



Health care providers scale down operations



CHS (PNG) Chief Executive Officer Joseph Sika

THE country's current economic and financial challenges which can be accounted for delays in monthly salary and operational grants for Church Health Services has affected service delivery with church health facilities on the verge of shutting down operations in the provinces.

There has been information received that some facilities have already shut down, scaling down operations to only outpatient delivery while other vital health care services have been stopped.

Two of these are Raihu District Hospital in Aitape, Sandaun and Balimo in the Western Province.

This will greatly affect the majority of the people living in rural and remote areas who depend on church health services in their provinces.

The fact is that everybody has to live within their means due to the tough economic situation which has impacted on individuals, companies, businesses and government agencies.

Chief Executive Officer of Christian Health Services (CHS) Joseph Sika said preparations by the CHS management were underway to collect accurate information on the status of health facilities throughout the country.

"We need to know exactly how many people have been laid off, what health services have scaled down, how many facilities have closed or are on the verge of closing, how many people have been downgraded and so forth," he said.

The CEO stated that it was vital to have this information on hand so that the CHS management could take appropriate action and before making it public knowledge through the media.

Mr Sika added that the government needed to realise the impacts of the budget cuts that had really affected the people at the rural areas, with the smaller agencies already closed and other agencies borrowing money to pay their staff or have used up their limited resources just to get by.

"Our health workers are providing services for the vast majority of people especially in the rural areas so they must be paid. They are working in extreme circumstances and at the end of the day, families have to be fed and bills have to be paid," Sika said.

Hopefully in the next two-four weeks, we should have the information we need to tell the government that this is a serious situation and we cannot operate like this especially for health as a

key government priority, Mr Sika said.

Meanwhile, a recent newspaper article in *The National Newspaper* dated August 29th (page 36) states Churches play a vital role in primary health care services in PNG and account for almost eighty percent of the country's health services.

The article states: *The issue first came to light last year when the Catholic Health Services Archbishop Stephen Reichart voiced concern that the government funding for church health services providers was not received on time. He said there had been delays in release of funding for salary and operational grants for church-run facilities which resulted in many church health workers not being paid for two or three months at a time.*

In Response, Prime Minister Peter O'Neill gave his assurance that the GoPNG would continue to fund CHS to improve health services in rural areas

The situation is real, and while many may blame the Secretariat office for the delay in funding, they must realise that the national CHS office is doing all it can in partnership with the government through the Health Department to ensure Church Health grants are received.

CHS (PNG) and the Department of Health remain close partners in the provision of affordable health care throughout PNG.

Inside this Issue...

- Health crisis unavoidable..p1
- View Point..p2
- Health Promotions..p3
- Southern Region news..p4
- Momase Region news..pg 5
- Hinglands Region news ..p6
- Rural Health progressing..p7
- CHE program successful..p8
- HIV Training at Dobel..p9
- Lets Talk Health.. 10 & 11
- Third quarter updates..12



Dear faithful partners and readers of the CHS quarterly news letter from CHS national office. May the love and Peace of God be with you always. Despite the fact that funding for service delivery is hindered by many reasons, it gives me great joy to share some of the success stories for the 3rd quarter of 2016.

Developments over the quarter to mention a few are :

1. Successful training and implementation of the Alesco payroll for our Training Schools, we continue to improve as we identify gray areas to conform to our practises and likening. We have very good relationship with DPM and the Finance Department. The one thing left is for the software to be installed at our CHS office so we do direct entries ourselves and Finance Department does the pay processing. We hope to roll it out to interested Agencies in the service areas there soon after. I can't say thank enough for the tireless efforts of Emily Kari, CHS Human Resource Officer in trying to get the system working as effectively as possible. Thank you Emily!!!!

2. Under Health Promotion, we continue to improve on our training manuals and conduct more TOT trainings including wider bodies, apart from CHS members. The responses and reports are always welcoming thus encouraging for us to give more emphasis in healthy living and lifestyles. We have a conference of all Health Promotion partners this October in Goroka....please come along if you can.... We have also seen major improvement in the monitoring system for Health Promotion and thank WaterAid (PNG) for providing that tool.

3. Despite the funding constrains, CHS is committed to providing basic health services to its people. We are a people who are called to SERVE and we will continue to fulfil that high calling. Of course we all have needs to be met and no one can forever continue to provide services at will for decades, yet we do what we can to keep our facility doors open to those that need our help and assistance. Much has been said and talked of at many different forums and levels of our bureaucratic systems and we can only hope for the best to happen.

I wish to thank all of our silent, yet hard working health workers in CHS throughout the country for all your tiring efforts in this tight financial situation. May the good Lord grant you all peace and guidance.

Joseph Sika
Chief Executive Officer
Christian Health Services PNG

Health care system under more pressure

LACK of resources and delays in funding from the government has resulted in the scale down of operations of rural health centres.

