



CONSULTATIVE IMPLEMENTATION & MONITORING COUNCIL

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## **SUMMARY OF THE PAPUA REGIONAL DEVELOPMENT FORUM**

*Held at the Wanigili Education Centre, Alotau, Milne Bay Province*

1-2 August 2012

Theme

**“How to Improve Accessibility to Quality Health and Education Services”**

**ORGANIZED BY:**

**CONSULTATIVE IMPLEMENTATION AND MONITORING COUNCIL**

**SPONSORED BY:**

**DEPARTMENT OF NATIONAL PLANNING & the**

**AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT**

### **Introduction**

The 2012 Southern Regional Development Forum held in Alotau, Milne Bay Province from 1<sup>st</sup> – 2<sup>nd</sup> August 2012 discussed ways to improve quality access to health and education services. The meeting provided a venue for discussions on policy matters in health and education sectors and how it needs to be addressed.

The two days workshop showed great attention on discussions on health and education sector plans, role of civil society and churches in these sectors and plans of priorities of investors in the Southern region.

At the close of the forum, participants recommended that the government addressed the poor state of existing health and education infrastructure in the country.

This call has been repeated countless times over the years but it seemed the Government had not really addressed the poor state of existing health and education infrastructure in the country.

## **Purpose of the Forum**

The broad aim of this forum was to communicate ideas, interests and needs, from government, and that of the community including the private sector, NGOs and citizens relevant to the given theme. The CIMC is meant to deliver opinions on the government's policy and legislative proposals, as well as to offer solutions on any technical problems relating to the implementation of its policies and programs.

The Forum sought to have stakeholders discuss key aspects of the task of delivering health and education services—including: central government plans and priorities, accessibility, quality, governance and management including transparency and accountability mechanisms, capacity building, training and resourcing, partnerships and networking, with the objective of advising government on strategies required to foster improved accessibility to quality health and education services in Papua New Guinea.

By engaging public servants in CIMC Forums and meetings, the community gets a better understanding of how the bureaucracy works, and what the functions of agencies are, as well as the constraints they face. In many cases it has also enabled government to talk across agencies and levels, as well as for people to network with others.

## **Presentations**

Forum presentations ranged from central government policies, plans and priorities to budget allocations for health and education sectors (and experiences of accountability mechanisms) to provincial and independent perspectives on implementation of health and education plans and priorities at the provincial and district levels to development partner, private sector and NGO perspectives on health and education services delivery to information access reforms and innovative ICT strategies to improve accessibility to health and education services to the possibility of embracing the Public-Private Partnership (PPP) model to improve accessibility to quality health and education services.

## **Medium Development Plan 2011 – 2015 and Implementation of the 2012 Development Budget For Health and Education Sectors**

The National Planning and Monitoring Secretary, Dr. Peter Kora in presenting the Medium Term Development Plan from 2011 – 2015 and implementation of the Development Budget on Health and Education, urged the government to make decisions based on existing policies and plans.

He said, research needs to be carried out to establish what is required before imposing the policy so funds are distributed accordingly.

Government service must go right down to the majority of people living in rural areas, only then everyone benefits, he said

### **Education Sector**

Being educated and literate helps a person to make good choices and live a healthy lifestyle said Mr. Emmanuel Yeira a Regional Strategic Planning and Monitoring Advisor for Southern region. The best strategies or approaches would be 'What have you contributed and what don't you have that I can complement/supplement to improve accessibility to quality education in PNG? Department of Education continues to maintain effective network with the stakeholders to improve accessibility to quality education services and also maintains contact with DOE officers in the provincial and district levels.

Being educated and literate helps a person to make good choices and live a healthy lifestyle. Education is everyone's business. Taking ownership and being responsible needs collective and/or collaborative effort and maintaining effective community team-work. Building on existing strengths, resources, tec and sharing best practices, initiatives and /or ideas to enhance quality education in PNG. Create incentives for teachers.

A workshop was held in Kimbe from 6-10 August 2012 for senior education officers and the theme of the meeting was "Achieve Quality Education and Training through Public and Private and Church Partnership to address these issues.

