



Healthy Communities

Evaluation Report 2022

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Abbreviations

ANC	Antenatal Care
CHW	Community Health Workers
FGD	Focus Group Discussion
KII	Key Informant Interview
KTF	Kokoda Track Foundation
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation & Learning
MoU	Memorandum of Understanding
NPHA	Northern Provincial Health Authority
PNG	Papua New Guinea
PWD	Person with disability
PPE	Personal Protective Equipment
ToR	Terms of Reference
ToT	Trainers of Trainers
VHV	Village Health Volunteers
VBA	Village Birth Attendant

Acknowledgement

The success of this evaluation would not be without the support of a few dedicated key people. Many thanks to the KTF Healthy Communities team in Australia and PNG for reviewing the tools, providing finance and ensuring that the evaluation approach was aligned to the expectations per the TOR.

Secondly, a special thank you to the community members in Sanananda, Hariko, Beuru, Kokoda Station, Kokoda FODE College and Manua villages. Your dedication and cordial welcomes clearly indicated how appreciative and supportive you have been with the project. Thank you for committing your busy schedules to be available for the interviews, to share your feedback and share opinions on the project. Also a special thanks to the partners and project officers who also participated in the interviews.

I am heavily indebted to the immense contributions and support from Ms. Kate Donnellan, Head of Health at KTF Australia and Ms. Claire Martin, Monitoring, Evaluation and Learning Advisor for their succinct directions to guide this evaluation with quality and standards.

Albert Arija
Omie Consultants
07th December, 2022

Affirmation

Except as acknowledged by the references in this report to other authors and publications, this report described herein consists of Kokoda Track Foundation (KTF) property undertaken to secure funding, implement the activities, describe and advance learning as part of the requirements of Healthy Communities' development aspirations and objectives in PNG. However, the report is the work of the consultant, Albert Arija from Omie Consultants as an independent evaluator with support from the KTF offices.

Primary quantitative data from interviews throughout this evaluation process remains the property of KTF Healthy Communities and individuals described in this report. Information and data must be used only with the organization's consent.

Executive Summary

KTF has worked to provide improved access to high-quality primary healthcare for communities in the remote and rural communities in PNG, particularly in Kokoda and communities along the Northern Beaches. Apart from providing essential primary health care, the project focused on immunizations for babies and children, pre and post-natal care for mothers and their babies including awareness, and supplies and support for COVID-19 response.

The Healthy Communities project has greatly supported the re-opening of some of the dormant aid posts, posted new CHWs to the aid posts and supported their salaries whilst paving the way for the PHAs to transition the CHWs into their HR systems. At the same time, the project supported the communities with infrastructure and maintenance of aid posts facilities and assisted with maintaining the regular supply of drugs and medical supplies for reliable operations.

Based on the terms of reference, the evaluation assessed the overall performance of the Healthy Communities Project with its implementing partners. The external evaluation involved desktop reviews of documents/reports and key informant interviews, and assessed the key outcomes of the Healthy Communities goal that the project envisioned to increase: Access to high-quality and holistic primary-healthcare; have a cadre of well-trained and supported health-workers; increase access to primary healthcare within people's home rural and remote communities and work with communities to provide a safer, healthier PNG and more prepared Papua New Guineans within the target communities.

With focus on the key thematic project outcomes, the findings with recommendations have been made on the program design, implementation and the transitioning to the next phase. Generally, the evaluation recommendations are focused more for systems strengthening at the provincial levels for sustainability, scale-up of aid posts to those other areas that need the services most, and the continued transitioning of the current cadre of health workers and the prolonged supply issues. Similar emphasis has been placed on strengthening the monitoring and evaluation processes to improve field visits and promote learning across partnerships. There is a need to establish an effective database to ensure data from the aid posts are collected, and submitted on a timely basis to influence effective programming.

Highlights of the evaluation:

- Over 90% of respondents surveyed agreed the project activities were successfully implemented in partnership with the Northern Provincial Health Authority (NPHA) and partners
- There was overwhelming agreement that the project effectively delivered its intended deliverables by improving the health security of their communities, promoting, educating and preparing a strong healthcare system confident in delivering high quality health services.
- Noteworthy achievements also include providing lessons for the community members and youth on the importance of sharing the responsibilities of supporting the building and maintenance of aid posts and providing security to the CHWs. There has been a significant increase in the community ownership of healthcare.
- Noted strengths of the project are well managed project interventions, strong, dedicated management, teamwork and the organizational structure and systems'. In contrast, the project was found to be challenged by 'external factors/systems, management and leaders etc.'
- Generally, between 80-90% of project participants seemed to be satisfied with the services they received and attribute improved capacities of health care workers to the training provided by KTF
- Over half of the respondents were concerned about the continuity of the project. They have justified that the health departments have experienced challenges with supplies of stock, transitioning CHWs to government payroll systems, funding, etc. and this would affect the sustainability of future activities.

Background

KTF's Healthy Communities project focuses on improving PNG's health concerns, particularly on increasing access to health services for vulnerable people, women, men, youth and girls, and to bring lasting change to their communities. KTF has developed sustainable programs along the Kokoda Track and surrounding areas through its partnership and collaborative efforts between the Governments of PNG and Australia. As of 2022, Healthy Communities currently operates in 15 aid posts and health facilities and employs 14 CHWs and one VHV. This provides access to quality health care services to over 108,000 people in rural and remote PNG.

The sharing of its successes, challenges, lessons and strengthening of local health programs such as the Healthy Communities Project has been commendable. In 2018, Healthy Communities commenced operations in Northern Province in PNG, extending to some of the most remote communities in partnership with the NPHA, which faced challenges with opening inactive aid posts and posting Community Health Workers.

Healthy Communities in PNG is guided by the guiding vision, mission, and core values of KTF and receives management support from Australia. The project has been funded by the Australian Government since 2020 following the introduction of the Partnerships for Recovery development policy. Healthy Communities was also redesigned in 2020 in response to the COVID-19 pandemic and

has aimed at having:

“Improved Health Security in the communities; educated and prepared health care systems which are confident in delivering high quality health care; and responding to emergencies across rural and remote communities.”

Therefore, all the project activities have aimed to contribute towards making the communities, families and those vulnerable to ill-health more aware of health issues and better able to access quality health care through the aid posts and its staff.

This evaluation was aimed to assess the interventions and inform the following key areas:

1. What extent did the project support the expansion and accessibility of primary healthcare and other services across remote and rural regions?
2. To what extent did the project build the capacity and resourcing of its partners including health facilities and Provincial Health Authorities?
3. What extent did training participants report an increase in their knowledge and skills as a result of their participation in training?
4. What extent were project objectives achieved and what gaps still exist in health security, child and maternal health, and delivery of high-quality healthcare across remote and rural areas in the target region?



Methodology

The evaluation was implemented following the terms of reference which outlined aims and requirements. The approach began with an inception report, literature reviews, and preparing, reviewing and piloting the data collection tools. The two key methodologies involved the use of an interview questionnaire which was downloaded via an offline application, fieldTask, which the team used via smart phones to conduct the interviews and enter the interview data from the target communities.

