

Cultural values hinder safe health care practise

“Woman gives birth in and baby accidentally falls into swamp”

CULTURAL taboos and traditions which have been practised for many generations all over Papua New Guinea are seen as an obligatory part of life.

Although times have changed over the years and people have adapted a more western way of living, back in the villages, cultural practises still continue to dominate people’s ways of living even if means putting their lives and health at risk.

This is Jamalina’s story.

Jamalina Kaipu , who is now about three (3) months old was born in a semi-permanent toilet at Kapuna Hospital on September 22 this year.

The toilets are built over a swamp with just a circular or square opening cut out in the flooring directly over the swamp. A few minutes after her mother gave birth, she accidentally fall into the swamp.

According to nurse Hite Larupa, the mother brought a razor with her when she went to the toilet and as she was cutting the umbilical cord, the baby’s body was still slippery and rolled into the swamp.

“The mother comes from Kikori area and in their culture women do not give birth in front of people. So she had to find a place to give birth.” Nurse Larupa said.

Nurse Larupa talked with Jamalina’s grandmother after she was born. The grandmother comes from Baimuru area. She added that all of Jamalina’s brothers and sisters were born away from the house because of the culture. Jamalina is the sixth born in the family.

Such a culture is practised in other parts of Papua New Guinea where mothers have to go to a makeshift shelter to give birth. After some days, the women return to their homes with their new born children. Those who practise such culture fear



Baby Jamalina with her mother in the photo above.

pollution from blood so children are often delivered in the bush or somewhere out of the village.

Fortunately, Jamalina’s paternal grandmother was there on time to dive into the maggot infested swamp and rescue her granddaughter and take to the ward. She had just gone fishing along the Wame River and as soon as she arrived she heard about her daughter delivering a baby and that the baby had fallen into the swamp.

A second year CHW student from the Kapuna CHW Training School on placement at Kapuna Hospital, Solomon Maitava who happened to be there rushed to get the baby from her grandmother to clean her up.

He said he had to quickly clean and wash Jamalina. Her mother was taken to the labour ward

“The baby’s body was covered in maggots and worms from head to toes. We had to remove them wash her in warm water. I told the grandmother, give the baby to me so that I can take her to the Children’s Ward,” Solomon said.

He added that he heard people shouting and saying that a woman had given birth to a baby in the toilet. By the time, Solomon reached the site, the grandmother was there already and had managed to get the baby out of the swamp.

After that the baby was given antibiotics and she has been under the good care of the CHW and nurses in the Hospital. To this date the baby and the mother are doing well.

It is of the view that awarness needs to be made known that such cultural beliefs as such must be limited when it comes to welfare of mother and baby and health and lives are of paramount importance and that is why hospitals are there to provide health services.

Information and story given by Timothy Kwara, Gulf Christian Services

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CHS Executive Board 2017



To the CHS (PNG) FAMILY- The Association member Agencies and Associate members..

"Greetings everyone."

From your Executive Board, may I request your time reading this short brief for your information, understanding and adherence as you continue service delivery throughout our country.

The Executive Board first of all would like to appreciate the paving of way/s by the previous board, the chairman and the former CEO into many developments and initiatives that has put the CHS PNG in a highlight of recognitions within ourselves, government and partners nationwide.

This year as the new Executive Board begins functioning, the main areas of responsibilities are -

1. Ensuring the confidence of our new CEO and his leadership with the administration and management of the secretariat office & team.

2. Revisiting the Executive Board's vision, functions & responsibility to the Council and the decisions pass of the floor of the conference to ensure implementation & monitoring by the CHS Secretariat Team

3. Revisiting the Executive Board's vision, functions & responsibility to the office of CEO and it's administrative functions, guidelines and procedures based on policies & regulations that governs our day to day decision/s that affect or effect service delivery at all levels. This means we had to understand the current CHS Act 2007 and the Hand Book to further understand how they compliment each other enabling our work performances.

One important document is the CHS (PNG) & NDOH MOA.