#### **Team:**

T - Together  
E – Everyone  
A – Achieves  
M – More

### **Health Sector**

The challenges faced by Health Department are:

- Whole of Government approach to service delivery,
- Insufficient capacity at provincial ,

- District and services facility level to implement projects and programs, implementation of the Provincial Health Authorities,
- Government procurement system breakdown for project implementation,
- Insufficient and aging health workforce,
- Diversion of infrastructure funding and poor governance and
- Management of resources.

To improve accessibility to quality health services requires whole of government approach to service delivery requires synchronized and coordinated implementation of government reform agendas to enhance service delivery such District Treasury Offices and the Information Financial Management System (IFMS) roll out, Ms. Elva Lionel, A/Deputy Secretary for Health department said.

### **Provincial Hospital Authority**

Alotau general hospital is one of the first three hospitals that were transferred under the management of Health Department to the Provincial Health Authorities as a pilot province to roll the government's policy. The Chief Executive Officer of Alotau General Hospital, Mr. Billy Naidi, said, to provide quality management system, sub committees for service delivery and quality management under by laws be established, for Finance, Human Resources, Assets, Health Services and be accountable to Milne Bay Health Authority Board and the Government of the day. Accessibly and Quality of Services Measurement requires, Provincial Health Authority and by Law Established Systems, National Health Service Standards, Performance based, Alignment of services and improve service delivery through reviews.

### **International Perspective**

According to the Indian High Commissioner to PNG Dr. A.M Gondane, unless education and health facilities are strengthened, human resource could not be developed.

Papua New Guinea's objective to deliver quality service should be based on infrastructure strengthening, Dr. A.M. Gondane said.

Gondane said India shares similar experiences with PNG, having a growing population of over 1.2 billion service delivery was a difficult task. However, India focuses on the use of natural remedies and developing their won medicine and diagnostic equipments to improve health status and living standards, he said. He added India is willing to share its vast experience in the development and management of the health sector in any way of PNG feels their assistance is needed.

## **Provincial Perspective**

Mr. Titus Hartagen, Deputy Provincial Administrator, presented that, Central Province does not have accessibility and retention problems in the coastal and low land areas. The problem is in the remotes areas that not easily accessible by any form of transportation. The only possibility of reaching the school is by walking or by air which is very expensive. E.g. to get supplies to Goilala District which is in the mountains, they hire a chopper for K13,000 for one trip.

In order to save costs, divisions such as health, education, agriculture plan and travel together to the districts to implement their programs.

These are problems faced in delivering health and education services to the remotest areas of the province.

- Lack of teachers incentive to teachers to remain in these areas;
- Difficult Road/Transport access to these schools;
- Agencies not sufficiently able to construct and furnish school buildings etc);
- Parents are not comfortable to send their children to schools if facility is a distance away;
- Law and Order Problems;
- Lack of basic economic services;
- Basic health services are far away from the schools.

Quality of Education is also dictated by:

- ❖ Teacher incentive including housing, remunerations, positive community reactions and support;
- ❖ Level of attention and assistance from the Government and Stakeholders;
- ❖ Additional funds to be sought from external sources to upgrade facilities;
- ❖ Frequency of standards officers visit provincial coverage by standards officers;
- ❖ Upgrading of Teaching Capacity/Qualification, funds to be allocation for teachers training;
- ❖ Improve teachers remuneration especially in remote areas.

## **2012 Budget Allocation for Health and Education**

A Senior Project Officer from CIMC presented financial information on how much is allocated to Department of Education, Department of Health, the Function allocated to the provinces; the Provincial Hospitals and the Church run Health Centres. It revealed that 62.2% of the National Education budget is allocated for the free Education subsidies, 24.3% for Personnel Emoluments, 24.3% for goods and services and 9.7% for capital expenditure in the recurrent budget. Of the National Education budget 42% is for recurrent and 58% for development.

According the Health allocations, 20.8% is for recurrent budget, 50.1% for development, 21% for Provincial Hospitals, 7% for Church run Health Centres

in the provinces and 0.6% for Health function grants allocated direct to the provinces for health services.