With focus on the key thematic project outcomes, the methodology, its findings and recommendations were made on the project's intended interventions with reference to its design document, implementation approaches and the recommendations. The interviews took place in six of the communities that are sites of the Healthy Communities project. Due to the remoteness of many of the aid posts and the logistics and costs involved in reaching them, not all aid posts were visited during the conduction of the evaluation. The aid posts, communities, and health care workers selected to participate in the evaluation represent a diverse sample intended to maintain the integrity of the evaluation. Interviews were also conducted with the NPHA and KTF project coordinator.

Process of interviews

Interviews and data collection notices were provided in advance to the target groups; communities and CHWs were provided with Tok Saves (community newsletters) and were informed through emails and phone calls. The interviews with the community members, health and the NPHA staff were conducted by the enumerators and the lead consultant.

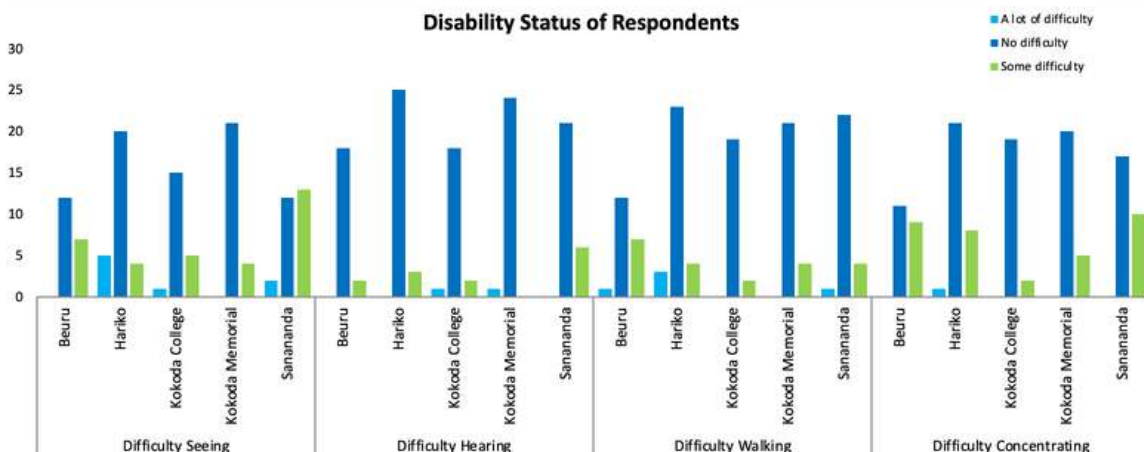
Data analysis

The data analysis was done through reviews and analysis of the survey data, KIIs, FGDs and a few success stories. Much of the data collected was vetted with the project reports and finalized to inform the evaluation findings on its efficiency, effectiveness, sustainability and impact.

Findings

The evaluation team completed visits to the targeted aid posts assessing the status of the Healthy Communities project. The majority of the respondents were community members, with over two-thirds, (62%) of the respondents coming from Hariko, followed by Sanananda and then Kokoda Memorial Hospital catchment. There was high engagement with the village elders which constituted 25% of respondents, followed by VHV's.

Further disaggregation of the data by disability status indicated that several participants had disabilities including vision, hearing, and mobility impairments, most of these by the elderly respondents. As outlined on the below graph, the majority of respondents indicated 'no difficulty' in seeing, hearing, walking and concentrating. However, there were obvious signs of 'some difficulty' or 'a lot of difficulty' for some respondents, correlating with the known challenges of identifying disabilities in PNG. Hariko, Sanananda and Kokoda College had several members of the community who are persons with a disability, some of which were unable to communicate and a few were unable to walk. A further follow-up on the needs of people with disabilities and their health needs might be beneficial for more targeted support in the future.





The in-field evaluation activities were conducted between 3-13th of October, 2023 in Sanananda, Hariko, Beuru, Kokoda, Manua, and Waju villages along with the NPHA in Popondetta. The team consisted of eight trained enumerators led by the lead consultant, Albert Arija.

Efficiency

Were the activities cost-efficient and did they deliver the intended outputs in a timely manner?

Efficiency was measured by comparing the design, activities adapted, action plans used, how those activities were implemented and how they were on par with the scope of the project's work plan and design. Additionally, the project's deliverables in quantity and quality, its achievements, capacity of human resources and other innovative approaches the program utilised to operate efficiently were also evaluated. Upon analysis as seen in the below chart, the design framework indicated efficient use of capacity, skills, and resources in the program interventions to achieve almost all the outputs across the desired outcomes of the project.

Generally, the project seemed to have progressed well following its design to address key priority objectives such as improved health security in the communities and an educated and prepared health care system confident in delivering high quality health care with a program responding to emergencies across rural and remote communities. The KTF Healthy Communities project has collaborated well with the Northern Provincial Health Authority (NPHA) to support implementation of its programs. Almost every project site agreed unanimously (over 90%) that the project's intended goals were achieved successfully.

The mothers, fathers, village leaders, and youths all agreed the project was serving their basic health needs, recognising they no longer need to walk beyond their communities for great distances to look for health services as they did in the past.

A community leader who is part of the Sanananda ward council noted that most of the project activities had indeed been fully implemented as per the intended project design. Activities observed included the KTF employed CHW in his community providing basic

healthcare services and COVID-19 awareness, supplying COVID-19 hygiene kits, and delivering basic health information and awareness.

An Anglican Church elder also expressed his satisfaction over the support he has received from the KTF project for his community:

"I am happy for KTF to provide health service in our village. This project really meets our health needs, enabling us to have easy access to basic healthcare services. It has been so long that our government neglected us but we are so blessed and thankful that KTF stepped in to provide the very basic health service."

An elementary teacher in Sanananda, also agreed that the project activities were fully implemented and recognised the support provided by KTF, stating, "It is very helpful since we have not seen such support from the government since independence. Thank you to the KTF program."

Through a thorough summary review of the project design framework and subsequent interviews, it is evident that the project has certainly improved health security in the communities. However, visits to the communities have indicated that more work must be completed to overcome pending challenges such the transferring the remaining CHWs onto NPHA salaries and ensuring necessary medical equipment and tools are delivered and that immunisation patrols continue. Further to this, new partnerships with stakeholders need to be reviewed and strengthened to continue with successful operations. The chart below outlines the progress of the Healthy Communities project towards key outcomes.