This is the scenario as reported in *The National* Newspaper recently that ten rural health centres run by the Catholic Health Services in Simbu have scaled down operations.

This means there is more pressure on the health care system in the province according to chief executive officer of Kundiawa General Hospital Mathew Kaluvia.

According to the newspaper report, Mr Kaluvia had been advised by Catholic Health Secretary in Simbu Sr Elizabeth Koai in a letter advising that ten rural health facilities would be scaling down operations due to lack of resources and funding from the government.

Health services cannot continue to function as there is no money to pay the staff and to sustain operations as is the case for many of the rural church health facilities. Most agencies have operated with the limited resources available until they have been exhausted.

The scale down of operations has been a major cause of concern as it will impact greatly on the health sector and Mr Kaluvia has requested urgent intervention from the Health Department.

He said in the report: "The patients in the rural areas that seek treatment at the rural facilities are now coming to Kundiawa for medical treatment at the hospital and we are running out of medicines."

Not only that, but medical personnel were becoming exhausted due to the long queue of patients seeking treatment and it was a tough situation. Mr Kaluvia has requested immediate attention from the health department as the hospital was running out of

medical supplies.

Meanwhile on a more positive note, a newspaper article in the *Post Courier*, dated *Wednesday September 21, 2016* stated that Health Secretary Pasco Kase had assured church health workers that they would receive their outstanding salaries for the months of July and August.

The article stated that funding for September was expected anytime now.

Mr Kase also made mention that K20million had been made available in the Supplementary budget and that this should sustain the church agencies until the end of the year.

He also mentioned in the news article that the way forward for salaries for health agency workers was for them to get on the centralised payroll system (Alesco) and this was being negotiated.

The idea for a centralised payroll was so that church medical staff received their salaries at the same time as government/public health workers.

Christian Health Services chief executive officer Joseph Sika said the K20 million made available in the supplementary would be used for the worst affected agencies.

Mr Sika said since the cut in the budget of almost K50million this year, health services run by the churches had scaled down in the provinces.

"The government must realise that this is serious. It is affecting service delivery especially for the majority of people in the rural and remote areas," Sika said.

From reports that have reached the National CHS office, scale down of operations have happened in Sandaun (Raihu), Jiwaka (Kudjip), Chimbu (nince facilities), Southern Highlands, Madang, Milne Bay and Nothern Province.

Health Promotions

Partnership with Provincial health continues



By Nidra Kewere

MANUS is the second province in the country through its Provincial Health Authority to partner with and support Christian Health Services (CHS) PNG in the roll out of the Healthy Island Concept through its Health Promotion Program.

A recent week long training was held for all health extension officers (HEO), nursing officers and ward members from the twelve health facilities in Manus, including church run health facilities at Lirau Island.

The training was fully organised and all expenses met by the Manus Provincial Health Authority.

“This shows the real action of partnership and I acknowledge the Manus Provincial Health Authority and its chief executive officer Robert Saliu for recognising the importance of Health Promotions in their province,” said CHS Health Promotion Coordinator Nickson Samblap.

It was clear that participants had some

idea of the Healthy Island Concept and welcomed it from the CHS perspective known as the Effective Development Empowering the Nation (EDEN) concept.

The EDEN concept aims at empowering people and communities to take ownership of their own health by being more preventive focused rather than curative while applying a holistic approach.

“This training has been an eye opener for the participants. If the government health agencies form strong partnerships with CHS and the churches, it would empower people to take ownership of their own health in order to decrease workloads, reduce disease patterns and cost saving,” Mr Samblap said.

Manus PHA ceo Robert Saliu, public health director John Pokap and the provincial management team have seen the importance of the EDEN program and are preparing to roll it out throughout the

province.

A new feature of the training was the introduction of monitoring and evaluation tool mWater.

mWater software was introduced by WaterAid PNG and Australia for water and sanitation programs and for programs used by their stakeholders and partners. CHS has incorporated it in the Health Promotions Program as a monitoring and evaluation tool.

This monitoring and evaluation tool is very effective in collecting data, generating reports and measuring performance and impacts.

The training was particularly interesting as participants were shown the complete process of developing a ward plan based on health and development issues identified in the community, which enhances capacity of the current legitimate ward development committee at the ward level.

EDEN : Discover, Dream, Design and Deliver

WARD Development planning is becoming an interesting part of the CHS EDEN trainings especially for community and ward leaders that have attended the trainings in different provinces.

“ The idea of EDEN is so that we help ourselves. Having a ward development plan will help communities at

the ward level,” said CHS EDEN Coordinator Nickson Samblap.

“If we talk about money and wait for money things wont work. The community and individuls must realise their potential and use the available resources that are there.”

