



PHA reform a top priority for Health Minister

By Nidra Kewere

THE establishment of Provincial Health Authority reforms in all provinces is one of the top priorities for Hon. Sir Puka Temu in the first 100 days of his term as Minister for Health & HIV/AIDS.

He made this known during the office opening of the 48th Annual Christian Health Services Conference in April in Port Moresby.

The Minister said the reasons for this were to simply see a common system of health administration across the country. "This change will provide clarity to everyone in the system regarding who is actually responsible for managing and delivering resources," he said.

Temu added that for too long, the health sector had been operating on a fragmented system where people avoided their responsibilities and health care providers had not always been seen as part of the system or had been left out our service planning and future management systems.

The second top priority for the Health Minister is the partnership agreement between the government through the Health Department and CHS and its agencies through a Service Level Agreement.

"I have no doubt that these service agreements will be the opportunity for you to qualify your services and ensure that appropriate funding is available to allow for changes and growth of service levels," Temu said.

The service level agreements have been in

place for the last twelve months and the Minister reiterated that the importance of these partnership agreements was so that everyone knew what to do and what to expect.

Dr Temu also encouraged CHS members to embrace the concept of Alesco Payroll which CHS together with the National Department of Health were facilitating.

"I do encourage you to pursue this initiative within your own facilities as this change will bring with it a number of opportunities. It also brings nothing which should cause you any concern and in no way changes how you manage your affairs," he said.

Alesco Payroll is an NEC decision allowing for all CHS health workers to come on Alesco Payroll. It is anticipated that this will happen in the near future pending outcomes from relevant government departments.

The health minister said K50 million has been allocated by the government for the refurbishment of district hospitals in the country whether government or church run.

The amount each hospital is given depends on their submissions to the Health Department. Funding the hospitals apply for can be used for upgrade, renovation or maintenance.

He urged health managers at the conference who had district hospitals in their provinces that information had to be shared and communicated properly to the health secretary and deputy health secretary's offices for approval of funding.



Health Minister Sir Puka Temu at the official opening of the 48th CHS Annual Conference

Temu said the health sector was one of the priorities of the O'Neill government and the Prime Minister was fully committed to supporting health as one of the top five government priorities.

He further added that while the health budget was more than K1.3 billion, which is ten percent of the national budget, the prime minister had made a commitment to fully support the health sector.

"Our challenge is to manage our resources so that all involved have access to these resources with the advanced establishment of the district hospitals," Temu said.

Meanwhile, one of the challenges currently facing the health sector is the Community Health Post (CHP) project which aims to have a CHP in every community.

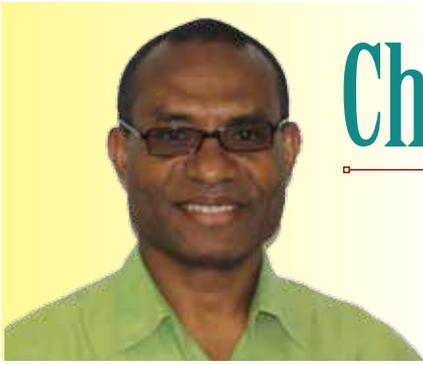
Funding support has come from Asia Development Bank (ADB), The World Bank and AusAID towards this project

Temu also pointed out that there is a shortage of health workers in the country and the government had to recruit trained health workers from other countries to fill in the gaps.

"More money must be given to the Training Schools to train more health workers to increase the health workforce," he said.

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Chairmans Note...

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

Six months has passed and we are into the second half of the year. From the time of the annual general meeting (2018 conference) in April, It is almost 2 -3 and half months into implementing some of the key decisions passed from the conference.

Refreshing your minds back to the conference, Many of you might agree with me that it was quiet a different experience at this conference based on many points you can think of, but I am thinking of some agendas that the conference took up with boldness to ensure our CHS Act and Constitution is not compromised further.

You have observed your Executive Board standing up to provide good governance enabling the office of the CEO and secretariat to uphold our own CHS ACT and Constitution applying on some very important agendas. From the conference to now, the agendas relating to GoPNG Church Grant funding, secondly, the agendas relating to registered and none registered facilities, thirdly, registered agency members and associated members verses none registered agency members and associated members and staff ceiling and staff funding continues to be some of the main agendas of the board.