## **Investor Perspective**

One major investor in the province, Milne Bay Estates outlined its plans and priorities in strengthening the delivery of health and education services to local communities.

The company is embarking on social impact projects for the local communities, general manager, Mr. Callum Skeet said. In Education they are currently meeting with the Catholic Church to secure land to build a Technical School which affiliate with Waikato Technical College in New Zealand. The Milne Bay Estate had assisted with the outbreak of Cholera and Syphilis lately. The Milne Bay Estates has 13 Plantations and 2,000 smallholders contracted to the local communities.

## **Challenges of producing and retaining quality teachers**

Dr.Zui Neofa, Director for Papua New Education Institute said, there is demand for identification of future teachers.

The challenges of producing and retaining quality teachers:

### *National issues*

- Lack of campaigns and awareness informing parents;
- Selection into colleges process be monitored carefully
- Review and revamp college curriculum to strengthen content for discipline subjects (English, Maths, Science or Social Science);
- Overall selection, supplying and training of elementary teachers is okay but many in the national system are yet to graduate with back log dating 2006. Thus impinging on their status of remuneration and certification etc..

### *Provincial issues*

- Due to logistical and high ratio of schools to officers, there is concern for officers to response in a structured manner to the needs of their schools;
- In NCD, teacher supply is good and reasonable quality, but teacher absenteeism and punctuality is of significant concern due to lack of transport as many teachers live away from school.

There need to be more meetings regular meetings and coordination between provincial and district education officers. There is demand for identification and training of future school leaders across all levels of schooling.

## **Research Initiatives on Information Accessibility in Health and Education Service Delivering in PNG – Jack Lapauve**

Director for PNG University of Environment and Natural Resources, raised concern that there are only two Universities in the Southern region, the UPNGENR and the Seventh Day Pacific Adventist University. (PAU).

At the height of the nation's vision 2050 strategic plan in progress, it is inevitably evident that the education sector in Southern region seriously needs urgent attention from the politicians, bureaucrats, development partners, churches and private sector. Otherwise the human resource development in the southern region is desirable and wanting despite having some of the nation's huge renewable and non-renewable resources in PNG. Quoting from the PNG vision 2050, the three strategic focus areas (out of seven) should be the denominators for the above enablers which are: A change of mindset, Emergence of strong political leadership and willpower and Improvement in governance.

## **Access to or in Health Care to Service Delivery in PNG Report by Global Integrity**

A Senior Project Officer of CIMC, Mr. Johnny Yep who was involved the above survey presented among others in the report that the health sector in PNG faces several problems, including high infant and maternal rates, infectious diseases (including tuberculosis and HIV) and acute shortage of resources such as essential drugs. The challenges associated with poor physical access and infrastructure make service delivery expensive and out of reach to many citizens, especially the rural populations. The survey was carried in the National Capital District, East New Britain, East Sepik, Eastern Highlands and Morobe provinces. NCD earned the lowest overall rating in the assessment and East New Britain the highest. He said that, the pilot study could serve as diagnostic tool for identifying information gaps to stimulate dialogue on possible information access reforms in health care that could enhance transparency and accountability. Information and knowledge empowers people to demand improved services and to hold providers accountable for her performance.

## **Civil Society and Churches Perspective**

Fr. Young resides in Losuia which is 340 kilometers from Alotau or 3 days walk depends on where you are going. Fr. Young gave examples of real situations affecting the people in remote areas where he is. Some recommendations to the Provincial Health Authorities:

- Upgrading of Aid Posts
- Refurbishing of Aid Posts
- Plans be realistic as possible

- Regular delivery medical supplies
- Money allocated for service delivery is insufficient and has been for many years
- Health Centres do not have funds but are expected to perform In Education:
- Many parents worry to find whatever little resources available at the expense of the majority
- Education is provided for the elite

For years (40) nothing has changed, young people are discouraged as they are not included in the LLG or Provincial plans. PNG develops wonderful plans while suffering young kids want to develop their brains.