He encouraged ward and community representatives that as leaders in the community they had to practise the four (4) “D” structure, which was to DISCOVER - what gives life, DREAM-What might come of it, DESIGN-what should be the way forard and DELIVER - how to get the work done.

KilaKila urban clinic to be upgraded

NCD Governor Powes Parkop has urged people living in and around KilaKila and surrounding areas to take ownership of their own health and work together to meet health challenges in their community.

He mentioned that health was a national government priority and acknowledged the churches input in providing health services through their various health agencies.

This was significant at the official ground breaking ceremony of the KilaKila urban clinic, a facility of the Foursquare Gospel Living Light church in July in which Moresby South MP Justin Tkatchenko and Mr Parkop officiated.

“Our health is our wealth. Let’s take control of our own health and live healthy lifestyles. It is part of our National Health Plan KRA 7 – Health Promotions. We must start now so we set the precedent for the next generation,” Parkop told the public.

The new clinic is an initiative of the health ministry of the 4-Square Living Light Church with funding support from US Aid and the office of the Member for Moresby South.

The current clinic is over 30 years old and serves people from KilaKila, Sabama, Kaugere, Pari and surrounding communities. The new clinic will have a new outpatient, specialist clinics for TB



(left) Moresby South MP Justin Tkatchenko and NCD Governor Powes Parkop marking the spot for the ground breaking ceremony

and HIV, gynaecology, dentist, laboratory, labour ward and paediatrics.

Mr Tkatchenko told the public gathered that importance of health in their communities started with themselves. He urged them to look after the clinic and support the health workers as it would benefit them in the long run.

He said Moresby South had more than a total population of 50,000 people and had the highest number of TB cases in NCD.

He stressed the importance of healthy lifestyles.

Mr Tkatchenko acknowledged the work of Churches in providing health services saying they were major partners with the government in achieving its goals in health service.

He thanked the Foursquare Living Light Health Ministry for the initiative and NCD health services for their support in enabling the project for the people of Moresby South.

SLAP Training held for Catholic Health staff

A two (2) day mini Service Level Agreement Plan (SLAP) training workshop was conducted for the appointed staff of Catholic Church Health Services (NCD) from the 12th -13th July 2016. The two day training was facilitated by Mr Bernard Rutmat (DEO CHS PNG.). The 2 day training was held at the Chancery Office of the Archdiocese in Boroko NCD.

The purpose of the Training was to equip the officers to know the following:

1. How to Calculate Population Projections

2. How to Set Program Targets.
3. How to Calculate Specific Workloads as per Programs
4. How to Draw Graphs and How to interpret Data from simple Graphs

A total of seven officers attended the Training. This Mini SLAP training was organised by the Health Secretary for the CCHS (NCD).

The Training was an initiative of the health office of the Archdiocese of Port Moresby Health Services.



Community achieving MDG goals

MUSENDAI ward nine in the Ambuniti/Drekikir district of East Sepik Province continues to pave the way for community development programs and initiatives.

This has been possible because of the implementation of the EDEN/Healthy Island Concept in the area which has changed people's mindset and enabled them to change their lifestyles and achieve their goals at the community and ward levels.

Because of the mindset change and their willingness to see change in their villages, other community projects have been readily accepted as they see the benefits of it.

A pilot project which began in 2014 called the Community Led MDG accelerated project was implemented at Musendai, Western Highlands, Jiwaka and Milne Bay provinces after representatives from the European Union having visited the sites analysed that PNG was a long way off from achieving the Millennium Development Goals (MDG) at the community level.

The pilot project aimed to help the community meet the MDG goals at the village, community and ward level, at the same time working to eliminate poverty.

The project was funded by the European Union, managed by the United Nations Development Program (UNDP), supported

by GoPNG through the Department of National Planning & Monitoring and the East Sepik Provincial government and implemented by South Sea Evangelical Church (SSEC).

The project identifies priorities and needs in a particular ward in which funding is sought to begin little projects. K500,00 was given to each ward as initial start up to begin their projects.

In Musendai, a resource centre housing a ward office and community training centre has been built, a rice mill machine to mill local rice, saw mill, maternity ward at the health centre, water supply (additional tanks to store fresh water for the community), transport – dumpster and tractor to clear roads, WASH projects in schools and the building of ablution blocks especially for girls hygiene at Musa Primary School.

The community has been able to sustain themselves from the money raised from the rice mill and saw mill.

Because the EDEN/Healthy Island Concept had been the entry point to community development, this program had gone in well to enhance what was already there in the community.

The project is for a duration of two years and had been completed in March 2016. However the commissioning of the project will take place at Musendai on 12 September 2016.



(Top) Ward Development office & Training Centre. (Bottom) Tractor which helps them in the community. (Right) community working together.