The Executive Board is now heading in that direction giving support to the office of the CEO. As we progress slowly, there is/new new challenges if not outstanding challenges that we still need to address locally at your agency and provincial level. Challenges involving the staffing and facility establishments as you support the secreteriat team on the new direction of the Alesco payroll concept. Prompt reporting of monthly finances, health information and health promotion reports. All these reports form the basis of providing evidence of performances that will give the CEO & his team the basis to be our mouth piece amongst our government and partners.

Your executive board is ensuring the kind of support needed at the CEO level and would like also to make it clear that there maybe expectation/s, issues, on every individual basis; yet, the Executive Board assures everyone that matters are being look at as concerns we all share for common good for all and service to our people. Based on the focus, we request prayers as we all move together for a different, unique type of health service delivery in the country based on our belief and meaning to serve.

Through this brief, we plead and appeal to everyone to take heed of all administrative directives and requirements from the CHS Secretariat team and make everyone opportunity counts for you.

Japelis Kaiok
Chairman, CHS (PNG)



TREASURER: Ludwina Bauai

Church Agency: Seventh Day Adventist (SDA).
Employment: Associate Health Manager SDA
NCD/Central

Qualification: HEO, Dipl in Public Health/
Advanced Dip in Leadership & Development
Home District/Province: Goilala, Central
Province

Term: 1 year



MOMASE REP: Sr Francisca Baiwog

Church Agency: Lutheran Church of PNG:
Qualifications: Masters in Clinical Nursing,
Public Health, Bachelors of Nursing Post
Registration, Dipl Health Teaching, Cert in
Mid Wifery, General Nursing.

Employment: Snr Lecturer LUTSON, Madang
Home District/Province: Dagua, ESP

Term: 1 year



SECRETARY: Wallace White Kintak

Church Agency: Nazarene Church
Employment: Principal, Kudjip Nazarene
School of Nursing

Qualification: Nursing Officer- Masters in
General Nursing, Bachelor of General Nursing,
Diploma in Health Teaching, Cert in Paediatric
Nursing, General Nursing

Home District/Province: Jiwaka Province
Term: 15 years (Chairman, Secretary)



NGI REP: Sr Agnes Rangia

Church Agency: United Church PNG
Qualifications: Bachelor Clinical Nursing,
Dipl Health Service Management, Cert in
General Nursing

Employment: Health Manager, United
Health Services, New Ireland.

Home District/Province: Namatanai, NIP
Term: 1 year



HIGHLANDS REP: Rev. James Koi

Church Agency: Lutheran Church of PNG
Qualifications: Pastor, Bible Theology

Employment: Health Manager, Lutheran
Health Services, Highlands Region
Home District/Province: Dei, WHP

Term: 16 years



SOUTHERN REP: Sr Serah Kaipu

Church Agency: Gulf Christian Services
Qualifications: Nurse specialised in Paediatric
Nursing, Dipl of Management, Bachelor of
Nursing Administration.

Employment: Director, Kikori District
Hospital

Home District /Prov: Kikori, Gulf Province
Term: 1 year

Chairman - Japelis Kaiok, Term 2 years

Qualifications: Nursing Officer – Bach. Degree Clinical Nursing, Dipl General Nursing,
Dipl in Management

Current Employment status: Health Manager, EBC, EHP

Home Province: Madang

Nursing Council launches new database system

PRACTISING as a nurse or midwife without being registered is illegal and this will now be monitored.

Health Minister Dr Puka Temu said at the recent launch of the Papua New Guinea Nursing Council's new electronic database system in Port Moresby.

The Health Care Practitioner Regulation System database contains details of all nurses and midwives in the country including overseas nurses and midwives who work in PNG.

It has replaced the paper based system used previously to record data which is outdated and inaccurate

Dr Temu highlighted in his speech during the launch that many nurses or midwives were recorded more than once and there were some who had moved away or retired but were still on record.

"We have very little knowledge of who and how many health workers we actually have," Dr Temu said.

