



Health Toktok

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Highlands earthquake a life threatening experience

THE massive 7.5 magnitude earthquake which struck Hela, Southern Highlands, Enga and Western Provinces on February 26, 2018 has displaced many people, including families and villages striking uncertainty of the future in many people.

Earth tremors and aftershocks have been felt in Western Highlands, Enga, Western Province, Gulf the rest of Southern Highlands and some coastal provinces sharing borders with the Highlands. Some aftershocks were quite big in magnitude causing fear and panic among the people

The impact of the damages are quite severe with ground breaking extensively causing road blocks accidents and landslides that have seen whole villages and people buried, once fast flowing rivers all damned up because of landslides and polluted rivers in other parts of the province and as far as Kikori in the Gulf Province.

"It is a life threatening experience that I will never forget. People got hurt. Buildings were destroyed or went down in the earthquake including health facilities, ambulances, and administration buildings. In some cases the buildings are no longer standing," said ECPNG Hela, Health Manager Keith Kedekai.

Speaking from Tari, Hela Province, Mr Kedekai said many people were afraid when the earthquake hit and three weeks later they are still terrified and afraid that another big earthquake will strike and they might all get killed. "We are still feeling the earth tremors even three weeks later," he said.

Mr Kedekai and some of his staff and health workers at facilities had their homes and properties destroyed by the earthquake.

"Many people thought the end of the world, the last days had come because the ground



kept on shaking and the huge earthquake made such a loud noise followed by landslides that many villagers thought the end of the world had come," he said. According to reports from ECPNG Hela, Inu in the Komo/Magarima district was the worst hit along with the Benalia Health Centre where five were buried in a landslide.

Mr Kedekai said: "I have never seen any such thing like this happen in my life and nothing like this has happened even in the time of our ancestors. This is the first occurrence of its kind in the highlands region."

He added that the majority of the people were still scared but mostly traumatised by the earthquake and the damages it has caused. In some areas, whole villages have been swept away in huge landslides and rivers as far as Western and Gulf

provinces have become polluted making everyday living challenging.

Many people of the affected areas have assumed the earthquakes and aftershocks have been caused by the mining and gas companies operating in the province but that is only natural when they are seeking explanations of why this has occurred.

Mr Kedekai said: "Mining and Gas are scientific technology. God gave people the knowledge to do these things so I do not believe that they things are responsible for the earthquake."

"It is nature coming back to us. God is speaking through this natural occurrence. We have to change ourselves as individuals, families and communities. It will take time and money to rebuild everything that has been damaged but we have to change."

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Chairman's Note..

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

From the Chair on behalf of your executive board, allow me to say thank you very much to you all – individual agencies for keeping your doors open for services to our people despite/and during the trying times of severe funding cash flow issues by September 2017 to current. Not to mention also the 2017 national elections with various degree of election related issues encountered by all of you, you have the people, especially the women and children in your hearts; and that you have stood against those odds, showing resilience and in doing so, most of the rural population and clustered urban population had the blessings of you being there for them; for their needs in health care services. Your Executive Board salutes you.

Your Executive Board also affirms the great work of the new CEO, Mr. Tapia and his leadership in leading the secretariat team; supported by the Deputy CEO, Mr. Rutmat and officers in making 2017 a year of hard work and many experiences learnt.

2017 has passed and it won't be remembered well anymore, yet the experiences of many hardships, challenges and even many good things will make us learn more and equip us with insights to take on 2018. I hope that all agencies may have your own 2017 annual performance reviews and have taken such initiative to do self-agency evaluation as to how you contributed to priority program areas, archiving the Key Results Areas indicators. Your Executive Board is fully supportive to the office of the CEO and his secretariat team to support such reviews and to help you all to keep reminding ourselves of our administrative and program priorities in the activities we have done, aligned to that of the National Health Plan; and other related policies and directives.

Unfortunately for our CHS family in the Southern Highlands, Enga, Hela and Western provinces, the 26th February 2018 earthquake was indeed a life threatening experience they will not easily forget. For those who have assisted towards the earthquake relief, the Executive Board sincerely thank you in advance for your heart in contributing in many different ways, either for the people's short term and/or long term support to their recovery and rehabilitation of their life and properties. In saying this, the Board supports the letter from the CEO's desk seeking funding contribution for the intention.

MP gives K80,000 towards building of new TB ward



(Centre) Sr Anna Rhawes with the cheque of K80,000 given by MP Walter Schnaubelt

On the 24th of March 2018, a historic event was celebrated coinciding with World TB Day when Sr. Anna Rhawes was presented with a cheque of K80, 000 from the Member for Namatanai Open Hon. Walter Schnaubelt for the construction of a new TB ward.

Sr. Rhawes, Sister in Charge (SIC) of Kimadan Health Centre said she detects an average of four (4) TB cases every month according to statistics. She said it was one of the health centre's priorities to improve the TB ward for this year 2018.