It is ideal if you want to help in Education, make online available and support it. It will not cost too much. Example of what Fr. Young is doing in Nimoa for the youths learning online in the village.

## **Youth Perspective**

There are no plans/programs for youths living in the communities by the LLGs or Provincial Governments. Churches try to run youth programs but cannot continue due to funding constraints. It was revealed that when there are no programs such as sporting activities to occupy the youths, the law and order problem increases according to Charles Avaisa. Some youths maybe drug addicts but when involved in sports, they tend to be the best. He said parents need to change their mindsets and accept their children because not all will continue to secondary schools or universities. The two vocational centres in Kairuku district in Central Province have been closed therefore these school leavers nowhere to continue. To continue education in Port Moresby is very costly and a burden for relatives.

## **United Church**

The missionaries, where they brought the good news of God, they also initiated basic essential services to the people, including Health and Education.

They used community development strategy to address human basic needs, which are; Food, water, clean air, housing, clothing, fuel (energy), communication (transport), education and health. One of the UCPNG Mission is to provide health and education and other social services in the community. With partnership arrangements, the United Church operates, twenty nine (29) Health Centres, thirty one (31) Aid Posts, one Nursing School (in partnership with Government, Catholic and Anglican agencies in Milne Bay Provinces.

## **Private Sector Perspective - St. John Ambulance**

St. John is a service provider under church partnership where it provides an ambulance service in Port Moresby and also manages an urban clinic in Gerehu and Gordons suburbs of Port Moresby. Gordons is a day clinic but Gerehu operates on 24 hour service apart from the Port Moresby General Hospital and hope to expand their services to other centres. The Provincial Administrators will have to make a move if they wish to use St. Johns service. Mr. John Waingut, Chief Commander and CEO of St. Ambulance presented.

That most centres around the country cannot sustain their services because of procurement delays and consequently people suffer from unavailability of drugs, poor effort in building up healthy facility standards and health facility not meeting the demand of the public.

## **Attendance**

The 2012 CIMC Southern Regional Development Forum registered around 100 plus participants.

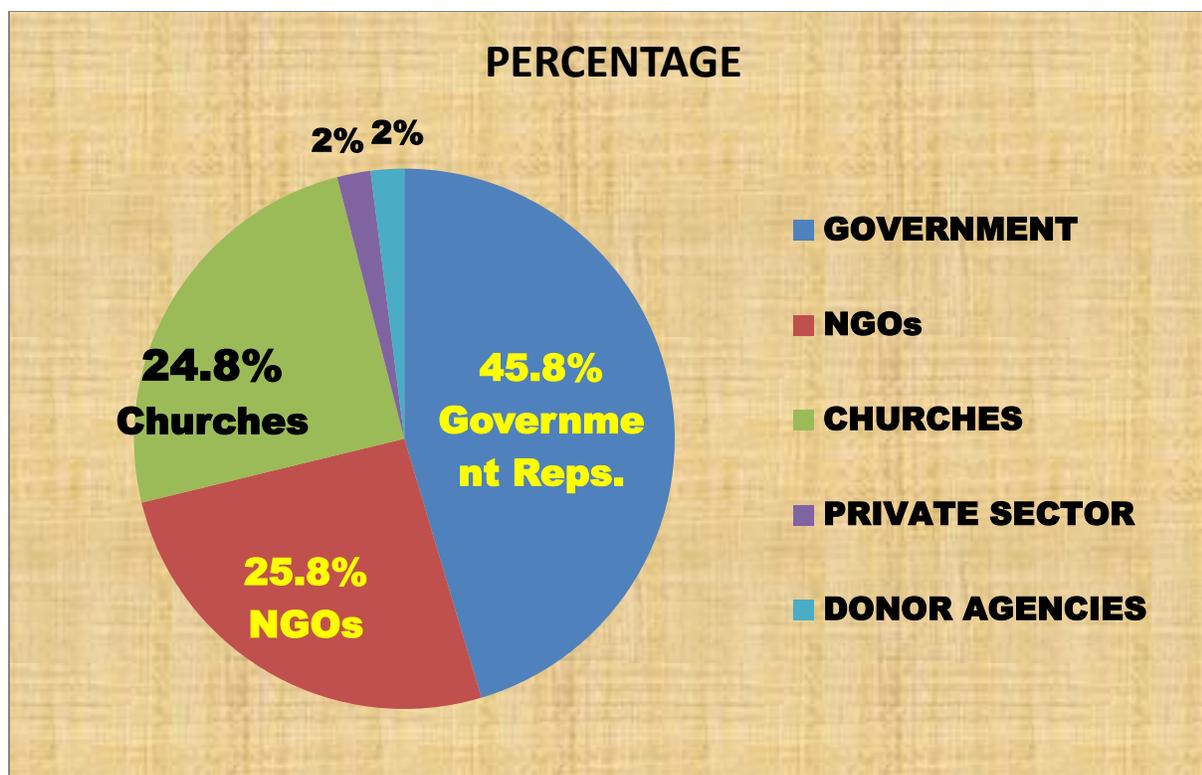
Due to the election, most senior public servants in the Provincial Governments in the Papua region took part as retaining officers conducting the elections and have just resumed duties in their offices where some had not received or have received late invitation and was late to make travel arrangements. Likewise accommodation was limited due to the Members of Parliament gathering in Alotau to lobby for the formation of the government.