The Nursing Council is focusing their priorities on:

1. Registering new nurses and midwives who are certified to practise
2. Keeping accurate data on the number of registered nurses and midwives as well as outlining the requirement that current nurses and midwives must meet to maintain their license to practise
3. Encourage the professionalism of registered practitioners which will involve monitoring the work of registered practitioners and managing a complaints and disciplinary process. The Health



Health Minister Dr Puka Temu and distinguished guests at the launch of the new database system

Minister said having an updated, accurate and electronic system would allow the Health Department to do many useful things such as including doctors, Community Health Workers and other health workers on the electronic database.

"Currently there are nurses and midwives on the system but it can be easily expanded to include other health workers and we are working together to make this happen," Dr Temu said.

Planning the health workforce to address the shortage of health workers in the country is another advantage of the new database system.

"It is vital that we work with the provinces, hospitals and health facilities with their staffing requirements but for that we need to know who is actually on the ground," Dr Temu said.

Tracking of registered nurses and analysis of the health workforce is another bonus of the new system as it will help to identify age of health workers, level of education, gender and more details.

The Health Minister said: "Now we have vital information we can use for everyone's benefit. We know we have 6271 registered nurses and midwives currently practising across the country.

We know what provinces they are practising in, which hospitals or health facilities they are in and what professional category they are working under."

Internationally, nurses and midwives are the most trusted profession.

Having a regulated system with a functioning up to date database will increase the professionalism of our own health workforce, Dr Temu added.

New system has economic benefits

The Health Care Practitioner Regulation system has economic benefits that can improve the health workforce.

Some of these benefits are nurses registration fees which previously were not collected consistently were not enough. With the introduction of the new system, there has been an increase in registration fees collected.

Other improvements include the

- Publication of health standards 2011-2020

- New Legislation – The Health Practitioners Bill will be enacted in 2018 to bring health care laws up to date and ensure the public is protected

- Nursing registration processes and policies are now available on the website

- Over a ten (10) year period, the number of registered nurses graduating has increased

- In 2016, Nurses and midwives who have been practising since 2004 were given an Authority to Practise Certificate.

- Accurate data – there are currently 721

midwives in PNG, 403 of these were trained with a revised and upgraded midwifery program. This will assist in addressing the maternal and child health challenges

- The Nursing Council has accredited nearly all existing and new Nursing Schools across PNG. Some had not been accredited for over 30 years.

The Nursing Council and the Department of Health are working together to expand the database to include other registered health workers

Highlands

Bridging the Gap: Changing lives



Helpers clearing and making mounds to plant more sweet potatoe.

Bridging the Gap, a community based organisation focusing on drug rehabilitation has been experiencing two forces at work but, perseveres to do the will of God, who has envisioned and given us the passion to serve his people to fulfill his calling.

Though some addicts are going back to their old ways, God in his mercy and love is leading new addicts to the Centre who are determined to change.

We commend our helpers who have been very faithful to date. These helpers are some special angels especially, mothers, widows, mothers chased out by their husband due to polygamy and people living with HIVAIDS. These helpers have been very instrumental in our Drug Rehabilitation Centre taking part in all activities of the program.

We acknowledge our partners overseas and in Papua New Guinea. Overseas partners especially Toowoomba Community Church, Alan Davidson, Teen Challenge family and other individual faithful believer's. In PNG, we have the Nazarene Church, EBC Church, AOG Church, CLTC, Salvation Army, ECPNG, SSEC, CBC and individuals who have been very faithful interceding on our be-half.

Others include Voice for Change our local NGO providing various agricultural training for our addicts, Salvation Army providing teaching materials Adult Literacy, Kelly Inae of Helping Hand Goroka for providing Honey bee supplies and advice and finally PNG Coffee Industry with coffee Rehabilitation programs and sales.

Bridging the Gap has implemented these

projects so far:

Adult Literacy Class

The enrolment for this year was very good. We enroll 15 addicts to commence literacy classes. Their teacher Synthia Kondi Bosip a widow who put her hand up to teach these students to read and write. She has two teen aged children and now living with her parents.

Agriculture Training Graduation

ACIA an International in partnership with local NGO Voice for Change brought about vital agriculture training in which six (6) addicts were invited to attend. We witnessed a graduation on Friday the 23rd of February 2017. The training took at least one (1) year to complete. The farm mentioned below is the implementation of the training received from ACIA and Voice for Change. We wish to thank Voice for Change and ACIA International for giving us essential training to our students.