KEY PROJECT ELEMENTS	PROGRESS UPDATE	STATUS UPDATE ON KEY DELIVERABLES
<p>Primary Healthcare. Inputs include provision of skilled health workers (funded by Provincial Department of Health, Churches, Kokoda Initiative or KTF, depending on location) working within appropriate health facilities (including aid shelters, aid posts, health centers and local and provincial hospitals).</p>	<p>Almost Completed</p>	<p>Almost 85% of the targeted aid posts that Healthy Communities supports have staff placed with salaries provided by KTF for their services. The NPHA has about seven CHWs to be transitioned in the near future to the government payroll system. As of now, KTF has not been given a timeframe for when this will occur. This will be addressed when KTF visits the NPHA in March 2023.</p>
<p>Basic medical equipment and supplies to enable Community Health Workers to effectively provide healthcare to community members in rural and remote communities</p>	<p>Almost Completed</p>	<p>Most necessary medical equipment and tools have been supplied. All but one facility were supplied with solar freezers used for storage of ice bricks for immunisation patrols. There are on-going challenges for the NPHA to provide basic medical equipment in the most remote areas resulting in KTF's continued assistance.</p>
<p>Immunisations. Inputs include Community Health Workers participating in patrols of their regions and working alongside Village Health Volunteers to coordinate and implement immunisation patrols.</p>	<p>Almost Completed</p>	<p>The immunisation programs in the Kokoda catchment were conducted in partnership with NPHA as well as Kokoda Initiative. The Northern Beaches area conducted most of their Supplementary Immunisation Activity (SIA) in partnership solely with the NPHA.</p>
<p>Provision of immunisation vaccines and appropriate logistical support such as transport and cooler boxes. Such vaccines include polio, measles, diphtheria, tetanus, pertussis, HiB and hepatitis B. Provision of solar equipment for the safe storage of vaccines.</p>	<p>Almost Completed</p>	<p>There have been delays in supply of some vaccines from the NPHA. All the necessary immunisation tools for maintaining the cold chain were supplied. The newly built Beuru aid post is yet to receive solar equipment, but is scheduled to receive them in 2023.</p>
<p>Water, Sanitation and Hygiene Solutions. Inputs include the provision of WASH facilities at health facilities and in communities including water tanks, touch less hand washing (tippy taps), sanitiser, soap and disinfectant supplies.</p>	<p>Almost Completed</p>	<p>The distribution of WASH equipment and items has been supplied to the aid posts as well as schools. There is still more need for WASH programs and supplies for community members.</p>

Conducting **Community awareness training** on WASH protocols.

Almost Completed

WASH awareness conducted in all of the target sites, however there is the need for ongoing awareness.

Health Security & COVID-19. Inputs include the provision of personal protective equipment for all health workers and patients attending health facilities. Production of reusable, fabric face masks (designed according to CDC and WHO minimum standards guide) to be distributed to health facilities, schools and communities throughout the region (in accordance to government guidelines on using facemasks).

Completed

COVID-19 awareness campaigns have been conducted in all of the aid posts and their surrounding communities. The NPHA or government supported awareness programs were not fully delivered in all the communities, however those done in partnership with KTF were fully delivered and were well received. Most community members were scared due to mixed messages about the vaccines so while most of the people fully participated and received the awareness messages, most did not get the vaccinations. An extensive amount of COVID-19 PPE was supplied to the aid posts.

Implementation of social distancing guidelines at health facilities, **awareness programs delivered to health workers on preventing outbreaks of communicable diseases** including COVID-19, the on-delivery of awareness programming to the broader communities, practice of appropriate quarantine and self-isolation processes.

Completed

All KTF health facilities and schools received their COVID-19 protocols and recommendations, brochures and the guidelines from KTF, while government awareness programs have yet to cover the province fully.

Antenatal & Postnatal support for women and babies. Inputs include specialised training of Community Health Workers, Village Health Volunteers and Village Birth Attendants in antenatal and postnatal health, resources to run sufficient postnatal and antenatal clinics at health facilities, equipment to assist in the safe delivery of babies at health facilities such blades to cut umbilical the cord, clamps/ties for umbilical cord, antiseptics, neonatal resuscitation masks, and penguin suction device.

Completed

Antenatal and postnatal support for women and babies has been provided to all KTF sites. A cohort of CHWs, VHV, and VBAs have been trained and certified to support with maternal and newborn care.

All KTF health facilities have been supplied with the equipment to assist in the safe delivery of babies at health facilities such as blades to cut umbilical the cord, clamps/ties for umbilical cord, antiseptics, neonatal resuscitation masks, and penguin suction devices. Worth noting is the significant need for continued support for women and babies.

To summarise, intended milestones have been 'mainly' achieved overall. The operational and management strategies were well established and supported project interventions effectively. Despite experiencing some disruptions to the welfare and security of the health care staff in a few facilities, others were well managed with minimal operational issues, mitigated by the managers and achieved successful results seamlessly.

The interviews revealed that proper community entry, constant follow up and clear communications during meetings by management, and constant consultation with NPHA and the communities by KTF management resulted in achieving the key milestones. However, challenges were noted:

"Other program management factors such as, no stock in the main hospital, and safety and security of the CHWs caused some delays in providing essential drugs on time and the challenges with COVID-19 affected some of the intended activities." – CHW at Hariko Aidpost.

There has been increased and efficient participation in the program activities as highlighted from the feedback received during the interviews which showed that women, children and even men had more interest in supporting the activities because they were benefiting from those services.

The people spoke strongly about how their communities worked together with KTF Staff to support the aid posts and CHWs and have reported that more people have been involved with supporting the CHWs and VHV's and have become advocates of public health in their communities. This was also indicated by village group leaders who reported that they had prioritised the care and safety of KTF staff into their normal daily activities.

A community member in Sanananda village said, "We look after our CHWs, we contribute small amounts of food, and sometimes give bus fares to the CHW to help him collect drugs or make his runs down for aid post matters."

There was an overwhelming agreement by respondents (75%) that the project was benefiting the women, youth and the persons living with disability equally. Women and girls seemed to be benefiting from project activities in their needs for family planning and advice on women's needs, such as menstruation as observed at the Kokoda College. However a few noted that they felt they did not benefit as equally, particularly people living with disability and women's groups.

It was observed that the aid post at Kokoda College was built to cater for persons with mobility related disabilities, with a ramp incorporated for wheelchair users. Interviews with the CHWs indicated that the aid posts were also efficient in serving people with special needs such those with vision impairments, hard of hearing, or with special needs for mobility, for example those that unable to walk. These efforts were also praised by school principal who noted that they they appreciated how KTF provides further support to a student with a disability who would otherwise be unable to attend classes. The principal reported that a vehicle helps transport the student back and forth to the school and his home. This was one of the many helpful services provided by KTF to support a student with disability to attend school.

However, some of the respondents indicated that there were some persons with a disability that have not been fully provided with health services because they were not available or they were not visited by the CHWs. This feedback and observations also resonated well with the female key informants stating that persons with a disability were not served equally as others in the community.

Another special group of people that the project has efficiently served is the youth, who indicated they have benefitted substantially. Most youth are very supportive of the project. They expressed concern about the lack of support to their communities from the government. The youth in Beuru indicated their continued support in activities such as the building of the staff house or providing security for the CHWs and the assets at the aid post, with a leader in the community stating:

"Now that we have seen some improvements, the community has become very supportive, especially our youths. They look after the KTF staff and assets properly and ensure there is security for them."



Relevance

Are the project's aims and objectives still relevant and important and are the project activities consistent with the aim of the project?

This evaluation aimed to assess in particular the quality and relevance of the design, its appropriateness from the start of the project, and continued relevance during implementation. Overall, it was found that the partnering with the Provincial Health Authority and the respective community leaders helped ensure the project activities were in line with government strategies, community needs as well as with international aid and development standards. Throughout the project, the aid posts were collectively providing some of the most essential health services with the support of CHWs, leaders and the backing of the NPHA.

Two approaches appeared to be utilised to ensure relevance, with one focused on advocating for and assisting the needs of the NPHA, and the other focusing on utilising other partners to ensure the aid posts were well managed. **A highlight evident throughout the evaluation of this project was the unwavering support and efforts of the Healthy Communities project to lead, showcase and encourage the NPHA and other health partners to collectively work together to provide access to health services for the communities in the Oro province.**

Over 75% of the respondents agreed that the project's goals were 'highly' relevant to their needs. Further interviews with some of the community members stated that the project addressed their needs and served them well.