The United Church is proud to receive such contribution and is grateful for the support of the member for Namatanai open towards health service delivery in the district.

"This funding will also help towards a project that will cater for TB patients from the central New Ireland LLG, this will include the Tabar Island groups and West Coast Central," said New Ireland United Health Services Manager Sr Agnes Rangia,

"As a member of the Christian Health Services in the New Ireland Province we are thankful that this money will help improve health service delivery and provide better health care to reduce Tuberculosis incidence and help prevention," she said

This is the first ever cheque given by the MP towards church health services in Namantanai since winning the Namatanai Open seat in July 2017.

As you are here for the 2018 CHS Annual Conference, please allow me to stress the theme - "Meeting Our Key Program Challenges". As you all have shared stories at your regional meetings, let me reiterate the importance of such annual performance review and relate it to our CHS Act 2007 and CHS Constitution; the compliance of standards in the management of your agency's administration, management of finances and reports, including audits, program management etc., must be of high importance. Finally, 'All Association member agencies and associate members of CHS PNG' please observe the CHS Act and the Constitution in all matters

related to work and administration. I urge you all to comply with the standards set by our CHS Constitution and CHS ACT, including the recent NDOH and CHS MOA including the upcoming Service Level Agreement.

May God continue to bless all that you are doing and help us make 2018 another hard year of work for good intention and expected outcomes; And to the Glory of God's Holy Name. Be blessed.

Japelis Kaiok

Chairman, Christian Health Services PNG

CHS empowering rural communities to become agents of change



By Nidra Kewere

MORE than fifty teachers, ward members, youth leaders, health workers and community leaders in the Barai Plateau, Oro Province were the recipients of a three day Strategic Planning Workshop facilitated by Christian Health Services in March.

Christian Health Services (CHS) through its Health Promotion Program targets promoting health lifestyles through the Effective Development Empowering the Nation (EDEN) program or Healthy Island Concept in achieving Key Result Area seven (7) of the National Health Plan: "Promoting Healthy Lifestyles."

The Strategic Planning Workshop, a component of the EDEN Program was held in Itokama village in the Afore LLG, Ijivitari district and organised by the Village Technology Foundation (VTF), a local NGO partnering with CHS, which has implemented the EDEN program over the last 15 years in the Barai Plateau covering ten wards, 35 villages and population of

about 8, 555 people.

The significance of the program has seen more people being well informed and taking ownership of their own health.

The Barai is remotely situated near mountain ranges sharing the border with Central and Oro provinces. Access to this place is often difficult. By road it takes a day or two to get to Popondetta town and when it rains, road travel is not accessible. The only other means of transport is through third level airline SIL which provides services in rural and remote areas such as Barai.

John Kumbo, the director of the Village Technology Foundation acknowledged the work of CHS in providing capacity building at the village level to empower like-minded people who wanted to see change in their communities.

"It is very hard for such trainings to be provided for simple village people like us. When we have the opportunity let us empower ourselves to be agents of change

for our communities," said Mr Kumbo.

CHS Health Promotion Coordinator Nickson Samblap told participants that as a service provider, CHS wanted to empower people starting at the village level.

He said Itokama was one of the best model villages he had seen that had implemented the EDEN program which showed how people's mindsets had changed and they had taken ownership of their own health.

Mr Samblap in the course of the three day workshop targeted the detailed steps involved in writing a strategic plan and operational plan reiterating that both plans was important in any business or organisation as it gave a clear direction of the goals, objectives and targets of the organisation and the exact activities that needed to be done.

Participants came from Jorura, Umbuwara, Aniafe, Naokanane, Naifae, Itokama, Afore, Madokoro, Kokoro, Gora, Serepuna, Kuai and Natanga villages in wards 9,10, 11,12,13 and 14 of Barai.

Hospital initiates early child hood learning centre

Poor educational standards in Gulf Province has prompted Kikori District Hospital staff to start their own Early Childhood Learning Centre and contribute fortnightly from their own pockets.

Board Member and Deputy Director of Nursing (Clinical), Ladi Kalama said parents with two children pay K50 fortnightly while those with three children pay K100.

This self-help school project was initiated so that young children at the Hospital can attend classes on the Hospital ground. So far there are fifteen children attending with one school teacher teaching them.

Mr Kalama said the Board was looking at securing funding for the school teacher whose fortnightly salary was coming from money contributed by parents.

The parents are also raising funds to build a new classroom expected to be finished by June this year. Carpenters have already started on the foundational work with profile laid out so that carpenters can start working on the building.

Kikori Early Childhood Learning Centre aims to allow children ample time with their teacher in this way they can learn well. The children were also learning Uniscript which is using sounds and shapes to form words. The Summer Institute of Linguistics based in the Gulf Province started using this phonics method in the Baimuru and Kikori areas.

Class teacher, Esneth Area was trained at Kapuna in Uniscript which has proved to be useful especially for Elementary School teachers in the Baimuru and Kikori areas. More teachers with the help of SIL translators are making use of Uniscript.

