveries, this is ONLY if emergencies they will assist the labouring mothers. Their primary role is to encourage all pregnant mothers to go to facilities where there is trained Community Health Workers and or midwives for routine check-ups and they are the ones to confirm if the mothers are high risk and if they need to come to the waiting house, they advise them and also tell them of the incentives provided when they deliver in the supervised facility.

The VHV program has integrated in its trainings cross-cutting issues such as HIV/AIDS, disabilities, gender issues, children's rights, climate change, also emerging public Health issues like Covis-19 and others etc...The trained VHVs have a role in their communities to advocate and disperse appropriate knowledge regarding these public Health issues as per the attached modules in which they work closely with trained Community Health Workers (CHWs), in respective Community Health Posts (CHPs) and or Health centres and hospitals where they are situated.

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5. Waiting Houses in Kompiam



Waiting house for high risk mothers like, first pregnancy, twins pregnancy, multipara, history of complications; APH, PPH, Retain placenta etc, funded by Digicel PNG. VHV's from around the hospital are rostered fortnightly to accompany the waiting mothers and scheduled to assist with accompanying mothers in the labour ward during deliveries and or antenatal checks, doing hygiene work, packing etc.



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Old Waiting house for high risk mothers, built by the hospital. VHVs from around the hospital are rostered fortnightly to accompany the waiting mothers and scheduled to assist with accompanying mothers in the labour ward during deliveries and or antenatal checks, doing hygiene work, packing etc.

(first pregnancy, twins

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News about the program had gotten to these three mothers (in the photo), along with others, promoting them to to choose to come have their babies at the hospital. They expressed their appreciation for the gifts and are encouraged to pass the news to other women in their communities.



Jema from Sauanda, had a c-section, she is well now and has been discharged.



Evelyn from Lembem (8 hrs walk to Kompiam) had twins!, thats two baby bundles



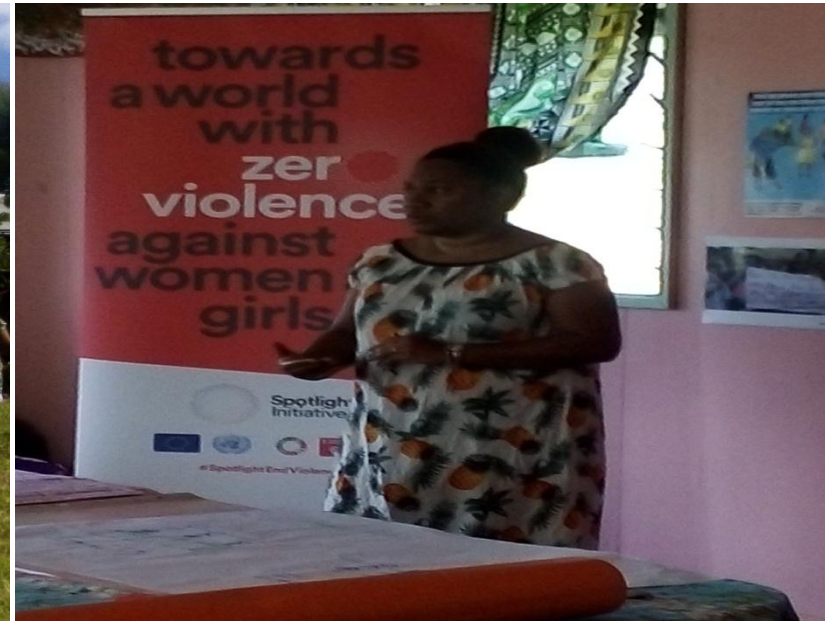
Julie from Aperas

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6. UN Women - Spotlight funded training on Ending Gender-based violence

Tinsley - Mul-Baiyer Lumusa Western Highlands Province



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We also had facilitators from UN - Spotlight representatives and facilitator for Human-Rights who also facilitated on sorcery-related violence and advocated on pathways if & when affected. Amongst us was BUPNG Ministry Coordinator who facilitated on Gender-Theology.

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UN - Spotlight funded training - Kompiam VHVs & Community members



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UN - Spotlight funded training on Ending Violence Against women & Girls and sorcery-related violence- Eastern Highlands



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7. Impacts of VHV Training

The Village Health Volunteer program is the main strength of the 3 regional Baptist Hospitals being the low-cost program which has significant progress in reducing the number of deaths and improving the health of mothers and children, helping to achieve the target of (KRA 4 - reducing maternal mortality and infant morbidity), rates, while relieving the burden of preventative health.

With the added skill training on micro-finance – women in agriculture has significant impact on the lives of wider community as there is evidence of improvements in children's nutritional status during immunisation clinics as the diet changes. VHV training further promotes the Gender Equality policy by empowering women as it elevates the status of women in the community. The trained VHVs do a lot of awareness which has great improvement in the maternal and child, HIV&AIDS and other communicable diseases and non-communicable diseases.

Community Action Participation training (CAP), is also integrated with the five modules which enables the community at large to take ownership of the program and mobilize and maintain the sustainability of the program which has significant impacts on the lives of family households and the wider community. Village Health Volunteer Training program remains the key effective and affordable intervention in reducing maternal mortality rate, infant morbidity rate, promote Gender Equality and Empowerment of women, reduction of HIV&AIDS, Communicable and Non-communicable diseases which also will contribute in eradication of poverty, if we are to commit reasonable amount of time and resources as this is the preventative health.

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8. SUCCESS STORIES

Lapolam Health Centre

After the new training in October/November 2009 the Wapi LLG and Lapalama Association women had put a lot of effort in the Rehabilitation of Yangis Health Centre and Airstrip. Yangis Health Centre and Airstrip were closed for five (5) years due to trouble fighting. But when the newly trained 12 VHV went home and gathered the community leaders and people responsible and talked about Community Action Participation and they identify their Health, Education and Transport problems.

The Resolution: Peace was restored at Yangis. (March 2010)

Health workers x 2 at work

Lapolam Health Centre & Airstrip now in operation – can now fly patients' esp. High Risk mothers to hospital for proper deliveries.



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Rum Pineapple plantation

VHV Pepam Piyua had put into practices what she had learned in cash crop for income. She planted a big land mass of pineapple and its call Rum Pineapple plantation. 11 people work for the pineapple plantation.



After the introduction of VHV Program into the Region Enga, now the village ladies are able to plant and sell food crops like; Bean, peanuts, pineapple, pumpkins, cabbages and sweet potato (more to sell) unlike previous times.

People can now know how to eat variety of food instead of sweet potato alone. We can see the market now with variety of food unlike before in the sense that normal diet has been changed and Malnutrition is obviously decreasing in the region.

VHV Program has a lot of impact on the lives of the people of Kompiam even the people out in the remote areas too, they at least have a fair idea of how to look after themselves and the secrets of living longer.

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Peanut Garden

VHV Larim Maua's peanut garden

Extra peanuts have been produced for small scale income generation.



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VHV ELEMENTARY SCHOOLS:

Rum Pineapple Elementary-

Rum Pineapple Elementary School was one of the two schools that were established by the VHV's after Community Consultation and found out that Education was a need in their community – they initiated the program and now the school is gazetted under Department of Enga – Education.



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Lengenas Baptist Elementary School

Lengenas Baptist Elementary School was the other school initiated by VHV Monea Taliyoko – a widow who was fully assisted by her ward councillor and the Senior Pastor with their own expenses and commitment.

Now the school is being gazetted under Department of Enga – Education.



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