Highlands

Monitoring tool introduced in Jiwaka

THE introduction of the mWater software program, which is a monitoring & evaluation tool as part of the Christian Health Services health promotions training in Banz, Jiwaka Province recently was timely as the need for collecting accurate data becomes vital.

Jiwaka is the first province in the CHS network to have the mWater software incorporated in the Healthy Island concept or EDEN training and this has boosted the morale of the participants. mWater is a data collection tool which was introduced by Water Aid (PNG) and Australia earlier this year for water and sanitation programs and suited for programs implemented by its partners and stakeholders. It is overall used as a monitoring & evaluation tool.

Participants were showed an effective way of collecting data using smart phones and tablets in the village settings.

“The unique aspect of this data collection tool is that you can create forms and use it according to whatever program or activity that you agency or organisation is implementing,” CHS health promotions coordinator Nickson Samblap told participants.

Mr Samblap and CHS Data Analyst Officer Louis Hevese were the first two recipients from the Secretariat to undergo the mWater training facilitated by WaterAid (PNG) earlier this year in Wewak, East Sepik Province.

“This software is accurate, effective and a good data collection tool. You can generate



reports, create your own forms and do data collection on your smart phone or tablet once you have the application installed,” Mr Hevese who facilitated the mWater session said.

“This is a way forward for CHS as the need for accurate and up to data becomes more pressing. This tool is fast, effective and user friendly,” Mr Hevese said.

Participants were excited at the introduction of this new software which will now be incorporated in all CHS Health Promotions Trainings.

They also expressed their interest in the EDEN Training and how it focused on being preventative focused rather than on curative (treatment) and how they could

apply this in their areas of work.

Jiwaka Nazarene Health Secretary Baru Dirye said at close of the workshop that the mWater component of the EDEN training was a bonus for the participants.

“ We have been looking for a system to collect data and to keep records. I think it is timely that this new M & E tool has been introduced and thank CHS for the initiative.

EDEN coordinator for Nazarene in Jiwaka Mathew Galman said this EDEN Training was especially interesting because of the introduction of the mWater software and urged health workers to take what they had learnt and apply it at their facilities, health centres and communities.

Funding for drought projects begin in Highlands

The DFAT Grant Funding Assistance to CHS (PNG) to assist to quell the potential bad impacts of the Drought has delivered its first Projects to some Church Agencies in the Highlands. The recipients of the water tanks were on site to witness the “delivery” of the payments and other logistical arrangements were left to the respective Agencies to arrange for the transport of the Tanks to their locations.

A total of 42 Tuffa water tanks have been delivered already. Other Proposals for funding for the same cause are with DFAT for approval. This is taking longer than the initial phase and once approval is recieved the Procurement for the other Agencies can begin.



(left) Rev James Koi, Hexon Teal and Leah from the Highlands Agencies.



Beautification program underway, a pilot project under the Healthy Island Concept implementation in Usimbogo Village, Josephstaal LLG, Midle Ramu District - file photo from Catholic Health Services, Madang.

Rural health workers continue despite funding woes

DELAYS in funding and current financial situation has resulted in the scale down of operations for some Church health Agencies and their facilities.

This is due to health workers salaries not being processed for more than five fortnights thus forcing them to step down from their jobs. Not only that but there is insufficient funds to run operational costs of maintaining the health facilities.

However, despite the funding challenges, health workers in rural and remote areas which are the most affected areas continue to serve with love, dedication and commitment.

This is evident in the Josephstaal LLG of Madang in which health workers of the Josephstaal health centre, a facility of the Catholic Health Services in Madang continue to serve the people in and around its catchment area.

The health centre was transferred from the Madang Provincial Government to the Catholic Archdiocese of Madang through an MOA signing in 2009. This means the facility is now a full facility of the Church Health Services.

“ Despite not getting paid for the last

eleven pay days, the health workers are still present on site when I went for my last site visit and are serving the people at the health centre,” said Patrick Angrai, health program manager, Catholic (Madang).

Meanwhile, amidst funding challenges, the implementation of the Healthy Island/ EDEN Concept is in full swing in the Josephstaal area.

Patrick together with a team of Healthy Island trainers, two volunteers and a village court magistrate went on a field patrol to the purpose of conducting the Healthy Island Concept program to all 23 LLG ward councils in his catchment area and to conduct the second quarter supervisory visit to all 12 health facilities in the Josephstaal LLG.

The team visited all LLG wards and councils and conducted Healthy Island awareness, appointed Healthy Island Concept Committees, wrote up Ward plans, conducted health facility checks and health staff and board meetings with the individual health facilities.

A total of twenty three ward councils were covered while three (3) were not covered due to geographical reasons

“From this visit, I can see that all LLG representatives need to undergo training on the Healthy Island Concept. Not only that but quarterly follow up of the program needs to be maintained,” said Patrick.

Under the Healthy Island Program, some of the activities being carried out are general beautification of villages, waste disposal and digging holes for proper pit toilets.