Mr Kalama said the school was an informal one which would later developed into a formal school. The children were learning numbers, alphabet, and colours and looking at pictures. He added that the Board was



Teacher Esneth with children at the early child hood learning centre

getting the school organised and in the future it will better organised.

“We will continue to plan and get ourselves organised as we get along. We want the children to learn the basics and set the educational foundation for the future,” said Mr Kalama.

There are plans to include the children of patients who stay for long periods in the Hospital especially the TB patients but this was still in the discussion stage.

The Kikori Hospital staff members have a great responsibility to educate their children because education is a big need in the Gulf Province.

Many rural schools did not have enough teachers or materials to use because the schools were located in very remote areas.

As in any institution, staff members need to have their children educated because this is a basic need for everybody. Without education there will be no hope for children. The young children at Kikori are eager to

learn new things and soon as they hear the school bell, they rush off to school. This is an encouraging sign despite the school starting late last year.

Educational problems do not dampen the children’s enthusiasm as they are keen to attend classes and never miss their daily lesson. Previously a Solomon islander whose husband was doing his theological internship used to teach the children. After she left there was nobody to teach the children. The School needs tables, benches and teaching materials but the most important one is the building so that the children have their own classroom.

Certainly the Kikori Early Childhood Learning Centre can pave the way for better educational standards with community support.

It will be the way forward to practise self reliance which was one of the virtues encouraged before self government days.

Story and Picture by Timothy Kwara

EDEN concept goes to air in Kokopo

By Bernard Rutmat

CHRISTIAN Health Services continues to advocate on its Healthy Island Concept under its Health Promotions program recently going to air on radio ‘Voice of Blessed Peter Torot’ in Vunapope, East New Britain.

The Healthy Island Concept known as Effective Development Empowering the Nation (EDEN) concept among Church Health agencies uses a wholistic approach through its training and roll out program hailing it a success in areas where it has been implemented.

Health Promotion Coordinator for CHS Nickson Samblap in his advocacy

highlighted that East New Britain Province had the potential to develop further in the EDEN program due to the mindset of the people and the tourism hub the province portrays to the rest of PNG and the world.

Mr Samblap added there were also a good number of institutions in East New Britain that had realised the potential of the EDEN program and had identified it as a key priority.

He reiterated that the cleanliness and beauty of the town settings and even the market settings in Kokopo was already and entry point for EDEN to take root in the province.

Mr Rutmat in support appealed to the three East New Britain MPs and the Governor to see the EDEN program as a development tool for the rest of the wards in East New Britain and support the drive.

He acknowledged and thanked Mr Joe Danly of the Voice of Blessed Peter Torot for facilitating the interview and allowing the EDEN program advocacy to be aired on radio.

The EDEN concept continues to be a key program for Christian Health Services and it continues to empower individuals and communities to take ownership of their own health.

Rise of leprosy and MDR-TB in settlements



Egma during a Health and Hygiene awareness at Joyce Bay Settlement in the Moresby South Elecotrate

By Nidra Kewere

LEPROSY and Multi-Drug Resistant Tuberculosis are steadily increasing in settlements in the National Capital District.

This is evident in the Joyce Bay settlement in the Moresby South electorate where people are dying of MDR-TB and new cases of Leprosy are being seen daily.

Health & Hygiene coordinator at the Four Square Living Light Health Ministries Egma Mua said it was such a sad case that even though people had access to health facilities and had constant awareness, they still were succumbing to these diseases.

During a recent health & hygiene awareness at the Joyce Bay Settlement held at the Life Caring Ministry Church, community leaders revealed that MDR-TB is rapidly increasing and Leprosy which was thought to be eradicated is now re-emerging.

Like TB, Leprosy is also an air-borne disease thought to be spread from person to person by nasal secretions or droplets and in settlements where living conditions are generally poor, this paves the way for such illnesses to spread.

“What worries me is there is no training for health workers at the clinics and health facilities to identify and treat these patients. Awareness is something else. We can do all awareness but then

again, it’s the mindset of the people themselves,” Egma said.

She added that the EDEN approach which promoted healthy lifestyles from a curative to preventative treatment was the way forward in reducing the increase in these diseases.

While it is notable that settlements differ from other villages and communities in that they have no readily available resources to sustain and help themselves, Egma said that through the EDEN program, communities could see great change.

“It’s all about changing mindsets about how we live and our health and taking ownership. Every time I do awareness in settlements, people tell me there are many people dying from mainly TB and now Leprosy.”

She said current health data recorded at the clinics does not capture MDR TB or Leprosy so relevant health authorities did not know about it.

Asked about the risks she takes when going out and doing awareness, Egma said: “I am at risk everyday but I am grateful to God who protects me and takes care wherever I go. I am called to serve others and to help them by imparting my knowledge and experiences so they can live a better, healthier life.”

Facts about Leprosy

- Leprosy is a slowly developing,

progressive disease that damages the skin and nervous system. The disease is termed a chronic granulomatous disease, similar to tuberculosis, because it produces inflammatory nodules (granulomas) in the skin and nerves over time.