"Yes, the project provided services to meet the needs of the people. The project's aims and objectives are still relevant and important in supporting and addressing the needs of the communities. The increased health security has brought a lot of positive impact. Because the government didn't bring such services as that in the rural areas like this, we benefited from projects that KTF gave us." Former Ward 2 Councillor, Kokoda Memorial Hospital

The responses received from stakeholders and partners were positive, indicating the project's relevance to support and address issues of health priorities including the direct training, coaching and mentoring to the CHWs. Efforts to advocate access to improved health services achieved unwavering support from partners and the target communities. The NPHA in particular strongly encouraged the respective communities to further support the project and look after the CHWs and assist during immunisation and COVID-19 response.

In regard to the management, planning and implementation of the key areas, it was found that the Healthy Communities project is still highly valid and relevant five years after its design and implementation. The feedback from the target communities has indicated that there have been regular training, awareness campaigns, workshops, and meetings conducted with volunteers, partners and stakeholders to ensure the program's interventions have aligned well to the initial project design and needs of the communities.

"Despite the challenges of collaborating with partners to address COVID-19 through the distribution of PPE, awareness and other health talks and engaging with the PHAs, the program continued to implement its core activities. It continued to support primary health care, immunisation and community awareness. This was a milestone which is often challenging to achieve in such times," said one of the KTF officers.

The partnership between KTF and NPHA was critical to overcome the challenges of working in remote areas such as Kokoda and the Northern Beaches. This cooperation allowed for effective collaboration to address COVID-19, conduct awareness, distribute PPE and disseminate the social distancing guidelines in a well coordinated approach.



Effective collaboration with the NPHA enabled the implementation of a cold chain through strategically located solar freezers to strengthen the reach of immunisation patrols. Unique solutions such as this demonstrate the relevance of project activities for communities' needs.

Despite expected delays, some due to programming or COVID-19 and other issues, the respondents agreed that the support from KTF was extremely relevant to the needs of the local communities and partners. There was flexibility for the program to complement local partners and stakeholders, particularly to respond to COVID-19, as well as for immunisations and access to primary health care.

Thorough evaluation of the project has indicated that the planning of the interventions were appropriately strategised and implemented, achieving the intended purpose of the respective interventions. Despite the effects of COVID-19 and trying to balance interventions, sometimes with limited support available from NPHA and the other communities, the project has fully impacted an even larger target than envisioned.

"I see that the health program is very relevant. It meets the needs of the communities where health is a major problem. Especially, access to primary health care, emergency issues, pregnant mothers etc. The community's health has now improved much better than before."

**- Manua Community Ward Councilor,
Kokoda**

Effectiveness

Was the project achieving its intended objectives? What has happened as a result of the project?

Over the past five years, including the 2020 redesign of the program, there has been evidence of strong performance of effectiveness. The desk review and subsequent interviews validate the survey data and demonstrate that there has been a tremendous success from project activities. While simultaneously addressing both the routinely planned activities and emergency response COVID-19 activities, the project has continued progressing in the right direction, achieving many of its desired outcomes. The NPHA Assistant Health Advisor along with the Ijivtari District Program Manager agree and appreciate the contributions that the Healthy Communities project has made. If the project continues, the NPHA is very pleased to continue in partnership with the interventions including the primary health care, immunisations, training, and awareness campaigns.

“There has been a lot of groundwork done to prepare our staff, and we appreciate KTF for this. We have now transitioned two of the CHWs and there will be others to follow. However, still a lot needs to happen to fill the long-abandoned gaps. KTF needs to go to the most remote areas like Ako, Tetebeti, Asafa, Emo River and Safia, etc. That’s where the real need is. That’s where KTF will see the impact.” – Mr. Champion Sagiribo, NPHA Assistant Health Advisor (pictured below)



The training, staff security, and health care provided have all been satisfactory and highly effective, according to 90% of the respondents interviewed and surveyed. The training was found to have certainly up-skilled the CHWs and VBAs, and some of the community volunteers have been able to confidently provide health promotion and awareness to their communities.

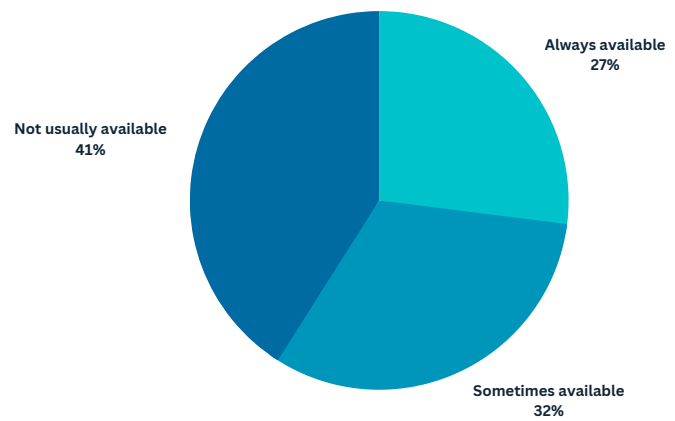
One of the higher-level activities for the Healthy Communities project has been the progress towards overall impact and sustainability. The current preparations as proposed by KTF to “transition” the cadre of CHWs to the NPHA payroll systems is an effective management and partnership practice. According to the Ijivtari District program advisor, it was found that KTF’s active participation and collaboration with the NPHA has increased access to primary health care and has resulted in behaviour changes due to the outreach programs.

The training has imparted new skills and added significant value to the work of the participants in their respective sites. Some of the VHVs, VBAs, and CHWs have added another level of support to the communities by addressing healthy concepts and immunisations including the outreach and health patrols. It was observed that the immunisation and health patrol programs in Kokoda areas are progressing well, and similar lessons were to be shared with aid posts in the Northern Beaches so they can also continue with a similar approach.

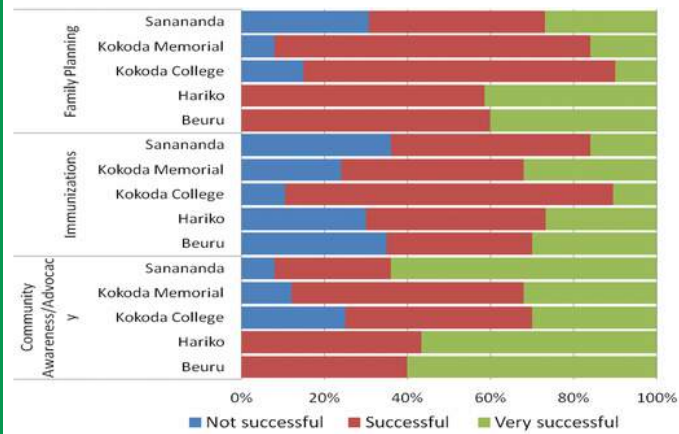
Assessment on the availability of drugs resulted in a mediocre response rate of 41%, who said they were not provided with drugs at times because they were not always available at the aid posts. This was followed by 31% or respondents who indicated that they were sometimes provided with drugs, while 27% indicated that drugs were always available. This response resonated similarly with almost all the communities who indicated that there were no medicines available at times due to national-wide issues with

supplies being out of stock coupled with increased demand from patients as a result of increased access to health services, causing drugs to be in short supply. It was determined that there has been a long history of stock delays from the main Area Medical Supply Stores to the NPHA resulting in most of the aid posts operating without basic drugs. This issue resonated with the program head, who indicated that the NPHA regularly had difficulties with ensuring aid posts had a constant supply of medicines, drugs, and immunisations as required.