Patrick said: “I have found that this program of huge interest to the people of Josephstaal and that all ward councillors are participating in it. We have established Healthy Island committees in all LLG Ward Councils and two elementary schools and two primary schools. The health workers are also coordinating the program with the communities to get things moving.”

He added that because of the large number of LLG wards, it would be a gradual process to cover all areas and that many staff had yet to go for a formal training. Also, proper documentation of their pilot projects are yet to be established.

All information for this story was given by Patrick Angrai, Health Program Manager, Catholic Health Services Madang.

Community Health Evangelism a success



By Nidra Kewere

CONDUCTING awareness on health in settlements and areas in and around the Nationals Capital proves to be challenging at all times.

Egma Mua, Community Health Education and Evangelism (CHE) Coordinator of the Foursquare Gospel Church in partnership with Christian Health Services (CHS) PNG health promotions department conducted a week-long workshop at Taurama Valley Foursquare Gospel Family Church from the 25th to 29th July.

The purpose of the workshop was to empower people holistically to take ownership of their own health and be self-reliant in using their available resources to impact sustainable healthy living lifestyles.

The Community Health Evangelism (CHE)/ EDEN training conducted was in two components;

1. **Mindsets changing**
2. **How to set up a healthy Community and involve Community Action Participation in the planning and implementation process.**

The Workshop was conducted by the Motuan Villages and Wards, sending in four (4) to five (5) representatives to attend the Workshop.

The Thirty-three (33) participants, came from Mahuru Village, Kilakila Village, Kailaki Village(Koiyari), Bonanamo Village, Yule Island and Taurama Valley. Denominations were Catholic Church, United Church, Seventh Day Adventist

Church and majority Foursquare Gospel Church.

The Workshop was facilitated by Nickson Samblap, CHS Health Promotion Co-ordinator and Egma Mua, Community Health Education & Evangelism (CHE) Co-ordinator, Foursquare Gospel Church, PNG.

Egma said "How the Spirit of God is leading us in this Workshop was really amazing. I was taking Mindset Changing and Nickson Samblap was taking Community Development.

One thing I learnt is that I presented my lesson and created a way for Nickson Samblap to flow with his lessons.

After all, Nickson and I discussed and are so blessed with what the Holy Spirit is doing through our teaching. Praise God! God is good!"

"A woman representative from Yule Island, confessed to me that she was telling her family members that if the training was just similar as those other trainings given by other NGO's such as World Vision etc. --- *"I will give up and drive my bus to school on Tuesday".*

But after the training on Monday, she said she was telling her family members to look for a driver to take care of her bus at school.

Egma said in the first lesson had really amazed the woman and she said, "I see a difference in this training so I will continue until Friday.

Now I feel a changed person. This is our need and I am going back to Yule Island and will work on my village".

The participants were all excited and they all spoke highly of the program.

"They were given evaluation forms to fill up at the end of the training and their comments were all excellent. I do not understand how God is touching them," Egma said.

The Planning Process really got the attention of the participants. This includes designing simple ward development plans suited for a community, identifying priority areas and working towards implementing projects using available resources.

It was an eye opener to them especially on the Top Down and Bottom up Plan, including the Brain storming using the SWOT and Problem Tree Analysis to identify issues affecting the community and formulating village plan for implementation.

This Workshop is preparing them very well to work in their Wards and Community.

“ The EDEN Training is different from the others trainings I have attended. After the first lesson, I wanted to stay right to the end of the week,”

- Women Rep, Yule Island , Central Province

Basic HIV Counselling training an eye opener

THIRTY PLHIVs from Hela, Southern Highlands, Enga and Western Highlands who attended a week-long HIV Basic Counselling and Testing Training have learned a lot from each other as it is most notably the first time for such a group from various provinces to come together.

The training was facilitated by Lucy Bogaperi from the Baptist Union of PNG (BUPNG) from August 15th -19th at Dobel in Mt Hagen, Western Highlands and supported by United Church in PNG (UCPNG) through the PNG Church Partnership Program (CPP) at a cost of K22,000.

Participants came from Mendi, Tari, Pogera and Dobel care centres.

"Many of the participants were new to such a training and it was an eye opener especially for the health care workers who appreciated the training and say they can have the confidence to meet with PLWHIV," said Roman Pembi, Health & HIV Secretary for the United Church in PNG.

Members from other denominations such as Christian Apostolic Fellowship (CAF) and PNG Revival also joined the United Church HIV program which has given them the opportunity to gain new skills and knowledge.

Dita Jack from Pogera and a member of the CAF church said other pentecostal churches did not have such programs to help and encourage christians living with



PLHIVs and their care workers who attended the training at Dobel, WHP

the HIV virus. "I am privileged to join the United church HIV program where I am able to learn new things," she said.