Sweet Potato (Kaukau) Harvest

We thank all our students and helpers for their tireless efforts in our farm. Our efforts eventually produced the best quality of sweet potato for sale. All our produce was sold to local customers in the village thereby saving transportation costs. We have raised K3,000.00 from sale of sweet potato. We have now cleared more land to plant more than 2000 mounts.

Teen Challenge PNG

Representatives from World Teen Challenge eventually set foot on the soils of Papua New Guinea on the 30th of November 2016. Deputy Director of World Teen challenge Jim Lowans and Australian

Executive Director Neil Meyer came to Port Moresby and had an orientation meeting with a group of people. Bridging Gap Drug Rehabilitation Centre was also invited to attend and asked to do a presentation. The representatives of Teen Challenge were very impressed with our presentation and keen to have further dialog. Teen Challenge has shown interest to work with Bridging Gap Drug Rehabilitation Centre by putting Hope within the reach of every addict. We are excited to see what will unfold in the future regarding Teen Challenge presence in PNG.

Testimony

It is fascinating how Insects eating away marijuana plant is a new experience and unexplained mystery since the introduction of marijuana plant into Tombil ward 1 village, Minj, Jiwaka Province. Yedal (a student in the rehabilitation program) and his wife Cathy cultivated illegal marijuana for consumption and local sales.

Cathy was rather forced to take care of the garden in fear of being attacked by her husband. Since they decided to join our rehabilitation program they have encountered a unique insect completely destroying marijuana plants.

The insect ate away the top leaves, stem and eventually cut the roots, allowed marijuana plants to wither and die.

It is something strange they are experiencing after many years of marijuana cultivation. The only explanation to this mystery, it is God's doing to set an addict free.

HEALTH CENTRE BOOSTS SERVICES

THE major maintenance of the Kabanut Health Centre general ward is a big achievement for the people living in and around the Kabanut health centre catchment area.

Kabanut Health Centre is along the West coast of Namatanai, which has a catchment area of twenty (20) villages and a population of more than 6,000 people.

It is a major transiting area for people travelling by boat from Kokopo to Namatanai then Lihir and vice versa with an increase in the mobile population around the catchment area.

A lot of activities and developments have been going on for the last few months, with the development of road maintenance works, which makes it accessible for people to travel and receive health service in the health facility.

Neutilus Minerals has also engaged a health worker from the Untied Health Services in their health patrols in the Coastal Area



Maintenance of the Kabanut Health Centre is an achievement for the community

of Benefit (CAB) and highlighted lacking facilities and disease prevalence with the ward as a priority for maintenance.

The maintenance works were completed in three (3) weeks costing more than K40, 000 with funding assistance from CHS (PNG).

Which had been accumulated to fund some of our projects stipulated in our five

(5) years development plan 2015 – 2020. This project was earmarked for this year and is now achieved.

The newly maintained facility will cater for inpatients from within and surrounding catchment areas which has been the case for church health run facilities that provide and deliver health services to the rural majority.

CPP look to work closely with CHS

THE Church Partnership Programme (CPP) was initiated in the year 2004. It is a collaboration between the seven mainline churches in PNG and their church development agencies in Australia, in partnership with the Australian Government.

The Australian Government provides funds to the seven mainline churches to provide social services in PNG through their churches in Australia.

CPP launched its third phase in October 2017 focusing on:

- Enhanced collection to improve service delivery
- Build Community Resilience and;
- Strengthen the institutional capacity of the PNG Churches to deliver health and education services
- Broad range of activities that support gender equality and social inclusion, peace and prosperity and Disaster Risk Reduction (DRR).

The six priority districts are Mul Baiyer District, Sohe District, Manus, Nuku District, Talasia District and Nawae District.

A first meeting between the Christian Health Services and the PNG Church Partnership Program was convened in Port Moresby on the

24th of October 2017.