- Leprosy is caused by an infection with *Mycobacterium leprae* or *M. lepromatosis bacteria*.

Early symptoms begin in cooler areas of the body and include loss of sensation.

- Signs of leprosy are painless ulcers, skin lesions of hypo pigmented macules (flat, pale areas of skin), and eye damage (dryness, reduced blinking). Later, large ulcerations, loss of digits, skin nodules, and facial disfigurement may develop.

- The infection is thought to be spread from person to person by nasal secretions or droplets.

- Susceptibility to getting leprosy may be due to certain human genes.

- MDT are used in the treatment of leprosy.

Facts about Multidrug-resistant tuberculosis

- The bacteria that causes tuberculosis (TB) can develop resistance to the TB drugs. Multidrug-resistant TB (MDR-TB) is TB that does not respond to at least isoniazid and rifampicin, the 2 most powerful anti-TB drugs.

- The 2 reasons why multidrug resistance continues to emerge and spread are mismanagement of the TB treatment and person-to-person transmission. Most people with TB are cured by a strictly followed, 6-month drug regimen that is provided to patients with support and supervision.

- Inappropriate or incorrect use of antimicrobial drugs, or use of ineffective formulations of drugs can cause drug resistance, which can then be transmitted, especially in crowded settings such as prisons and hospitals.

- Solutions to control drug-resistant TB are to:

- cure the TB patient the first time around (high cure rate)

- provide access to diagnosis

- ensure adequate infection control in facilities where patients are treated

- Ensure the appropriate use of recommended second-line drugs.

Highlands



Damages to the Operating Theatre



Huge cracks in the ground brought down the Pombrel Health Centre

Pombrel Health Centre assesses earthquake damages

Pomberal Health Centre is a major health facility located in the Nembi Plateau LLG area in Hela Province. It is coordinated by the PNG Christian Union Church Health Services. This very organization was established by the pioneer missionaries from America in 1963 as they feel that it was a call from God to help the needy and the sick. Thus ever since now we have been committed to this service since the establishment of this Health Centre with its growth and development. Pomberal Health Centre serves over fifty thousand [50 000] people. Two thirds [2/3] of the population are located within the catchment area of this health facility while one third [1/3] are people who come from outside to seek health services here at Pomberal Health Centre. These include people from around Nipa District as well as others from Poroma and Kutubu Local Level Government areas in the Nipa Kutubu District. It is basically one of the referral centers for the people of Nembi Plateau from other health facilities (Aid posts & Health Sub Centers). This Health Centre is located at the boundary of these three [3] local level government areas.

Therefore, we are able to provide health care and services to the people beyond our boundaries as far as Kagua District respectively. Owing to the remote setting of this facility and the communities that are being served, this Health Centre is the lifeline for the people here.

Furthermore, the overall health facilities contain nine (9) staff permanent houses, outpatients and inpatients, minor operating theater, offices, wards, dispensary, delivery room, vaccine/storage room, HIV/AIDS, TB Ward, Family Planning, Antenatal, Postnatal, MCH, and the Secretary's Office. However, the sudden earth quake demolished everything beyond description. The Health Centre provides services for the poor sick patients and even the entire population in general for primary health care services. Indeed as a result many people will lose their lives where this situation is beyond our control.

THE PROBLEM STATEMENT

The sudden earthquake that occurred on the 26th February 2018 at 3:31am demolished all properties this health facility caters for. The new outpatient wing built at an estimated cost of K500, 000 built

in 2010 from the DSIP funds and other costs amounting to K1,000,000 for the Operating Theatre, OIC's Office, Examination Room, HEO's Office, ward containing 15 beds, vaccine refrigerator, solar panels, toilet, delivery room, dispensary, header tanks, water tanks, pipes, and most importantly the shelves containing drugs and medical equipment were severely destroyed. Two of the permanent L40 staff houses sank while their families were fast asleep, two permanent L75 houses worth of K300,000 and K200,000 respectively collapsed with three other permanent houses, the fence, gate, workshop, electricity, and some other properties were also destroyed which need recovery. The Pombrel Health Centre caters for outpatients and inpatients, minor operating theater, offices, wards, dispensary, delivery room, vaccine/storage room, HIV/AIDS, TB Ward, Family Planning, Antenatal, Postnatal, MCH, and the Secretary's Office.

**Report given by Dunstan Konop
Health Secretary
PNG Christian Union Church Health
Services**

Maternal death the biggest challenge facing rural health

By Nidra Kewere

A MOTHER has succumbed to death after giving birth to her second child through village birth in Umbuwara village in Barai, Oro Province last week.

She had given birth in the village and died the following day due to complications. Maternal deaths continue to be the biggest challenge in rural and remote areas where access to basic health services are impossible and the nearest health centre at Itokama is a three hour walk.