The board also would like to see the upholding of CHS Act and our Constitution at all levels of your administration and management at your

work place, including at your provincial CHS level. These policies provide good governance in our work. Let me encourage all agency members in each province to talk together, work together, help each other on common issues and work together as CHS team to strengthen 'Provincial CHS Team'.

At the provincial level, start addressing very important agendas on facility registrations, facility funding, staff agendas, processes of lodging application for agency member or associate member to CHS PNG, venturing into other avenues of resource sharing between your provincial Health Authorities and or Provincial Health Departments. All these should enable you to think nationally and locally focus your needs to 'Service Level Agreements' between you and your province. Congratulations to Eastern Highlands Provincial CHS & Eastern Highlands Provincial Health Authority; the Executive Board is anticipating the CEO and secretariat support to other provinces for your signing soon.

Allow me to emphasize strongly the importance of the compliance to our own policies in the CHS Act and Constitution on standards in the management of your -

- Your individual Agency's administration and management – in line with your church policies aligning them to CHS Act and Constitution on health work matters
- Financial management & administration – financial reports and acquittals including audits
- Facility program management for effective service delivery, etc.

Let me also emphasize the need to maintain

continues communication with our CEO and the secretariat. Always address issues to the attention of the CEO, the office will always help provide advice to you. Furthermore, take heed to certain circulars and advice from CEO and secretariat on matters needing your information and compliances. Report transparently your financial capabilities and in capabilities, of which some of you are excess to other outsourcing of financial support; these all together compliments a good financial report for CHS PNG.

Among others, these are of high importance There are many external factors and challenges that hinders our service intentions to our people; but if we don't consider internal factors, they can be very disturbing hindrances to expected service outcomes and administrative standard outcomes. I emphasize again, most of these internal factors are known to you all and needs addressing.

Your Executive board is very mindful to continue upholding the CHS Act and Constitution and its applications enabling good governance. The CEO, Mr. Tapia & the Secretariat have been tirelessly working on important agendas including resolutions from the 2018 conference . We all can work together to make CHS PNG an organization many partners can continue to have trust and confidence in us amongst other like organizations and before our government.

Together, as CHS PNG Family, we can be a unique partner to the government in our health service delivery to the people.

Japelis Kaiok
Chairman - Christian Health Services PNG



From the CEOs Desk...

Christian greetings from Christian Health Services. We continue our prayers as we continue in our struggles to provide health services to the rural majority and the urban disadvantaged during times of disaster and resource constrains. More burden and stress continue as we are now faced with the need to contain the outbreak of Polio and Measles in PNG. We acknowledge and thank the Government, Development Partners and the NDoH partnering with us at service provision level in the respective provinces to contain the disease out breaks. For the long term, cold chain equipment, vaccine care procedure guidelines and routine immunization clinic outreach patrols are top on the list for Christian Health Services for effective and efficient immunization.

Issue 16 of Health Toktok presents to you the Health Ministry's priorities as outlined by the Minister for Health during the 48 CHS National Conference. The CHS Annual General Council (Conference) discusses the importance of agencies complying with the standing policy guidelines of CHS when in the process of providing services to our people.

Regional updates include the signing of the MOA between CHS and the Eastern Highlands Provincial Health Authority. The provision of Primary Health Services by the Foursquare Living Light Health Services in the National Capital District. This is followed by health promotion activities in the Momase Region through the EDEN (Empowering Development, Empowering the Nation) concept. Positive stories on the promotion of Primary Health Care Services and the church - government health services partnerships in containing the whooping cough outbreak in the Sepik Region of PNG. Other exciting stories in the region includes the staging of a Health Expo by the SDA Health Services in the East Sepik Province that was officiated by high profile government authorities in the Province.

Specific articles include an update of the Revised Health Care Manual for Community Health Workers and the contributions made by various CHS

member agencies, individuals and and companies to support the earth quake relief efforts in the Hela and Southern Highlands Provinces.