The meeting was called on by the CPP coordinator Maryanne Kehalie. The purpose of the meeting was to discuss three (3) Specific Agendas which she considered to be of common interest to CPP and CHS.

The Three (3) agendas included:

- Overview of CPP Phase 3
- Health Activities under CPP Partners FY 18-19 Activity Plans
- CHS Support to Tinsley Hospital

Much of the discussions centered on the issue of Health Service delivery for which the Churches are renowned for. Although there have been so much work on the ground by the main line churches there is still more room for improvement.

Improvements are being considered in the following areas:

- Churches needs to work in collaborative & coherent partnership
- Combine Leadership

Other areas which the CPP is considering for inclusion in their program are: These programs for the basis of the CPP financial year from 2018-2019.

- Support to Health In collaborative Areas

- HIV AIDS (ADRA)
- Systematic Review of Information
- Health Care Manual 3 (HCM 3) Project.

CPP in its previous Phases had the following overarching targets to achieve in is Agendas:

Phase 1: Improve Well being of Men Women and Children in the Rural Areas

Phase 2: Improve Public Sector Governance by Churches

CPP is currently in its Phase 3 after having completed the other two phases in the previous years.

Tinsley Hospital is another concern for the CPP in that it is concerned about the slow progress of work at this particular Health Facility.

Much discussion ensued and the CEO of CHS gave a detail brief to the meeting of the nature and progress and the intentions of PHA alongside CPP to develop Tinsley to a hospital status.

Since CHS is not a funding Agency all work at Tinsley needs to be completed in the Spirit of the previous arrangements and contractual obligations of PHA and the donors to complete the project.

CPP is currently present in six (6) priority Districts.

CHS 2017 YEAR IN REVIEW



EDEN Training, East Sepik Province



Martin Debono and Mr Rutmat - 2018 Conference discussion



Adult Literacy Teacher Synthia Kondi Bosip (Bridging the Gap)



Dr Hogande Kiafuli (Gaubin Rural Hospital) and Mr Tapia at the CHS Office



Southern Region executives



Samuel (CHW at Kapuna) who helped save baby Solomon (cover story)



CHS Management meeting with Bread for the World



(Top) - mWater training roll out in Lae, Morobe Province.



Max (CHS Secretariat) at the site of the fire ravaged Hanuabada village



(left) Progress meeting with team from NDOH on Alesco Phase 2

(Bottom) Team from CHS giving donations to victims of the HB fire



CHS CEO and Deputy with the team from Bread for the World



mWater training roll out in Madang





From the CEOs Desk...

Dear Readers,

Seasons Greetings to you all as we celebrate the Birth of Christ Jesus.

As we end the Year 2017, I thank this time to sincerely thank the CHS Executive Board and you all for your prayers; and the continuous provision of health services to our people. The Love of God is demonstrated through Peace and I am humbled that you have remained steadfast despite the many difficult challenges and the main one being the very slow release of funding by the Government of PNG.

Your Team at the CHS Secretariat Office has been so absorbed in two main activities, which were the Budget construction and Allesco documentation; that time lapsed so fast with no time for boredom. We did our best in 2017 and positively look forward to the challenges that the year 2018 will bring. On that note, one obvious challenge is the Allesco (Ascender) payroll. It comes with its own benefits and challenges but we are progressing this change in a positive and proactive manner that considers our long-term aspirations as well.

We also take this time to acknowledge the achievements of the Nazarene Health Ministries in getting Kujip declared as the Provincial Hospital for the Jiwaka Province. This formality facilitates the progression of specific activities that will eventually see Kujip Hospital operated as a Provincial Hospital. Congratulations and well done for it is for God's Glory.

Parliament passed the 2018 Budget and according to the Media, the National Department of Health got allocated One and Half Billion Kina. We are yet to get confirmation of the 2018 Annual Appropriations for CHS. When this becomes available, we will send you the 2018 appropriation cash flow as usual to all your agency Health Managers.