This is evident in Barai, a geographically remote area sharing the mountain ranges bordering with Central Province where road access is often inaccessible. The Barai Plateau covers ten wards, 35 villages and has a population of 8,555 people. There is only one government health centre – Itokama Health Centre serving a catchment population of more than 8,000 people in nine wards in Barai operating with little or no drugs/medicine supplies and the state of the facility deteriorating.

The general ward and maternal ward cannot be used as they are run down and need maintenance.

Through the Health Promotion Program implemented by Village Technology Foundation (VTF) a local NGO focusing on mindset change and improving well-being of a person, there are less people in the out patients seeking treatment for basic communicable diseases.

The health promotion program targets mindset change from being treatment focused to being more preventative focused.

Itokama Health Centre OIC Lester Dona, a trained Community Health Worker said health service was a big challenge in these remote parts. He said most often medical supplies came in 2-3 months later due to road accessibility and by the time he had picked them, they had already expired.

Mr Dona said he often had to refer patients to Afore to get treatment which was a day or even two days walk to get there when he was not able to treat them at Itokama.

“The main communicable diseases around these parts are flu, cough, secondary infections such as pneumonia, diarrhoea, asthma and skin disease. TB has also started to increase in our society and I



have had to refer patients to Afore and from there they have to go to Popondetta because I do not have capacity to treat them here,” he said.

“I advocate that they have to take ownership of their own health because access to basic services are very hard for us and so prevention is better than cure.”

Another challenge Mr Dona mentioned was manpower shortage. “I am only a CHW and the only one working here for the last 8 years. I do not have any other health workers here to assist me and it is very hard. We dont”

“Maternal deaths is the top most challenge now in Barai with many women dying after village births and complications. Immunisation is also a challenge as the vaccine fridge at Itokama health centre is no longer working. I refer mothers to Afore but it’s up to them to take their babies there,” Mr Dona said.

Culture and traditional values also hinder womens rights to health care services.

Speaking with some of the mothers in the village, many said they do not feel comfortable going to the nearest health centre as the OIC is male and it is against their culutre to speak about female issues with a male.

“ Sapos mipla gat sik lo side blo meri o yumi laik kisim bebi, mipla sa stap tasol lo haus lo peles na karim bebi or mipla yet sa traim na halivim mipla yet,” (If we have a women’s problems or we want to have a baby, we just stay in our house in the village and give birth or try to help ourselves,” a couple of women said.

Almost all of the mothers in the Barai Plateau have had village births without seeking proffesional medical care after delivering.

Sadly many women have died due to complications after birth which could have been prevented if proper health care had been practised early.

Mr Dona said the main problems faced after by women who had village births was a retained placenta. He said many suffered complications as a result of this and even death but they did not want to come to the health centre to get medical advices and help.

The OIC acknowledged that through VTFs Health Promotion Program, people had taken ownership of their own health and he sees less than 15-10 out patients with communicable diseases or illnesses or none at all each day.

“This is a good program as it focuses on prevention rather than cure and I will support it in its health program in Barai,” Mr Dona said.

Eoe first MP to attend CHW graduation

Minister for Religion, Youth & Community Development Soroi Eoe made a quick visit to Kapuna in the Gulf Province becoming the first ever Cabinet Minister to attend a Community Health Worker Training School's Graduation in January this year.

Mr Eoe made history by being the first MP to attend a CHW graduation in the past, many MPs invited could not make it to Graduations at Kapuna with some often declining or changing their plans at the last minute.

The Kapuna CHW Training School is located in a remote area of the province. Another problem is that airstrips are run down or not operating at all. Many of the airstrips were built during colonial times and have had very little maintenance done on them.

Fortunately, Mr Eoe flew in by helicopter and everyone stood and cheered as he came in with other invited guests. Included in the group was Mr Marc Avai, the Provincial Administrator for the Gulf Province. Other guests included women representative and Health Chairlady, Sister Tete Keko from Kerema.

The Minister when addressing the 55th Graduation ceremony said his first agenda was to ensure that important infrastructures in the province needed to function properly.

Transportation is quite a big problem in the province. People living close to Kerema can travel cheaply. Those living quite a distance struggle to travel on boats, dinghies and canoes often wait for several days to find transport.

The Minister paid tribute to the early missionaries to the Gulf Province for their commitment and persistence in providing services to the local people. He said often, missionaries endured many difficult situations such as sickness, remoteness, rugged terrain and lots of other concerns but they continued on with their work.

Mr Eoe recalled the early days growing up in the Ihu District

and watched missionaries who went about their daily work as health workers, church administrators, teachers and others who provided different services.

He commended the staff and students for their commitment in keeping and maintaining the Kapuna CHW Training School and staff working at the Kapuna Hospital.

"Without your persistence and faith to continue providing services, development would not reach the people," Mr Eoe said. The Minister said funds had been allocated to churches in the Kikori area as well as other community development projects and He stressed that it was up to the people to carry out the work and get the projects off the ground.