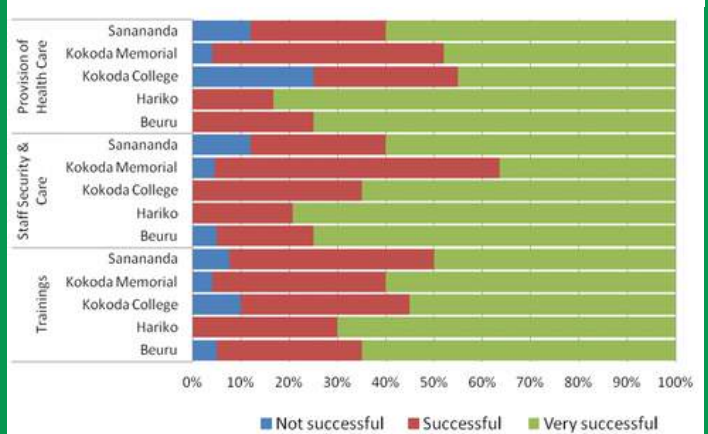
Availability of Medicines



Awareness, Immunisations, Family Planning, Availability of Medicines



Training, Staff Security, Health Service Provision



The effectiveness of the different service interventions was similar across different sites. As seen above left, family planning was considered 'Successful' by 60–80% at Kokoda Memorial followed by Beuru, Hariko, Kokoda College and Sanananda villages.

Similarly for immunisation services as seen above left, 70% of respondents in Sanananda, Beuru, Hariko, Kokoda Memorial, and Kokoda College said immunisations were either successful or highly successful. Immunisation patrols have been found to be more comprehensive in the Kokoda catchment because patrols are conducted by KTF supporting the NPHA as well as another NGO, whereas in the Northern Beaches area, only KTF is providing assistance to immunisation patrols, with the responsibility to support the NPHA falling solely on KTF.

Access to community awareness and advocacy has also proven successful in most of the Northern Beaches sites including Sanananda, Beuru and Hariko with around 40 to 60% of respondents believing these activities have been 'very successful' and 'successful' respectively.

Despite a few minimal drawbacks, most of the beneficiaries from the different project locations indicated satisfaction with the project activities. Analyses on benefits were commendable, resulting in increased access to health care, community awareness, and capacity building of the local leaders and CHWs. The respondents gave positive feedback on how they benefited from the support from KTF with coaching, mentoring and skill-building programs. Some of the project participants had limited capacity to conduct outreach activities previously, but through the training and exposure from KTF programs they have since built significant confidence on how to advocate health promotions and provide awareness to community members.

In terms of general provision of primary health care, staff security and care and the training provided, responses have indicated successful progress.

In regard to specifically the provisions of health care, Beuru and Hariko sites have demonstrated high rates of success. Sites in the Kokoda region indicated similar though slightly less success.

Further interviews with those dissatisfied or who said that the interventions were unsuccessful were primarily those that experienced disturbances, conflicts and sometimes the replacement of a CHW in their community which affected the smooth delivery of the services because of new locations and ways of working with the communities. As mentioned, unforeseen issues such as the conflicts and fighting in the villages also affected the project activities and forced some of the staff to be relocated, thus affecting some of the planned activities.

In addition, it was also reported that several CHWs and a few VHVs did not receive their outreach stock or immunisation kits for a quarter

of the fiscal year from the NPHA and consequently some of the planned programs were not conducted as planned. The NPHA asked during the interviews conducted for KTF to continue to implement these activities to ensure that the objectives for the year are fully met and the funds budgeted are appropriately expended.

"I planned outreach programs but was not supported [by the NPHA] to conduct my awareness in my community, started the first outreach patrol but now stopped; my other community members are still now asking me when we will go out again." – Male VHV, Hariko Village



Community Health Worker, Terry Ombora, provides general health care to community members in Hariko village. Prenatal and antenatal care as well as infant and child health has been a key priority area for the Healthy Communities project.

"No more wheelbarrow drivers for Beuru Community"

"My name is Shane and I am one of the youths involved in transporting patients using a wheelbarrow to the main road at East Ambogo to go to Popondetta General Hospital. Myself and the other boys in the village and surrounding communities are known as 'wheelbarrow drivers'. For many years, we have been using wheelbarrows to transport patients to the hospitals, and occasionally by chance the public motor vehicles (PMV) if available. Many times, when we transport patients using the wheel barrows, they become very sick, even worse than they were before. This is because of the bumpy gravel that wheelbarrows have to travel across. It has never been a comfortable ride for our patients. A few of our family members even passed away because of this, including some pregnant mothers, while others have developed into emergency cases due to loss of blood through their cuts and wounds .

In 2020, we were attending Gomberu Primary School. There was a very serious incident of violence at the school, and we were eventually chased away and then ambushed. We were blocked by boys who slashed a few of us with machetes. One of my cousins received a very deep cut around his neck. I believed Denzel was not going to make it. There was a heavy loss of blood. After we walked almost an hour to return to our village, he began losing consciousness. He was unable to communicate with us and we believed he was going to die. At first, we tried to talk to him and keep him company, but he was not talking after losing a lot of blood.

Despite everything, we tried our best to save him and rushed him to the aid post. At that time, the aid post was only under construction but luckily the CHW was stationed anyways, and had just started working and serving patients. When we arrived, the CHW controlled the bleeding and administered fourteen stitches. Denzel ultimately recovered and survived the deadly ordeal. This is just one example of the near-death experiences we have gone through and how much this aid post has served us in terms of emergency cases.

The aid post has also supported us with healthy lifestyles and so we, the youth, gave up our bad habits of consuming home-brew and drugs. We now try to look after the aid post and the CHW and try to contribute as much as possible to ensure our community is safe and our mothers, fathers, brothers and sisters can access the services they need. On behalf of the youth, I would like to convey our sincere word of thanks to KTF and its management for supporting us."



Ambulances and PMVs are scarce in rural and remote PNG and face challenging terrain. Above, an ambulance is used to deliver Covid-19 vaccines and drugs to Hariko Aid Post. Right, CHW Jessica prepares to attend to patients at Kokoda College Aid Post.



Impact

Positive and negative effects of the implementation of the project, including direct or indirect that were not foreseen at the time of planning.

The impacts of project activities were experienced by the community members, local partners, and the management within and beyond the aid posts and communities. At the community level, people experienced the positive impacts of general improvement in accessing primary health care, improved lifestyles, and less deaths than before. Throughout the extensive interviews with the mothers, fathers, youth, VHVs, CHWs, and village leaders, all were in agreement that there has been a significant improvement due to the project interventions.