The main purpose of the training was to encourage the participants to do more:

1. Advocacy and awareness
2. Have more knowledge on minimising the spread of HIV
3. Safe living and stop reinfections while on medication
4. Skills learning

5. Knowledge on living healthy lifestyles
"Most of these PLHIVs are stigmatised and discriminated and it is hard to sustain themselves because of their poor living standards. They turn to selling sex to support themselves and most have died from it. This training has empowered them to live healthily and look for more appropriate ways to sustain themselves," Mr Pembi said.

The training was committed to upskilling PLHIVs with the knowledge of counselling and testing and also care and support for their sustainability.

Health Care worker Ps. Kenny Nane from Dobel and HIV/AIDS regional and assistant coordinators from Hela Philip Pope, Pogera Rev.

Oscar Kuni, Mendi- Samuel Miril were also recipients to the training and have found it an eye opener for them at the forefront in the fight against HIV/AIDS.

The training was officially closed by Superintendent minister Rev Bernard Nesum and nineteen participants were presented with certificates.

*Information for this story given by Roman Pembi
Health & HIV Secretary, UCPNG*

Rumginae CHW school holds 37th graduation

The Rumginae Community Health Worker Training School in Kiunga, Western Province recently held its 37th graduation.

On this day Telefomin MP Hon Solan Mirisim made a commitment of K50,000.00 towards the CHW school of which K30,000.00 was paid. Mr Mirisim has been supporting the school financially and this occasion was no exception.

The Dux Award was sponsored by RIS4J Limited, a medical supplier based in Port Moresby and it was awarded to top student Joan Ben. It was also a bonus for the school when Western Province based company Niugini Pride & Unique Hardware, announced that it would sponsor four (4) first year students from Western Province. The company gave an up front payment of K30,000.00 towards this.

A major achievement for the graduation this year was that thirty nine (39) students graduated which is the highest number of students to have graduated from the school so far.

Ms Mary Kililo, Technical Advisor Human Resource Management & Curriculum Development was the guest of honor during the graduation. In her speech she strongly emphasized the importance CHWs play in delivering Primary Health Care and where they are trained so that they are able to deliver this care.



Telefomin MP Solan Mirisim presenting the DUX Award to recipient Joan Ben



Lets Talk Health...

Health is everybody's business. Being on the forefront of providing health care services, we must also be aware of the types of common sicknesses and diseases that people can get.

This quarter, these are some of the illnesses and diseases that have become increasingly more common due to change in climate, lifestyles and living standards and various other factors.

Cholera

Cholera is an acute intestinal infection caused by consuming food or water with the bacterium *Vibrio Cholerae*. According to research, Cholera has a short incubation period of two (2) hours to five (5) days and according to research has almost 28 000 – 142 000 deaths per year. Cholera is transmitted through faecal-oral route of contaminated food and water and is likely to be found in areas with poor water, sanitation and hygiene and can spread rapidly. In developed nations it most often found in food, in developing nations like PNG, it is passed through water. Cholera affects both children and adult. Dehydration can be rapid so drink lots of fluid. Most people will not show signs and symptoms of cholera however 20% of the people might have severe watery diarrhoea with dehydration (which can lead to death) and vomiting, sometimes with blood and stomach pain. The person must seek medical attention straight away.

To avoid getting cholera: Drink boiled or chemically treated water, wash your hands with soap and water after using the toilet and before cooking and eating food, eat fresh food rather than packed food, use proper toilets.



High Blood Pressure

High Blood Pressure which is also known as 'hypertension' is a long term medical condition in which the blood pressure in the arteries is insistently elevated and can be dangerous to your health if not treated quickly. The heart pumps blood around the body to give it oxygen and energy. The blood moving through the veins is known as blood pressure. If you have high blood pressure, it put extra strain on your arteries and heart which may lead to heart attack, heart disease, heart failure, stroke, and kidney damage and or vision loss. Many people have high blood pressure but do not know this. Regular blood pressure checks are important. Some factors that cause high blood pressure include: lack of physical activity, Poor Diet (high in calories, fat and sugar) and too much salt intake, overweight, drinking too much alcohol and smoking and stress. Do a blood pressure test today.