Mr Eoe said as a new politician he was analysing what action to take as a Parliamentarian. He mentioned there were many needs and he had to prioritise.

Another speaker, Mr Avai congratulated the Kapuna CHW and committed K200, 000 towards the training school. This money would be coming from Governor Haiveta's office.

Mrs Keko who represented the Governor highlighted developmental plans for the whole of Gulf Province. She said the Governor had plans to improve roads and other essential services in the rural areas.

She pointed out that work would commence on the upgrading of the Malalaua High School and an army base to be set up in the station as well. There would be other developments at the Kerema township as well as some of the High Schools in the province.

In the speech, the Governor commended the Gulf Christian Services for their role in bringing health and other Christian services to the people in the Baimuru and Kikori areas. He said their presence made a difference among the people.

Life skills empower women in rural areas

LIFE Skills have enabled women and young girls in Itokama village, Barai Oro Province to sustain their way of living.

Women have been taught how to prepare meals and set tables properly and do a variety of styles of cooking with their garden produce.

"This has helped us women especially mothers take pride in ourselves and what we are able to do for our families," a women's representative said.

Women are also taught adult literacy classes and they in turn teach elementary learning for young pre-school children.

The women are also part of the bible translation classes where they are helping to translate the bible into their own languages

Different communities have participated in various life skills classes brought in by different service providers and used their skills to enhance their way of living.



Women preparing grated banana and taro to make a cake

Promoting Healthy *Lifestyles*....



THE CHS Secretariat early this year initiated a health and fitness activity in a bid to promote healthy lifestyles.

Staff of the CHS Secretariat decided to do various fitness activities starting with walking at Ela Beach to keep fit.

Executive Director Ulch Tapia said that it was a good initiative by staff and he supported the idea of regular exercise for good health.

“It’s good to see staff and their families take part in this activity. Sometimes we think we are healthy but our bodies are saying something different. Little things like this can go a long way”

Here is what staff had to say about the fitness activity:

Nidra: “It’s a good initiative. I am one of those people who need to exercise regularly and this is a good start. Most

of the time we lack physical fitness and as we age, we need to take care of our health.”

Kanae: I think it’s a good initiative because it is good for our health. Some of us hardly have the chance to exercise so this is very helpful”

Winnie: “It’s healthy for us as individuals especially for our physical bodies. I was told to lose weight and I think that this exercise is helping me.

Bernard: “It is a good concept. Mainly it gives us an overview of our health status, how fit we are and why it is important to keep physically fit.

We must be physically fit to do our tasks at work. We won’t enjoy our work if we are not fit and healthy”

Emily: It is a good initiative as it balances all aspects of our life: work, family,

spiritual and physical. Most of the time we forget the health component of our lives so this is a good move by CHS. It also gets our families involved and unites us as a team so they see that unity.”

Nickson: “Personally i can see and the feel the changes in me. I used to have knee problems but after starting this exercise problem, i feel more lighter and active and i can even run up the office steps now.”

Elias: “Its good to get out and walk and exercise as just working, going home and sleeping is not healthy. I feel alot fitter after starting our health and fitness activity and so we should mantain it”

The CHS Secretariat has started walking to begin with and will look to other fitness activities as time goes by.

Earthquake causes damage to United Health facilities

The massive 7.5 magnitude earthquake which struch Hela, Southern Highlands, Western and parts of Gulf provinces in February this year has caused many damages to health facilities in the CHS network.

United Health Services in Hela and Southern Highlands had some of its health facilities destroyed by the earthquake and displacing health workers and their families.

Wabia Health Centre had water tanks and staff housing damaged as well as the cement floors of the health centre having

huge cracks. Louver blades also fell off smashing everywhere and there was general damage. Although there were no deaths in Wabia, two of the health workers sustained injuries.

The Panduaga Communnith Health Sub Centre also suffered damages with the maternity ward almost collapsing and staff housing destroyed.

Sadly there were five (5) deaths recorded with one a man and his 15 year old daughter meeting their fate after their house collapsed on them while they slept.

Tigibi, Hangapo, Paijaka, Hoeibia, Yuhoma

and Wakipa health facilities have also had serious damages which requires immediate support. Most of the health facillities are remotely located and serve the rural population thus assistance toward rebuilding is much needed.

Many people have sustained injuries and few deaths have been recorded within the catchment population area. There is no way to treat the critically injured.

It will take time to rebuild all that has been damaged and for the people to rebuild their lives over again.



From the CEOs Desk...

Dear Readers,

Whilst in the mist of preparing for the CHS Annual National Conference, this is an opportunity to remind us that the CHS National Conference actually form the Governance Structure of CHS. It is an enacted and a constituted activity for CHS as an organization. It is referred to as the "General Assembly" and the Conference Membership forms the Association known as Christian Health Association.

CHS (CMC) was formed on the 12th of September 1965, we are in its 53rd Year of existence. We have come a long way and this has been possible through commitment and determination as God's Servants called to serve.