When further asked about the factors that were likely to have contributed towards positive impacts, there was an overwhelming agreement that ‘management, teamwork and the organisational structure and systems’ played a large role. In contrast, challenges were deemed to have been caused by ‘external factors, systems, management and leaders’. This demonstrates that the project has strong management both from Australia and local PNG staff who have worked extensively to ensure positive impacts on the community members despite challenges brought on by external factors. One of the leaders agreed saying:

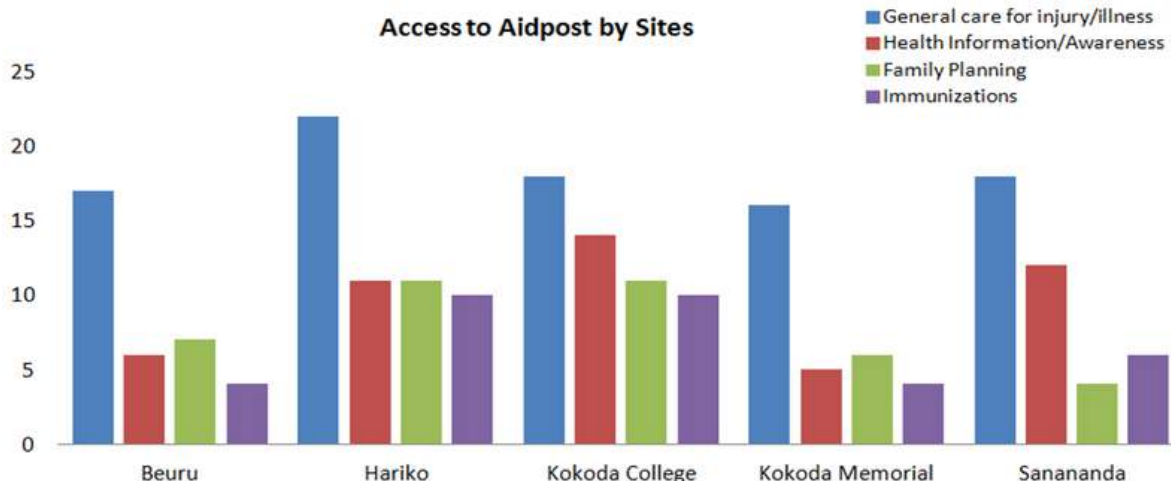
“KTF has a good organisational structure; they have supported the community in one way or another where we benefited so much. It is well organised and has strict policies to follow. It promotes the best health care services within the community.”

A survey was conducted to determine what services the community members were primarily accessing the aid post for during the last twelve months (see chart below). Most primarily utilised the aid post for general care/treatments for injury or illness, followed by either family planning or immunisations. However, it is worth noting that in Sanananda, it appears the family planning services are being under-utilised. This was found to be due to a lack of awareness in that particular community.

Feedback on their experiences with accessing the services indicated varying degrees of responses. For general care, close to 80–90% of the respondents across all the sites were very satisfied and or satisfied with the services they received. This is extremely positive feedback and indicates that community members were very happy with the services they received and their overall experiences. However, Kokoda College had significantly higher levels of dissatisfaction, ranging from 25–60%, when compared to other areas.

When discussed further with community members at Kokoda College, it was found that most services were reserved for the students, with community members instead being referred to Kokoda Memorial Hospital to utilise as their main health centre, leading to their dissatisfaction.

It was also found that ‘family planning’ services were less satisfactory across most sites.



The highest number was from Kokoda College, followed by Beuru, Sananada and then Hariko. The majority indicated they were not benefiting from these services due to a lack of awareness of these services being provided.

“Most times, there is no drug supply. [The aid posts are] good for treatment but lack of medicines. Because of shortage of drugs, the CHWs just gave the prescriptions and we bought it from the shops in town. In the last 12 months, we have accessed general care in the main hospital in which I was not satisfied with the care given sometimes there is shortage of health workers not present.” – Hariko community member

The awareness programs seemed to have improved knowledge and skills of health care workers and access to primary health care and family planning for most communities since KTF started working with them. There have been reported cases of pregnant mothers seeking support from the CHWs, fewer people travelling long distances to aid posts, and several youths saved from near-death experiences. Most of them admitted that they were saved by the support of the CHWs and the medicines from the hospitals. If it was not for KTF aid posts, they would have died.



"No more looking for medicine in this village."

"Before, health issues in this village were a very big concern. We had so many sicknesses, and many people died. We didn't have a CHW in our community and accessing basic health services was a big concern for fathers and mothers. We would walk long distances, cross many creeks, even while very sick and fragile to look for medicines. Some of our mothers and young girls were attacked along the way while walking to Gona or Killerton looking for medicines. When we went to Popondetta General Hospital, we would wait in the long queue the whole day waiting to be served. Because of this treatment at Popondetta General Hospital, most of us gave up going there. The quality of life here was very bad, with very poor health, hygiene and sanitation for the people.

Now, that is all gone. When we are sick, we simply walk across the road and we are served, right at our doorstep. We don't have the worries and pains of looking for medicine anymore. Our CHW is always available and he ensures that medicine is always stocked. No more looking for medicine in this village. Only a few times we are told to go buy medicines at the pharmacy when the stock is down or when no medicines are available. We really thank the KTF team for putting up the aid post for us." – Alois from Hariko Village



Left, CHWs Thomas and Rodney practicing neonatal resuscitation with midwife Mr. Pius Kabanua at one of the Healthy Communities training workshops. Below, Noreen stands between fellow health workers, Collin and Ronald.



“We are now the first point of contact for mothers in this village.”

“Hello my name is Noreen. I am from Sanananda and I have lived all my life in this village. I have four children and previously I didn’t know how to assist with helping pregnant mothers deliver their babies. Before, I used to be quite scared of helping the mothers, which was a big issue for my ability to support women and young girls, advise them of safe deliveries, and provide care during pregnancy and after deliveries.

When the KTF team came and asked for volunteers to attend the trainings in 2019, I showed interest. It really was an eye opener for me to be involved in these trainings. There were a few mothers from the coastal villages that attended these trainings. Topics covered included giving mothers advice on how to look after themselves during pregnancy, attending to and caring for the babies, and most important for us as village birth attendants (VBAs), how to support during birth and deliver babies.

The training helped me learn how to position the mother, how to be patient and help deliver the baby when facing challenges. I learned how to assist and lead although I try and ensure the mothers go and receive further support at the Popondetta General hospital. This is because the CHWs have raised awareness and emphasised the importance that most deliveries are ‘supervised or assisted’ by skilled CHWs and VBAs.

Since attending the training and becoming a VBA, it has changed my life. I learned how to be patient and listen to the mothers, and I learned how to confidently give advice to mothers. Since 2018, I cannot even remember how many mothers I have assisted. It must be over fifty by now. Just last month, I helped 5 mothers to deliver their babies safely. The training from KTF has also helped me and the other VBAs in our village to identify and address early signs of complications and advise the mothers and the fathers to seek support at the main hospital in Popondetta if required.

The skills we learned has really helped our mothers to have greater confidence in knowing that because of the support from KTF, we are able to assist them to deliver safely or refer them to the main hospital to seek further support. We are seen as the first point of contact when it comes to supporting the mothers. Even those mothers from the other villages send word for us to come and listen to them and assist and deliver their babies or refer them to the hospitals. I really want to say thank you to KTF – especially the health program for helping me to assist our mothers and young girls. Because of your program, we have gained so much knowledge. Thank you.”

Sustainability

To what extent will the benefits of the project continue if KTF's support ceases?