Tuberculosis

Tuberculosis (TB) is an infection caused by the bacteria *Mycobacterium Tuberculosis*. TB is one of the deadliest killer diseases in the world with research suggesting almost 10 million people being infected with TB and almost 1.7 million people have died from it since 2014. TB is spread through the air when a person with the active TB disease coughs, spits or sneezes and germs in the air are inhaled by a person. The germs can stay in the air for several hours depending on the type of environment. The bacteria once entering the body can settle in the lungs and grow. They can also spread to other parts of the body including kidney, spine and brain. While the most common form of TB in PNG is Pulmonary TB (Lungs), other infections caused by the TB bacteria can occurring in the stomach, pleura, bone, brain and liver are becoming more and more common. TB cannot be spread by shaking hands or sharing food or drink. It is an airborne disease. Some people may have latent TB meaning they have been infected by the TB bacteria but have not fallen sick and cannot pass it on to others. Others are more likely to catch TB especially if they live in poor areas, have poor immune



systems, suffer from HIV, malnutrition and diabetes or smoke tobacco products. TB is curable and all treatment for TB in PNG is free. If you know anyone suffering from cough (more than 3 weeks), fever, unexplained weight loss, fatigue, weakness, chest pains and night sweats, do not hesitate to refer them to a doctor for a TB test and treatment.

Kidney Disease

The kidneys are two organs located in your midsection on either side of your spine in the middle of your back, just above the waist. They clean your blood, keep the balance of salt and minerals in your blood, and help control blood pressure.

When your kidneys are damaged, waste products and fluid can build up in your body, causing swelling in your ankles, vomiting, weakness, poor sleep, and shortness of breath. If you don't treat them, diseased kidneys may eventually stop working completely. Loss of kidney function is a serious -- and potentially fatal -- condition.

Healthy kidneys:

- Maintain a balance of water and minerals, such as sodium, potassium, and phosphorus, in your blood
- Remove waste by-products from your blood after digestion, muscle activity, and exposure to chemicals or medications
- Make renin, an enzyme that helps regulate blood pressure
- Make erythropoietin, which stimulates red blood cell production
- Make an active form of vitamin D, needed for bone health

What Causes Acute Kidney Injury?

The the sudden loss of kidney function is referred to as "acute kidney injury" or

"acute renal failure" (ARF). It has three main causes:

1. Lack of blood flow to the kidneys
2. Direct damage to the kidneys themselves
3. Urine backed up in the kidneys

These can happen when you:

Have a traumatic injury with blood loss, are dehydrated, go into shock during a severe infection called sepsis, have a blocked urine flow, which can happen with an enlarged prostate, take specific drugs or are around certain toxins, get complications with a pregnancy, such as eclampsia and pre-eclampsia, or related HELLP Syndrome



sleepiness, decrease in appetite, and poor growth. See Your Doctor About Kidney Disease If you experience any of these symptoms, which could be a warning sign of kidney disease. Unfortunately, some people have no symptoms of chronic kidney disease until the majority of kidney function is lost; that is why prevention -- through diet, exercise, and medication -- is key.

How Can I Prevent Kidney Disease?

The key to prevention or delay of severe kidney disease is early detection and aggressive intervention -- while there's still time to slow down the progression to kidney failure. Diabetes and high blood pressure account for two thirds of all cases of chronic kidney disease.

What Causes Chronic Kidney Disease?

Kidneys that don't work well for longer than three (3) months is called chronic kidney disease (CKD). It's dangerous, because you may not have any symptoms until a lot of damage, that often can't be repaired, has happened.

What Are the Symptoms of Kidney Disease?

The symptoms of kidney disease may include:

Nausea and vomiting, passing only small amounts of urine, swelling particularly of the ankles and puffiness around the eyes, unpleasant taste in the mouth and urine-like odor to the breath, persistent fatigue or shortness of breath, loss of appetite, increasingly higher blood pressure, muscle cramps, especially in the legs, pale skin, excessively dry, itchy skin.

In children: increased fatigue and

Get Tested Regularly

At your next checkup, get these tests:

- Urine test to see if you have excess protein, glucose, or blood in the urine.
- Blood pressure reading, to see if your blood pressure is elevated.
- Fasting blood glucose test, to see if you have too much glucose (sugar) in your blood.
- Creatinine test. This blood test measures the amount of waste from muscle activity. When the kidneys are not working properly, the creatinine rises.

If any of these tests are abnormal, your health care provider will need to do other tests to more clearly define the problem.

All information researched from World Health Organisation (WHO) website and Port Moresby General Hospital social media page weekly health updates.

From the Training Schools Coordinator

First of all, thank you to all training schools that have sent in their quarter reports on time and continue to do so. Please bear in mind it is important that the National CHS reports get this reports not only for record purposes but importantly for the schools.

A couple of notices:

1. First quarter Accquitals are due (for those who have not submitted yet)

2. The CHS office is yet to receive second quarter grants for training schools.
3. An update on Alesco will be put in the 4th quarter newsletter for Training Schools
4. This is a reminder that all applications for New Hires or changes to any staff details or position must be sent with a cover letter from the school principal.
5. All form must be fully filled and correctly.

New Clinic Opened at Aroma

A NEW rural health clinic has been officially launched at Kelekapana Village along the Aroma Coast, Central Province.

It was established by the Nazarene community at Kelekapana and partly funded by the Church of the Nazarene.