We pay respect to those who have committed themselves in this Ministry and we all that are currently serving him. Our faith is a private matter therefore we say thank you and give Glory and Honour to God our Father endlessly. However, the calling to serve the general public is not private matter. Therefore, we have a responsibility to nature an environment as such which depicts that of a Faith Based but public entity. In this sense we are accountable and responsible to our immediate supervisor, employer, the state, the people who we serve, the environment we live in and above all to GOD our Father.

The preceding discussions calls for all member agencies to take some time to critically cross examine our current standing in terms of our core responsibility which is health care services provision. For those that are doing well, you are highly appreciated and please continue to advance in reforming the way you deliver services. For those member agencies that are not sure, it is time now to critically critique our service delivery levels. Realign our practises so that our core business remains our priority at all times. This statement also applies to the CHS the CHS Secretariat as well.

We acknowledge all the negative forces we continue to endure through His endless showers of Grace for in it is vested Wisdom. This edition of the CHS Health Toktok is mainly on the Life-Threatening Experience of the 7.5 magnitude Highlands Earthquake, while the other articles are mostly on Health Services in the communities including Health Promotion.

There is much appreciation for your time given to read this Edition of the CHS Health Toktok. This keeps you informed on the challenges and progresses experienced throughout the various CHS Member agencies throughout PNG.

Ulch Tapia

Executive Director
Christian Health Services PNG



Radio announcer at the Voice of Sr Peter Torot radio station in Kokopo during an interview with CHS Health Promotion Coordinator on the EDEN program.

Leadership workshop gives valuable insight

A LEADERSHIP workshop organised by the PNG Council of Churches with support from the Church Partnership Program has given valuable insight for representatives from Christian Health Services who attended.

The workshop facilitated over a course of two weeks in Kokopo, East New Britain was specifically designed for Church leaders in the mainline churches in the CPP network and extended to CHS and other faith based organisations.

Bernard Rutmat and Nickson Samblap, who represented CHS at the workshop said it was a very enhancing workshop where they learned good insights on leadership and other useful information.

The three key areas covered were Leadership & Management, Social Analysis and Financial Management with a wholistic (biblical) approach which made the difference in the workshop.

"It was an eye opener for all of us who attended as we can apply the knowledge in our everyday lives as employees and even in our families," Mr Samblap said.

Social Analysis covered the SWOT Analysis (Strength, Weakness, Opportunity, Threat). It was all about identifying the problem and learning how to make strategic plans and implement them.

The Financial Management looked at the processes involved in the Management of Funds and leadership and management

using a biblical approach.

Participants were taught that being a "shrewd" manager was a good trait and that good leaders had to be honest and transparent in all that they did.

Another topic covered was the Social Analysis where participants looked at and discussed social issues impacting the country and the benefits and disadvantages.

One of the social issues covered was the issue of the Deep Seabed Mining which has never been tried anywhere in the world but Papua New Guinea will be the trial and error for this project, Mr Samblap said.

"The risk of this action is unknown. We never know what might happen as we are disturbing nature.

It has a lot of social impacts," said Mr Samblap who added that the deep sea mining was a very hot topic of discussion among participants.

Overall, participants were equipped with information to build their capacities in leadership, financial management and understanding and dealing with social issues of importance.

The CHS Secretariat has organised for a one day presentation by Mr Rutmat and Mr Samblap on what they had learned during the workshop, to CHS staff so that they to can be empowered.



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Date: 09th of March 2018

To: All CHS Member Churches and Health Agencies
All Stakeholders and Partner

From: CEO, Christian Health Services, PNG Inc

Subject: Funding Contribution for Infrastructure Rehabilitation of CHS Health Facilities Damaged by Earthquake

Dear Brothers and Sisters in Christ,

With a heavy heart I bring greetings to you all. This is a very sad time for the Christian Health Services in PNG and particularly for all our member Church agencies in the provinces of Southern Highlands, Hela, Western and Gulf.

Preliminary verbal reports and that from the print media indicate that many of our health facility infrastructure in the Earthquake affected provinces have been severely damaged or completely destroyed. The destruction amounts in the millions effectively affecting delivery of health care services.

We do not have the capacity to actively participate in the relieve efforts currently underway, but we can meaningful contribute in assisting our members to rebuild during the restoration phase. Therefore, I am sending this memo to notify all Member Churches through PNG and Partner for financial contribution for the rehabilitation of the damaged CHS Health Infrastructure in the earthquake affected provinces.

In consultation with the CHS Executive Board, CHS Secretariat is contributing K15'000 as the initial contribution to go toward this course. The Bank Account details are as specified here after:

Account name: Churches Medical Council, Cardaid Project A/C
Account number: 1001571226
Bank: Bank of South Pacific
Branch: Waigani Banking Centre
Current Balance: K15'050.57

The CHS Secretariat will manage funding contributed and work with the member health agencies in affected provinces to rehabilitate damaged/destroyed infrastructure during the rehabilitation and restoration phase. All contributions will be formally acknowledged and reports will be produced monthly and made available to all contributors so the one is informed on how contributions are used to rehabilitate damaged Member Churches health infrastructure.