The concluding pages present pictures from the 48th CHS National Conference and figures demonstrating the number of Health Information Reports received from the agencies in the provinces. Reporting has now become very poor and it is now becoming obvious that, the NDoH is now demanding for activity and Finance report from CHS. Therefore; the CHS Executive Board has now given till the end of August 2018 for all agencies to send in all their acquittals backdating from January of 2016. Funding for those non-complying agencies will be withheld and includes salary funding. Specific directives will be issued to the concerned agencies shortly.

Thank you all for reading this issue of the CHS Newsletter which keeps you informed on the challenges and progresses experienced throughout the various CHS Member agencies throughout PNG.

HAPPY READING!
Ulch Tapia
Chief Executive Officer, CHS (PNG)

CHS Eastern Highlands first to sign partnership agreement with PHA

It all took place on the 28th of May 2018 at the National Sport Institute in Goroka, combined with the official launching of the Eastern Highlands Provincial Health Authority five years corporate and health infrastructure development plan.

In line with the National Health Sector Partnership Policy 2014, the National Department of Health drafted a first partnership Health Care Service agreement document for Christian Health Services Papua New Guinea and the second draft document was for Christian Health Services in their respective provinces to sign a Service Level Agreement with their Provincial Health Authorities, Provincial Governments or District Development Authorities.

Christian Health Services and the National Department of Health – partnership or Health Care Services agreement document was signed between Christian Health Services of Papua New Guinea and the National Department of Health in 2017 for a three year term.

Christian Health Services Eastern

Highlands once again took the initiative ahead of all other provinces and made the occasion a memorable one with the support of the Eastern Highlands Provincial Health Authority. (PHA)

It was quite a task that needed commitment and thorough thinking because of the very important function of the agreement which is service delivery.

The agreement was signed by the Chairman of the Eastern Highlands Christian Health Services, Mr. Fallah Lowatigi on behalf and the Chief Executive Officer of the Eastern Highlands Provincial Health Authority, Dr. Joseph Apa.

The Chairman of the EH PHA Board was not able to be present for the signing.

Mr. Ulch Tapia, the Chief Executive Officer of Christian Health Services Papua New Guinea witnessed by counter signing the agreement and this is in line with the over-arching agreement between the NDOH and CHS PNG in 2016.

Mr. Japalis Kaiok, Chairman of the CHS PNG Executive Board and other members of the Eastern Highlands Council together with senior management and staff of the

Eastern Highlands PHA witnessed the occasion. The service level agreement signed was for a three year term.

The main purpose and principals are;

- For each Partner to fulfill the requirements set out in the Agreement
- Strengthen and improve the current arrangement
- Improve funding, transparent management and reporting
- Improve Health Services delivery in the province
- Working collaboratively towards common objectives
- Work together under one Provincial Health Authority in the province
- Provincial Agreement – Service Agreements (PHA)

Eastern Highlands Christian Health Services consist of ten individual member churches that operate health services in the province which includes one training school, namely Independent Baptist, Catholic, Evangelical Brotherhood Church, Faith Mission, Foursquare, Evangelical Lutheran Church of Papua New Guinea, Open Bible Church, Seventh Day Adventist, Summer Institute of Linguistics, Salvation Army and Onamuga Community Health Worker training school.

The Catholic Health Services is still an integral part of Eastern Highlands Christian Health Services as there is no barrier see in working together because at the end of the day Catholic Health Services and CHS (PNG) still serve the same people.



(Centre) Fallah Lowatigi representing CHS Eastern Highland and members of the EHP PHA during the signing of the MoA.

Kaugere clinic paving the way in health service for Moresby South



A patient getting checked by a health worker at the Kaugere Clinic

THE Kaugere Clinic, a facility of the Four Square Living Light Health Services is well renowned for its health services for the majority of the population in the Moresby South electorate in the Nation's Capital.

The clinic serves a population of about twelve to fifteen thousand an increase from initially 8,000 people with the closure of the KilaKila clinic.

People visiting the clinic come from around Gabutu, Kaugere, KilaKila, Sabama, Horescamp and Korobosea. The overall population catchment area stands at 40,000 people.

Health Manager for the Four Square Living Light Health Services Josephine Pandi Mamis said almost every day the clinic saw almost 300-400 patients.

