

COLLECTIVE EMPOWERMENT FOUNDATION 2025 ANNUAL Clinical REPORT

CEF SAFE BIRTH PROGRAM (KIUNGA SITE)

Reporting Period: 14 July 2025 (program official start date) – 31 December 2025



IN PARTNERSHIP WITH



SUBMITTED TO:

Western Province Health Authority & North Fly District Administration

Attention: Mr Rody Ukin (North Fly District Health Manager)

IMPLEMENTED BY:

Collective Empowerment Foundation (CEF)

Clinical Outcomes and Service Delivery

This section presents aggregate clinical outcomes for all mothers who completed the Kiunga Hospital CEF Safe Birthing Program during the 2025 reporting period. The outcomes summarised below reflect program-wide performance across all care pathways and provide a high-level overview of delivery safety, coverage, and clinical results.

Summary of Clinical Outcomes (2025)

Indicator	Result
Total mothers supported	41
Total babies delivered	41
Facility-based deliveries	100% (completed cases)
Maternal complications	0
Neonatal complications	0
Stillbirths	0
Multiple deliveries	0
Highest birth weight	3.6 kg
Lowest birth weight	2.9 kg

All mothers who completed the program delivered under supervised, facility-based conditions at Kiunga Hospital. No maternal or neonatal complications were recorded during delivery or following discharge.

Two mothers exited the program prior to delivery due to communication and logistical constraints and are therefore excluded from completed outcome calculations. One mother remained actively enrolled in care at the end of the reporting period and is similarly excluded from outcome totals.

Collectively, these results indicate that the program consistently achieved safe delivery outcomes for mothers who were able to complete the care pathway, providing a strong foundation for further analysis of service models, resource use, and system implications in the following section.

Program Statistics by Care Category

This section provides a disaggregated analysis of program performance by care pathway, examining service intensity, resource use, and clinical risk profile. Differentiating between Birthing Cost Cover and Comprehensive Care enables clearer assessment of system value and directly informs program optimisation and future planning under the Western Province Health Authority.

Birthing Cost Cover

The Birthing Cost Cover pathway supported mothers who were able to independently arrange transport and accommodation in Kiunga and required financial assistance only for hospital delivery costs. This pathway primarily served mothers residing closer to Kiunga township or those with existing family or social support networks.

Indicator	Result
Mothers supported	31
Babies delivered	31
Complications	0
Delivery type	All normal deliveries

All mothers supported under the Birthing Cost Cover delivered safely at Kiunga Hospital without complications. While clinically successful, this pathway involved limited logistical coordination and did not address the primary access constraints faced by mothers from remote and riverine communities. Its contribution to reducing emergency referrals and extending provincial reach was therefore limited relative to Comprehensive Care.

While the Birthing Cost Cover pathway achieved safe delivery outcomes for mothers able to self-arrange access to Kiunga Hospital, analysis of program performance indicates that this model delivers limited system value relative to Comprehensive Care. In particular, it does not address upstream access constraints such as transport, accommodation, or delayed referral that disproportionately affect mothers from remote and riverine communities. Informed by these findings, and following consultation with Kiunga Hospital maternity staff and the North Fly District Health Authority, this pathway will be phased out from 2026, with program resources fully reallocated to the Comprehensive Care model. This transition enables the program to

concentrate support on mothers facing the highest access barriers and clinical risk, while maximising alignment with district maternal health planning priorities.

Comprehensive Care (including Aid Post referrals)

The Comprehensive Care pathway was designed to support mothers facing the most significant access barriers to supervised maternity care, including geographic isolation, limited transport availability, high parity, delayed antenatal engagement, and referral through Aid Posts and Community Health Workers. This cohort represents the highest-risk and highest-resource-intensity group within the program and reflects the population most likely to experience adverse outcomes in the absence of coordinated logistical and clinical support.

Under this pathway, mothers received integrated support spanning transport, accommodation, antenatal monitoring, hospital delivery, postnatal recovery, and assisted repatriation. All Aid Post referrals were managed under Comprehensive Care, reflecting their elevated risk profile and the need for end-to-end coordination across the maternal health continuum.