Due to bad weather, people from outer islands could not travel to attend the forum.

CIMC assisted only three (3) participants from NGO groups from each province and the speakers whilst the Government officers were asked meet their own travel and lodging expenses. Therefore, only Central Provincial Government sent three officers to present a paper and participate in the forum with the host Milne Bay Provincial Government officers. Oro, Gulf and Fly River Provincial Government officers did not attend the forum which was a concern raised by the NGO groups who attended.

## **Attendance Register**

	<b>Organizations</b>	<b>No. Attended</b>
1	Government	46
2	Non Government Organizations	26
3	Churches	25
4	Private Sector	2
5	Donor Agencies	2
	<b>Total</b>	<b>101</b>



## **Evaluation**

Evaluation feedback gathered indicated that the lineup of presentations was good. Just that timing was limited. Many participants said the volume of information presented was too much to be digested within the two day period. They suggested that more time be given for the forums. They claimed participants needed more time to fully digest the information to be able to meaningfully participate in such very important forums. More time be given for questions and discussions. They want government officers who are implementers of service delivery, to attend the forums and listen to issues raised so they can improve the services and answer queries raised at the forum.

## **Key Issues**

Two issues that featured prominently and that were key and central to all forum deliberations were accessibility and quality. The question of course was how could these be improved? Speakers and participants alike came up with their own versions of the various interventions that they thought could be considered and applied to improve accessibility to quality health and education services.

The Forum produced a set of action-oriented recommendations.

These are the recommendations from the Papua Group Discussions and presentations:

## **Recommendations from the Presentation Agencies to CIMC.**

### **Department of National Planning and Monitoring**

#### *Rural Based Approach*

1. Resourcing of rural development is captured under almost all sectors and comprises that bulk of expenditure under MTDP;
2. Service delivery to rural areas will be enhanced;
3. Roads will be rehabilitated and maintained;
4. Reliable access services to support higher health and education outcomes;
5. Resourcing rural health services and rural health education rural education opportunities;
6. LLG Capacity Building Program.

#### *Implementation*

1. Government committed to the plan to address growth constraints, invest prescriptively in public goods;
2. Private sector, landowners, resource owners, NGOs and Churches will be the drivers behind Service Accessibility;
3. Everyone needs to work together in collaborative partnership to implement the PNGDSP and its subsequent MTDPs.

### **Department of Health**

1. Implementation and improve road transport and communication infrastructures to enable services to communities and for the population to access health facilities;
2. Strengthen and equip provincial and district administrations capacities and capabilities for implementation and management to carry out their core roles and responsibilities;
3. Synchronized and coordinated implementation of government reform agendas to enhance services delivery such District Treasury Offices and IFMS roll out.