Invited guests from the Nazarene Church in Port Moresby and Christian Health Services (CHS PNG) attended the occasion as well as Public Services Minister Puka Temu.

The clinic is a milestone for these rural central villages where they can readily access health care services. The clinic will serve the Kelekapana community as well as nearby and surrounding villages.

Chief Executive Officer for CHS Joseph Sika, who was a guest speaker challenged the government to come good with funding especially for the health sector because people needed to access basic health services.

Mr Temu acknowledged the work of the Church Health Services in the district. He said the District Development Authority would partner with the Nazarene Church in providing materials and equipment for the clinic and also support them with other development projects.

He added that the funding component for health had been catered for in the supplementary budget.

The launch and opening of the Amonagi Nazarene Church was another notable milestone for the community which happened on September 3rd 2016.

More than a thousand people from Kelekapana and surrounding villages gathered to witness the two occasions.

3rd quarter updates..



Bernard Rutmat, Deputy Executive Officer

Hi Everyone,

Another issue of the newsletter has come indeed signaling the elapse of the second quarter and the beginning of the third.

It is another opportunity with the Newsletter to express some sentiments of encouragement and appreciations for all the sacrifices and commitment you all are demonstrating particularly at this very trying and difficult times. We salute you all.

At the same time let me re-echo our commitment at this level to do whatever we can to ensure whatever overdue funds to you all are remitted to you once we get our hands on them.

It is also pleasing that the executive members (Regional Reps) of the board are in the provinces trying to get first hand information on the ground to assist us to plan our next course of action to address this issue.

By the way things are going with the funding delays it will be year's end and some Monthly grant funding for 2016 will be in arrears.

We hope to put in place some strategies to get government attention to this issue quickly.

The Board is meeting in October to discuss this matter further. Otherwise the Circular Instruction information is with the Agencies in the provinces already.

From the information that has reached our office several of our Major Health

Facilities are in services reduction mode as we go to print.

We are in a difficult time and the nonpayment of staff salaries for several Pay periods to our Health Workers is an issue that continues to challenge our call to "serve in humility" but given the context of those affected in this scenario: "the HEALTH WORKERS OF THE CHURCH" some form of attention must be drawn to their plight at this juncture.

A Final evaluation of the situation by province will be done as soon as information from the Regional representatives are received at the Secretariat Office.

We will then use the information to provide a detail brief to the department of health on the measure CHS and its Agencies will have embarked on to ensure our staff are protected and our Health Facilities reputations are not compromised in any way shape or form due to the current financial crisis facing the country at the moment.

I have the following information to pass on at this juncture:

1. Mr. Alistairs Dirua our ICT Officer of three years is no longer employed with our organization. He has since left. The staff of CHS held a mini gathering on Wednesday (31st August) to thank and wish him well in his future life and employment. Thank you Ali Dirua. Bon Voyage!! Fortunately Sr. Celine was in transit via POM to Madang from Lae and she thanked ALI also on behalf of the Board for the years ALI spent working for the Organization.
2. The CEO is away on study leave at Divine Word University(DWU) for the next two (2) weeks. He returns to POM on the 18th September 2016.
3. The Working Committee for the review of the Health Service Agreement will be meeting on the 20th September to study the final draft of the MOU. We will keep you all posted on this matter in the coming weeks.

HAPPY READING!

Notice Board

1. Public Notice from the Gulf Christian Health Services - Kapuna Rural Hospital:

There is a Position Vacancy for the KAPUNA CHW TRAINING SCHOOL PRINCIPAL POSITION 2017.

The Kapuna CHW Principals position will become available in January 2017. If you are interested in applying for this position and have suitable qualifications, experience and are a committed christian, please email Bob Popogen on kapunahosp@gmail.com and request an application form.

2. EDEN Review Meeting

This is a general notice to all partners and provincial church health agencies involved in the EDEN program that there will be a training on monitoring and & evaluation software program. This tool will be used for reporting and measuring performance.

Venue: Kefamo, Eastern Highlands Province

Date: November 20th -25th, 2016

For more information, please contact CHS Health Promotions Coordinator Nickson Samblap on email: nsamblap@chspng.org.pg or ph: 325 2362/ 7064 5574 (mb)

Health Toktok is a quarterly publication of CHS (PNG). All information in this newsletter has been verified before publication.

Send any stories from your agency that you would like to see published in this newsletter to the address given.

Material published in this newsletter shall not be used in any other publication unless permission is sought from CHS.

Editors:

Bernard Rutmat - Deputy Executive Officer
Nidra Kewere - Media & Communication

Our Contact:

CHRISTIAN HEALTH SERVICES PNG
P.O. Box 3269 Boroko, NCD
Papua New Guinea
Ph: 325 2362, 325 33683
Email to: info@chspng.org.pg

Publication

Printed and designed by Nagisove Graphics