In conclusion, I take this time to Wish you all a Very Merry Christmas and Happy New Year 2018 on behalf of CHS Executive Board, the CHS Secretariat Staff and our families members

Ulch Tapia
Executive Director, CHS



Seasons Greetings

TO ALL CHS AGENCIES AND THE
HARDWORKING HEALTH WORKERS
THROUGHOUT PNG. THANK YOU FOR
YOUR SUPPORT AND YOUR EFFORTS
IN ENSURING HEALTH SERVICE
DELIVERY FOR OUR PEOPLE

**“WISHING YOU A JOYFUL MERRY
CHRISTMAS AND PROSPEROUS
NEW YEAR”**

**FROM THE MANAGEMENT
AND STAFF OF THE CHS SECRETARIAT**

4th quarter updates...

Notice Board



Bernard Rutmat, Deputy Executive Officer

Dear All,

2017 has come and is about to end and we will welcome another brand New Year 2018.

In this final Issue of the CHS Newsletter we will try to highlight for you all the events and major achievements we all achieve together over the past 12 months and provide some insights on undertakings from the National CHS office.

As far as I am concerned the year was a very challenging one for me personally and for the rest of Team CHS.

A lot did happen and with the Grace of God we all have come to see out this year and look forward to another successful and challenging year come 2018.

As highlighted in the 2017 Year in Review Segment one of the major activities that took place at the National Office is the changing of Guard at the National CEO's Office. After 10 years at the helm of the Organization the CEO Mr. Joseph Sika decided to step down as the Chief Executive Officer of CHS.

This was a personal decision he made and we respected his decision and he was replaced by Mr. Ulch Tapia as the new CEO for the Organization.

For the staff of the CHS National Office we took the leadership change "fairly well". According to the officers the change of guard brought about a bit of nostalgia and excitement now that a new person was going to head the National CHS Secretariat office.

We salute Mr. Sika for his Leadership and tenure as the Chief Executive Officer of the Organization and we did wish him well in his new found endeavors and life

after CHS. Meanwhile, the new CEO took up his position at a very difficult time indeed. At the time of his inauguration we were in the process of submitting our 2018 budget.

Information for this very strategic and important activity was not readily available due to circumstances beyond our control.

Luckily for the Team and after long hours of putting together the 2018 budget from scratch, we did complete the budget on time and hopefully we will be granted the funding we budgeted for.

On behalf of the Management team we sincerely thank all the staff of the CHS National Office for their commitment and sacrifices towards the 2018 budget preparation.

Some Information: (Toksave)

1. This information is sent out to all the Agencies that the work of Allesco Payroll Phase II has been completed. Information deduced from the Allesco work has greatly assisted us at CHS to appreciate the difficulties we all have in having the right number of staff at the right palce at the right time to deliver health Services to the people in need of them.

2. We also thank everyone who sent in their information and staff establishments which aided the team in this work.

3. One of the major implications of the Allesco Payroll implementation is once all of Our Agencies have been "put on the Allesco Payroll" the salary grants will cease to be part of the Grants Assistance to Churches we normally receive every month. This information is critical and important for all Health Managers to take note of.

4. The issue of the "finish Pay" and other entitlements due to the Health Workers for their years of service in the respective Agencies prior to and before the commencement of the Allesco Pay roll will solely be the responsibility of the Individual Church Agencies. This is not new information but information already shared with all respective Agencies in the past.

Cheers and Have a Merry Christmas and good New Year

1. The CHS National Office Secretariat will be closed for Christmas and New Year from the 22nd December, 2017 untill the 8th January, 2018 when we resume office.

2. The Dates for the Regional and National Conferences have been made known to all. Refer to the latest update from the CHS office for November. For those who could not have access to the information here are the dates again:

Region	From (Date)	To (Date)
New Guinea Islands:	05th February	09th February 2018

Highlands:	12th February	16th February 2018
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Southern:	19th February	23rd February 2018
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Momase:	26th February	2nd March 2018
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3. The Annual Conference for CHS will be from the 23rd -27th April 2018. All Payments must be paid directly to CHS Bank Accounts which will be provided with the conference program.

4. Nursing Council & Medical Board Registrations closes 31st March 2018.

5. For the September – December Grants, we are following up with the Department on this matter. We will keep you ALL posted.

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.

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