### **St Johns Ambulance, Port Moresby**

1. First Aid and Nutritional Training to all Papua New Guineans, beginning in schools, churches, Wards and LLGs;
2. Ambulance Services, efficiently and effectively operated;

3. Public, Private, Partnership with proven organizations with appropriate adequate job security and advancement for staff.

### **United Church, Papua New Guinea**

1. That Government acknowledges, appreciates and supports the Church in her role to nurture students and patience in their spiritual development and growth by allocating funds for chaplaincy services in schools and hospitals;
2. That Government offer scholarships to those attending Theological College and Church operated institutions like any other students attending Government Institutions.

### **Group Recommendations**

#### **1. Management and Procurement Processes (Accountability and Transparency)**

##### ***Clear demarcation of roles at different levels***

- Observe Roles and Responsibilities of office holders in the OLPGLG
- Department of Provincial and Local Affairs (DPLGA) to provide clear determination on the functions, roles and responsibilities at each level of government;
- DPLGA to carry out trainings and awareness so everyone is clear of what their roles are at each level of government
- Make public, information on Procurement process in the Public Finances Management Act 1995;
- Other relevant information the public need to know be made available
- Work with partners to provide – Accountability/Transparency hence service delivery;
- Need for political will to get things moving;
- Public Service General Order be made effective to discipline those who abuse and misuse government fund;
- Department of Finance Internal Auditors to check and control all procurements before processed;
- Decentralization of Management and procurement function in relation to service delivery;
- To increase the manpower in the audit division;
- Establish Information Dissemination Centres.

### ***Monitoring/Watchdog – “everyone is a watchdog***

- Develop a Civil Society Organization (CSO) Partnership Policy with a view to formalize it as an Act of Parliament;
- Through CIMC, lobby the Papuan MPs to revive the Papua Regional Secretariat for effective service delivery;
- More awareness on the OLPLG to enhance Partnership, Community ownership and accountability of leaders at the Provincial Government and Local level Governments.
- The community is empowered with information so they can monitor at the community level on the government activities.

*Disbursement of funds/cumbersome processes – how and where can we start to improve?*

- National Economic Fiscal Commission (NEFC) to make awareness on its findings of the performance of the provincial governments.
- Department of Finance and Treasury with recommendation from NEFC to find a simpler way to disburse funds for Local Level Governments direct to the LLGs.
- It will require infrastructure facilities at the district to process payments.
- How effective is the District Roll Out Program. Why are some District Treasury officers still operating from the Provincial Headquarters and not at the district.
- Provinces to come up with a budget timeframe so Provincial Budgets and Local Level Governments are approved on time hence funds released on time for delivery of services.