Indicator	Result
Mothers enrolled	10
Completed deliveries	9
Babies delivered	9
Ongoing at year end	1
High-risk pregnancies managed	10
Complications	0

During the 2025 reporting period, nine (9) mothers successfully completed the Comprehensive Care pathway and delivered safely at Kiunga Hospital under clinical supervision. These cases involved mothers assessed as higher risk due to distance from services, parity, or referral via Aid Posts and Community Health Workers. No maternal or neonatal complications were recorded among completed cases. Neonatal outcomes for babies delivered under the Comprehensive Care pathway are detailed in Section 4.2.1.

A notable trend within the Comprehensive Care cohort was a significant increase in referrals from Upper Fly River communities, particularly Temepen and Tmingondok villages. These communities are characterised by extreme geographic isolation and limited transport access, and historically have faced substantial barriers to timely facility-based delivery. The increased

representation of mothers from these areas reflects strengthened referral pathways through Community Health Workers and Aid Posts, as well as growing community awareness and trust resulting from successful outcomes among earlier program beneficiaries. This pattern underscores the program’s effectiveness in extending district maternal health coverage into highly remote catchment areas and reinforces the role of Comprehensive Care as a targeted access-enabling intervention for the Upper Fly River region.

Neonatal Outcomes and Birth Characteristics (Comprehensive Care)

All babies delivered under the Comprehensive Care pathway were born at Kiunga Hospital under supervised facility conditions. Birth outcomes indicate healthy neonatal profiles across the cohort. The cohort included a total of nine (9) live births, with a balanced distribution of birth weights and no recorded neonatal complications. All infants were delivered at gestational ages assessed by maternity staff as appropriate for term delivery, and no cases required emergency intervention or referral for specialised neonatal care. The absence of stillbirths or postnatal complications during hospital admission and recovery further supports the clinical effectiveness of structured, facility-based delivery for mothers from remote and high-risk settings. Birth weight outcomes were within clinically acceptable ranges for all infants, with an average birth weight of 3.044 kg, a highest recorded birth weight of 3.5 kg, and a lowest recorded birth weight of 2.5 kg. These figures are consistent with healthy neonatal development and suggest that prolonged antenatal monitoring and nutritional stability during the pre-delivery period contributed positively to infant health outcomes.

Indicator	Result
Babies delivered	9
Male infants	6
Female infants	3
Average birth weight	3.044 kg
Highest recorded birth weight	3.5 kg
Lowest recorded birth weight	2.5 kg
Neonatal complications	0
Stillbirths	0

Note: All birth weights were within clinically acceptable ranges, and no neonatal complications were recorded during hospital admission or postnatal recovery.

Clinical and Demographic Profile of Completed Comprehensive Care Mothers

Analysis of completed Comprehensive Care cases provides insight into care duration, hospital utilisation, and enabling cost inputs relevant to service planning.

Indicator	Average
Average maternal age	28.1 years
Average days under CEF care	43.9 days
Average days pre-natal (before delivery)	39.6 days
Average days in hospital (delivery admission)	2.9 days
Average days post-natal (before discharge)	4.2 days
Average two-way transport cost per mother	PGK 173.33

The average two-way transport cost of PGK 173.33 per mother highlights that relatively modest logistical inputs can enable timely access to supervised delivery for mothers from highly remote and riverine communities.

Interpretation

The extended average pre-natal stay reflects the program's deliberate early-arrival strategy for mothers from remote and riverine communities. This approach enabled continuous antenatal monitoring, stabilisation prior to labour, and planned hospital admissions, contributing directly to the absence of maternal and neonatal complications. The relatively short average hospital stay (2.9 days) indicates that early arrival and pre-delivery monitoring reduced delivery-related strain on hospital services, supporting health system decongestion objectives of the Western Province Health Authority.



Tandre Kae

Kiunga Safe Birth Program Director