The continued efforts over the last several years, including at almost every stage of operation from planning, design, implementation and continuous review and learning, have increased community ownership and sustainability. Key activities from the design have been achieved and are nearing the point of sustainability. However, it was very clear from feedback acquired during interviews with the communities, key informants, and focus groups, that most of the activities could have significant challenges in continuing without the support of KTF.

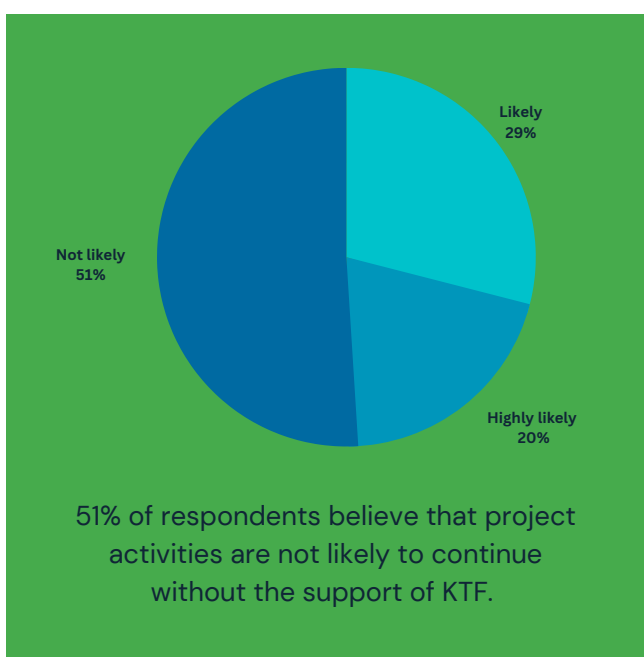
A few of those interviewed expressed apprehension about the sustainability, primarily noting that whilst the current initiatives are to be managed by KTF and eventually transitioned to the NPHA, there are concerns that the transition could lack sustainability without funds to sustain the interventions. In particular, the salary payments to CHWs to keep them stationed at the aid posts, complimentary drug orders, and the awareness programs would all prove challenging to continue in their present state without the support of KTF. These are all critical services to these communities and without them, the quality of living would revert backwards significantly.

For the continuity of the program activities, there must be continued capacity building that focuses on management, leadership skills, planning and M&E to maintain its current implementation approaches without delays or setbacks. Furthermore, strengthening of KTF funded facilities, staff and stock supplies by the NPHA must occur. CHWs need to be fully transitioned from KTF's payroll to the NPHA to motivate and ensure local staff, communities and partners all continue to work together to maintain the availability of health services. There has been evidence of increased partnership building, key staff being recruited, and the mentoring of some of the existing staff with guidance in building processes to to strengthen sustainability. When questioned about the possibility of aid posts continuing to function if KTF ceases operations in these villages, an overwhelming number of respondents, 51%, indicated that it was 'least likely' that operations would continue. This demonstrates KTF's impact and the dependency communities have on KTF for continued access to quality health care.

Despite this, some members of the communities did express that if KTF ceased operations and support, they would seek further support from other NGOs and the government in the future. It was noted that KTF's support had taught them valuable lessons to cooperate, support one another, and look after the service providers.

The community members from Hariko were very pleased that they saved up money to buy an iron roof and used the manpower in the village to cut timber to build a permanent aid post and the CHW's housing. Members of the Hariko village look forward to continuing to work with KTF to improve the quality of life in their community.

A key area to improve the sustainability of the project activities is the transitioning of CHWs on the NPHA payroll. It has been understood that KTF continues to prioritise this as an important facet of the project, however due to the capacity of the NPHA, this is not yet possible for all CHWs.



"About seven of KTF's supported CHWs are now in the process of being transitioned to the NPHA payroll systems so it would set the precedence for the others to be done in the same manner. This will be a process of taking ownership of our donor supported programs, which was fully benefiting the communities as expected." – Mr. James Yagano, Ijivitari District Health Advisor

There was significant evidence throughout the project activities of capacity building and local empowerment. For example, the NPHA has begun transitioning the KTF supported CHWs to the provincial health structure, with more planned if Healthy Communities continues. VHVs, VBAs, and CHWs have educated mothers and young girls about family planning, post-natal and antenatal care and assisting during deliveries, and youth in the communities along the Northern Beaches have taken it upon themselves to build community structures and support and provide security for their aid posts. These are some of the positive outcomes that have resulted from the project activities which will continue to improve the sustainability of the project.

Additionally, KTF's Healthy Communities project model has been found to be strongly aligned with the NPHA and works towards improving and supporting the implementation of some of their key programs, particularly awareness, immunisations and COVID-19 mitigation. In particular, the community mobilisation approaches, setting up of health posts, extensive training, and complementing the supply of drugs during periods of stock issues and delays has had a significant impact and has greatly helped support the NPHA.

This project model enhances the capacity of the NPHA and has demonstrated the possibility of gradually revamping the health facilities and the workforce in remote and rural regions. If the project is continued, in the next phase, it is likely that the NPHA and other partners will continue to strengthen, own and effectively manage the key interventions themselves. Meanwhile it is vital to strengthen processes in the next steps including the ongoing dialogue between the NPHA, its communities and KTF on the long term transition planning. KTF management, the NPHA and other key partners need to continue working on 'strengthening the system.'

The project had also increased the promotion of gender equality and the ability to include people with disabilities in their interventions. The CHWs noted that they strived to ensure the project activities promoted equal gender participation of both male and female participants for their outreach, awareness, and training.

Through analysis of field activity reports it was evident that the project interventions were reaching the marginalised and the most vulnerable people. It has additionally be noted that the services provided by the CHWs are exceptional. Those interviewed and surveyed praised the CHWs and said that due to the support of KTF, the services provided by CHWs had '*exceptional improvement*' and '*high improvement*' than prior to the project's implementation. Almost everyone including the CHWs, VHVs, village leaders and the community members admitted that there had been tremendous changes in the way the CHWs served the patients.

To advocate for program ownership and to promote sustainability of the activities, the project management team should continue to ensure that community involvement is a priority. Inclusive and active community participation with support from NPHA is considered an essential part of the project's sustainability.



Guy, CHW, with a neonatal resuscitation device provided through project activities.

Interviews with the NPHA program managers of Ijivitari and Sohe districts and with the advisors has indicated support and acknowledgement for the KTF project. The ward councillors, village leaders, and district advisors were very appreciative of the contributions that KTF has made to their villages. From the interviews it was also found that having “integrated programs such as these fully support and have had huge impacts, as opposed to having a silo or standalone programs”.

Having the health program complemented with the solar lighting program or other education, social or economic programs were highly supportive, gaining increased momentum and ultimately leading to huge impacts. This was the case at the Kokoda Station and villages between wards 1-10, where KTF, the NPHA, and Kokoda Initiative (KI) have worked together well. Meanwhile villages beyond Ward 10 and those down at the Northern Beaches have begun seeing significant impact. This demonstrates the importance of cooperation amongst partners and the government, as well as the continued importance of a holistic approach and incorporating education, health, and livelihood programs.

“We need to have different programs working together for example, Health and Education or Agriculture etc. You cannot change a person’s life by doing one program. Having integrated programs sustained over time will have much stronger impacts.” – Ms. Florence Tumbari, HEO at Kokoda Health Center

While many people commented on the sustainability and the potential for project activities to be maintained by the community

and NPHA, there were also conflicting views from some of the community members. One respondent indicated that, “[The project] will not progress as expected due to lack of funding and resources. The Government and community has no experience in managing programs, so the Government will need to take responsibility but it will take time.”