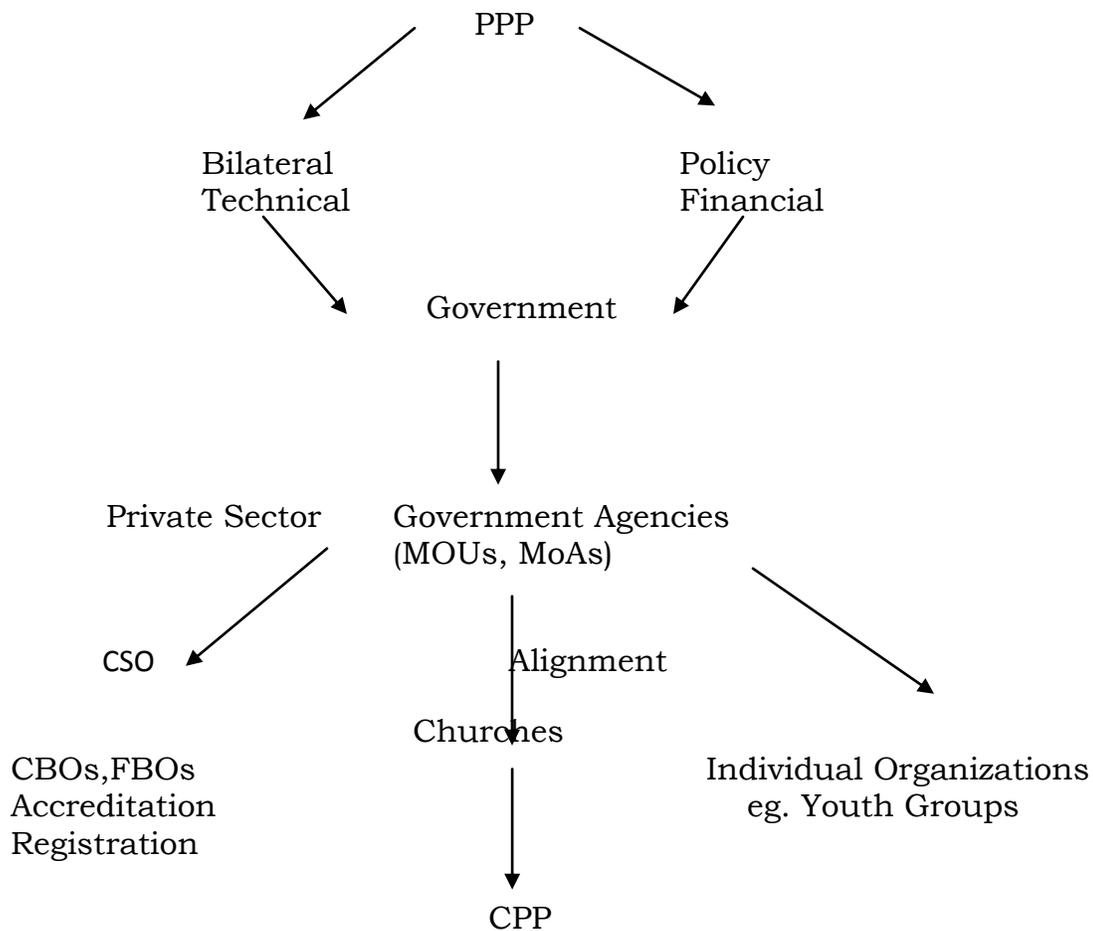
*Access to information to empower – how and with what strategies for all to Access.*

- Fully decentralize Roles and responsibilities to the Provincial Administrator where the people are. For example, approval of structures, disciplinary powers, termination of officers in case of serious offenses etc.

## **2. Promote Partnerships (through policies?) between:**

*Government agencies (within agencies) for whole of government approach*

- Promote Public, Private Partnership (PPP).



### ***What are the Benefits of Partnership?***

#### *Financial*

- Encourage State Authorities to consider public private partnership arrangements as a method of procuring infrastructure;.
- PPP can enable the government to use the private sectors delivery and projects completion expertise and capability for the benefit of the people;
- Make payments conditional on the actual delivery of infrastructure and services;
- To achieve value for money for the Government on a whole of life cost basis.

#### *Technical*

- To enhance infrastructure and service delivery by utilizing private sector capital management innovation technology and other resources.

- Private Sector have trained skilled personnel to provide technical advice and deliver services.

### *Policy Inclusion*

- All stakeholders, Churches, other partners be consulted before making policies;
- A PPP office be established in Department of National Planning to coordinate all the SOEs that seeks the governments support;
- A group of technical experts to manage the office and provide assistance to the Non stake actors.
- Civil Societies to take ownership of projects (community).

### *Recognized*

#### *Government and non-state actors*

- *Churches, Community Based Organizations (CBOs), and Individuals to align all programs with government departments such as Education and Community Development etc.*
- Government to take stock of NGOs Networking already delivering services on ground and build on them to deliver services.
- There is no coordination or consultation among the key service providers including, national, provincial and Local Level Governments and within the national departments.

#### *Education and awareness involving youths and others*

- Involve registered youth groups to carry out educational awareness such as HIV/AIDS programs etc.
- All forms of communication infrastructure be relocated to the districts, such Telekom, Digicel, radio stations and PNG Power etc.

#### *Community ownership*

- Involve communities in projects and service delivery so they can take ownership of assets in their communities.