Giving of cash to any individual within this request is restricted (not allowed). Therefore, if one is compelled to contribute, then kindly make a direct deposited into the nominated bank account. Individual and organizational contributing for this worthy course are most well. Please remember to identify yourself on the deposit slip so that we can acknowledge you and also for our records and reporting. "Though I walk in the midst of trouble, thou wilt revive me; thou shalt stretch forth thine hand against the wrath of mine enemies, and thy right hand shall save me." (Psalm 138.7).

Yours sincerely

Ulch Tapia
Executive Director
Christian Health Services
Papua New Guinea

First quarter updates...

Dear All,
2017 will be remembered as the toughest year in my short tenure as the Deputy Executive Officer of CHS PNG Inc. As we looked back on the year that was we can proudly say that despite of the many challenges we managed to survive them all but not without some painful memories to go with it.

At the CHS National Office the issue with the delay in the receipt of the Grants from Finance was the bitter pill for us to swallow. It eventually turned out that our staff celebrated Christmas and New Year without having paid their Salaries. We were constantly checking with finance but to no avail. I personally learned some real hard lessons during this time.

The issue of the pay and the Grants delays was carefully assessed on our part and we also acknowledge the resilience of you all the Health Workers in the Agencies for showing a high level of patience and this resulted in none of the Health Facilities of the Church were closed at all during this critical period.

From the Board and Management level a media conference was held to highlight the issues plaguing the Agencies of CHS. The majority of the media outlets in the city fronted up to get the stories of the delay funding statement from Reverend James Koi who stood in for the Chairman. We also thank Mr. Wallace Kintak for supporting Rev. Koi in this endeavor. The focus of the Media release was to highlight the plight of all our health Agencies and their Health Workers as they succumb to the funding delay which was beyond our control.

The Funding was eventually cleared towards the end of January 2018.

Prior to this the

Agencies were paid some money to cater for their salaries and operational requirements from funds held at the Secretariat Office.

2017 will also be remembered as a year where a lot of work was done at the Secretariat office. This included the development of the 2018 CHS budget. This was the first time the budget preparation was taken out of the Finance Office and all staff were involved in the creation of the budget which was successfully completed. This is despite the lack of previous data available for this very important task. Our staff at the Secretariat Office deserve all the praise and thanks for their unequivocal support and commitment to the important tasks which were all completed in good time.

Indeed they did and a end of year family get together for all our staff and their families capped off a tough year at the office with a day out at the 14 mile Park which was enjoyed by everyone.

2018 could not have come sooner enough. The New Year posed some challenges to us already and with the Funding delays from the previous year we had to work hard to sacrifice some of our time to ensure the money was delivered as anticipated.

The New Year was welcomed with a staff dedication of the 2018 year with a Staff devotion led by Rev. Cholai of the Resurrection Lutheran Church in Gerehu.

A few Highlights for the New Year:

- Regional Meetings to begin in February (4 Regions)

- 4th QTR Review with NDOH

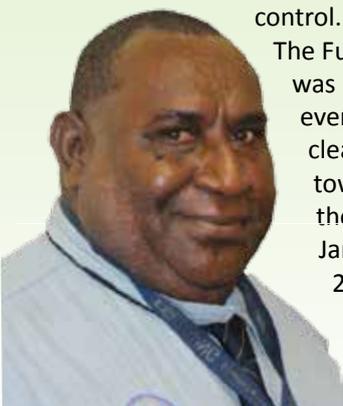
Three other QTRLY reviews will follow suit during the Year

- CHS Annual Conference to be Held from the 23rd -26th April 2018

- NHSS Training for Key Personnel of CHS.

Other minor activities have been planned as well which we will try to align with our bigger activities to create impact.

Wishing you all Happy Reading



Bernard Rutmat, Deputy Executive Officer

Notice Board

1. Attention All Regional CHS Secretaries and Chairpersons. Please ensure all Resolutions for the recently completed conferences are sent to us by the 09th of March 2018. This is for inclusion in to the conference folder. This information is important.
2. All outstanding NHIS reports which are still being kept at the Facilities and Provincial Levels must be sent to the M&E officer as soon as possible. We need the information for the Quarterly Reviews at the NDOH.
3. A small reminder to our Health Secretaries to assist to inform all our cadres of Health Workers of the Deadline for Registrations to the Medical Board and Nursing Council as a matter of priority please. Better to be safe than sorry.
4. The CHS Secretariat will be selling Its official promotional merchandise during the Annual Conference. Be sure to check out the CHS Display table and purchase something for yourself.
5. The CHS Secretariat is contributing K15,000 as initial contribution towards the earthquake relief for affected provinces. For those member church agencies who would like to contribute towards the earthquake relief, you can do so. A formal memo has been sent via email to all regarding this information and account details for contributions. You can also view this information in this issue of the newsletter

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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