The majority of the recommendations to improve programming were to upgrade the current aid posts to cater for the increasing number of patients, births, and complicated cases and also to prepare for any future pandemics similar to COVID-19. Additionally, KTF’s current Light for Learning program that installs solar lights for homes, schools, aid posts and community halls was highly appreciated by some of the community members. They recommended for lights to be connected to aid posts that currently do not have lights as well as in living areas for the health care workers and for those admitted to their care. A large number of community members made requests for ambulances to be made available to support transportation to hospitals during complicated and emergency cases.

Interestingly, a few village leaders, CHWs and VHVs recommended implementing more prevention programs to reduce the prevalence of disease through the existing VHV programs, either through KTF or DFAT’s KI program. Most respondents indicated that the majority of the cases in their communities were preventable diseases, but due to lack of health information, awareness or outreach people were flooding the aid posts with these issues and symptoms causing an increased burden to both CHWs and the limited number of stock of drugs.



Lessons Learned

The following are lessons throughout the implementation of the Healthy Communities project:

- Healthy Communities and the NPHA needs to continue to collectively outline their implementation plans to collaboratively program future health responses to maximise and sustain efforts.
- KTF should continue the use of integrated projects across sectors in communities, for example health and education, to complement each other and have increased impacts and long-term sustainability.
- Facilitation of in-person training and workshops and bringing together teams from different locations encourages and promotes cross-learning and the sharing of information and ideas. This has led to greater collaboration among the partners with KTF, NPHA and others in the province, with the aim of creating a learning environment within the partners' network.
- The KTF team should maintain regular supervisory site visits to conduct quality assurance in terms of the field work, activities conducted, and M&E systems and to continue strengthening the community support for the projects.
- Revisit any signed MOUs with the NPHA and other stakeholders and ensure support with transitioning and long-term sustainability of the program interventions.
- Strengthen collaboration with the partners especially police, law and order and community leaders to ensure there are plans for supporting this initiative with security and safety of the health staff.



The newly re-built aid post built at Sanananda was designed with climate resiliency in mind. The building has been manufactured with materials resistant to storms and elevated to mitigate issues with flooding and a water tank was included to assist in periods of drought. The location was moved to an area further from the coast line to be more resilient to disasters or extreme weather events.

Recommendations

Continue to strengthen and work with what is working well.

1. Plan to support the NPHA to promote and advocate for more support of future funding opportunities. Actively address and promote Healthy Communities' interventions and advocate for support from other partners and the government.
2. Conduct regular, quarterly update meetings with NPHA, District Advisors and the community representatives to maintain a healthy working relationship. It is important to organise more "Training of Trainers" (ToT) at the district level if the project wants to see a wider impact on skills and capacity at the community level.

Improve areas facing challenges.

1. Respective project activities need to develop contingency plans with partners to mitigate emergencies such as typhoid and COVID-19 to ensure planned programming such as immunisation patrols are able to continue.
2. Instruct all CHWs to conduct regular patrols to provide healthcare to people with disabilities that may not be able to access the health facility.
3. CHWs to conduct community awareness to promote weekly family planning clinics to ensure community members understand these services are available.
4. Prior to a closure of Healthy Communities project activities, it would be imperative to develop a safe contingency plan and strengthen the current activities. An appointment of an accompaniment coordinator position with NPHA would be beneficial.
5. More technical support is required to improve the monitoring and reporting capacity for Healthy Communities and partners to support advocacy in the future using reports and data collected.
6. An effective database must be implemented to ensure that data from the partners and from KTF are collated and analysed to provide guidance for programming.
7. Encourage cross-learning for the partners and programs by sharing learning across different project sites and stakeholders with NPHA and the respective districts, Sohe and Ijivitari.

Training & Capacity Building

1. Prepare and enhance the sustainability of the interventions by assessing the current implementing partners particularly the NPHA, CHWs, and VHVs to improve their management skills.
2. Develop a change management plan and support the local communities with mentoring and coaching on how to seek other support and funds apart from KTF.

System Strengthening and Scale up.

- 1.Strongly consider scaling up the services to the most remote communities where the government faces challenges working in.
- 2.It is strongly recommended that the project be extended to ensure the system strengthening and provincial or national scale up is achieved and to ensure there is strong partnership with PHAs and its stakeholders. Another 3–4 years extension on the activities affected would be ideal to ensure it is strengthened for long-term sustainability.
- 3.KTF's monitoring and evaluation team should provide close oversight, supervision and mentoring in the field activities to assist programs' to monitor and implement the use of MEL tools to capture data as well as impact and lessons learned. There seems to be silos in reporting and reports and databases need to be shared with NPHA and the districts of other local partners for planning and support.
- 4.Strengthen and support current cadre of VHV and VBA programs to disseminate health promotional interventions. Increase support with finances and logistics to carry out outreach programs which have proven effective.

Advocacy and Promotions.

- 1.Advocate and promote access to NPHA supported services. It seems that increases in the use of services is from trainings or from the community awareness that attracts patients to seek support from CHWs. Support needs to be given to those established and locally based organisations, CHWs, VHVs and their respective aid posts to take responsibilities to provide services when KTF closes.
- 2.Higher level interventions and systems strengthening, or advocacy needs to be done by KTF management with partners/stakeholders to strengthen the partnership to sustain some of the interventions.



Conclusion

The support provided to the targeted communities across Oro indicates a well-established program with a strong management system and workforce. Health facility staff are not only qualified to undergo their roles and responsibilities effectively but are supporting and up-skilling the capacity of both their colleagues and beneficiaries. The program has an operational plan to guide an ideal model of the health activities and transitioning processes effectively.

There is a great opportunity for active NPHA and community participation. This could be used as leverage for further NPHA support to learn from and continue to support those aid posts that have been neglected for several years.

The introduction of technical skills and awareness raising has had a profound impact on the lives and livelihoods of the men, women, and children in the targeted communities. During the evaluation, the respondents identified and explained a range of successes, challenges and opportunities since the implementation of the project. Despite the limited government or other assistance available, the initiative KTF has introduced has had a lasting positive impact on the communities and the health system throughout the Province, primarily in the remote and rural areas.

The evaluation has further identified areas for improvement as well as the need for continued skill development, capacity building, and the

strengthening of operations and management in other remote communities that the NPHA has often had challenges working in. This includes the continuation of interventions facilitated through training, mentoring and coaching as well as outreach programs that will strengthen the current relationship with the NPHA and ways of doing business.

Furthermore, to harness the plans, short, medium and long-term goals with clear visions are vital to enhance the NPHA and partner support and collaboration. This will ensure that target groups genuinely benefit from the interventions and that they reap the knowledge and improved capacity and learn from the successes to work towards sustainability. The evaluation further found that the Healthy Communities project has strongly encouraged community members to begin to work together and care for each other. Further enhancing the sustainability structures, processes and management will have a lasting impact on what has already begun in the current Healthy Communities project sites.

There is evidence of significant positive impact and potential for long-term sustainability through the skills and knowledge development for beneficiaries and implementing partners. The management, NPHAs, CHWs, and other local partners should learn from, share and celebrate the successes they have contributed to the people.



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