## **1. Human Resource Management**

### *Up skilling and refresher Courses*

- Review the current policies in Departments of Health and Education and the manpower restructure;
- Effective Administration Structure;
- Merit based appointments;
- Selection/recruitment of officers be done on merit and not through nepotism or who you know. A training program is planned for the teachers and workforce;

- TSC be removed and Teachers to be paid under Public Service salary structure;

*Strategies for boosting morale, motivation for effectiveness*

- Refresher courses be conducted regularly for teachers and be awarded certificates of recognition of their participation as incentives;
- Salary structures need to be reviewed especially for the teachers to be consistent with that of the public service;
- Salaries functions is a transferred function to the provinces and need to improve in the management of teachers salaries in terms of processing salaries at the start of school and end of the year.
- Teachers leave fares management be improved and paid on time for teachers travel to their homes for holidays;
- Standards officers to regularly visit schools;
- Staff appraisal be done on regular basis (6 months);
- Timely release of funds from Department of Treasury to the Provincial Governments to address these issues;
- Regular audit of teachers payroll to eliminate ghost names or teachers who have transferred to other provinces to avoid huge teachers' salaries bills;
- Rewards (teachers and nurses awards) are not in line with the volume of work done. Union bodies for Health and Education to be empowered to address issues affecting the teachers and nurses.
- Teachers Association be effective in addressing teachers issues;
- Management and Boards to have regular meetings with the doctors and nurses to address management issues may reduce the death rate of mothers and children;
- Overtime and shift allowances be increased as incentives for nurses;
- Code of Ethics by medical practitioners be applied in professionalism of their performance;
- Some incentives like risk allowance be paid to get teachers to teach at remote schools;
- CIMC to conduct Provincial Forums or even districts so more people can participate and acquire information.

*Create space for new graduates*

- Salary structures need to be reviewed – Teaching Service Commission (TSC) for teachers and Public Employees Association (PE) for Public Servants.
- To improve in the employment conditions by providing housing with basic infrastructure and other entitlements to attract teachers and public services to work in the districts and LLGs.

- Make provision for new teacher's positions and funding in the budget every year to avoid delays of salary payments.

*Aging public service or Workforce*

- Department of Personnel Management to provide a retrenchment plan/program and provide funds through the budget every year to take care of the outgoing public servants instead of paying two people against one position while waiting to be paid off;
- Identify the aging workforce and plan for a replacement program;
- Recruitment of staff to understudy the outgoing person;
- No voluntary retrenchment be accepted;
- Review the current policy on retirement age.50/55/60

## **2. Infrastructure Improvement and making available resources for quality**

*Access to roads/ airstrip/ bridges/ jetties*

- Government to channel sufficient funding to identified Technical Organizations such as Department of Works to maintain existing roads and bridges etc.
- Funds be channeled down to the Local level Governments to take ownership in the maintenance of the infrastructure (land).

*Staff houses/ water supply/ electricity/ facilities*

- Departments of Health and Education in collaboration with provincial health and education and Local level Governments to increase funding for maintenance of housing/water/electricity facilities.

*Availability of Resources including availability of teachers*

- To build the capacity of human resources to manage and provide the quality service

*Making internet access affordable*

- The Institutions to liaise with organization such as Digicel Foundation to have access to internet services at the schools.

### **Way Forward**

In many remote areas across Papua New Guinea, teachers and Health workers alike, teach and work in run-down houses, buildings and classrooms. Many are using deteriorating colonial transit houses abandoned many years back.

To add to these woes, no road links or deteriorating conditions of roads and bridges makes service delivery complicated.

Medical supplies and educational materials often do not reach schools and health centres in remote areas.

It is a challenge and daily struggle for teachers and health workers to carry out their duties and because many of them refuse to take up postings in remote and rural areas.

We hope the government will take note of these recommendation presented which will result in some changes of improvement in Health and Education service delivery.

Finally, the CIMC Secretariat conveys its sincere thanks and appreciation to the Department of National Planning and Monitoring and the Australian Agency for International Development for their funding support. The organization of this very important Forum would not have been possible had it not been for their generous funding support.

Questions and comments from the floor not captured here but in the final report.

**ELIZABETH AVAISA**  
Senior Project Officer