"With the closure of the KilaKila Clinic, people from around Sabama and

Horescamp also come here. I am thankful to God that we have dedicated health workers here who serve the people with commitment and dedication despite our many challenges,"

These challenges include lack of proper medical equipment, drug shortages and delays in operational and salary grants.

"Despite these challenges, through the hand of God and his grace, Kaugere Clinic has managed to stay open and serve the people," Josephine said.

The clinic provides these services:

- Curative Health Services which include Out Patients Screening, consultation clinics/ medical examinations and oral health
- Family Health: Safe Motherhood practises, Family Planning, Antenatal Care, Well Baby Clinics, Immunisation and

Nutritional Status (5 years)

- Communicable Diseases: Tuberculosis, Malaria, STI and HIV/AIDS
- Non-Communicable Diseases: Promote Healthy Lifestyles

Additional services include a mobile health clinic, TB laboratory, Sputum microscopic and Gene Xpert to diagnose TB, six- bed day ward and a recognised VCCT site.

Communicable diseases such as TB are on the rise in Port Moresby South with almost 300 confirmed cases reported a month. It is not known the number of unreported cases. As in the case with TB, testing for HIV/AIDS is also done. Leprosy is also spreading.

Gender Based Violence (GBV) has also increased and there a lot of people especially women who come in for support.

Living Light Health Services future goals include:

- conducting more regular outreaches into the communities and the remote areas to evangelise and to provide free basic medical services;

- Give full support to a six year project with FHI 360 in strengthening HIV/AIDS services for MARPS in PNG

- Work in partnership with the government for the construction of a new paediatric hospital in the next five (5) years;

- Partnering with possible donors in the future to further extend the work of LLHS

The clinic had its open day in March in commemoration with World TB Day with the theme "Kick TB of NCD". The public had the opportunity to go for free health check-ups and to see what services were available at the clinic.

Good understanding with partners has enabled the Kaugere Clinic to progress in serving the health needs of the people in Moresby South.

EDEN... knowing no boundaries

The Effective Development Empowering the Nation (EDEN) training has branched out to Markham in the Morobe Province from East Sepik last December and the recipients couldn't have asked for a better Christmas present. Their request for the EDEN training came after discussing amongst themselves about healthy village and the Healthy Island Concept, which the Health Inspector of Markham District Health office had told them about. The District Health Inspector visited their village earlier and talked about cleaning their village, building good toilets and also did some awareness on nutrition. This was the topic of discussion in every homes and in every community meeting. Without any idea of what to do and how to do it, they started cleaning their village, cutting down some

coconuts only to find out that the village was split into two factions: Those who were for and those who went against, especially cutting down coconuts to clear the village. "However at about that time, I had gone to visit my family in that village and I was called to the village leaders meeting and asked if I can talk to them about Healthy Villages. I discussed further with them about the EDEN program and this really interest them so the deal was sealed that the EDEN Training would be conducted in the village," Mr Malaitom said. The EDEN Training was conducted in the village of Insi in the Umi Adzera LLG in the Markham District of Morobe Province on from the 14th -20th December 2017. The local villagers were very interested and attended the training and saw it as a special Christmas gift.

"After three days of going through the training, I saw people chopping down coconuts and pulling strings to create footpath and making flower beds to plant flowers. Praise the Lord this was the group of people who were not totally against the idea when the people were discussing healthy village," Malaitom said. "Moreover the people organized themselves and fixed roads during the training week and I saw the hunger in them that they want to see change. After the training the people expressed that now they know what a healthy village is." At the completion of the training, the people selected committees for the EDEN program and called it Healthy Village Committees. These committees will report from time to time any changes the people have gone through to Mr Malaitom.



Healthy Village setting in progress after the EDEN training

Church and Government join hands to combat whooping cough outbreak

By Malaitom Ibbis
SDA Health Services, ESP

A TEAM comprising of SDA Church Health Services and East Sepik Provincial Health, particularly Boram Hospital, Wosera Gawi and Ambunti districts were sent to May River area of the Tunap Hustin LLG in the Ambunti Drekkir District to attend to a whooping cough outbreak.

The situation was reported to the District Health Manager, Dominica Wain by the village people and logging workers in the area and an assessment of the situation was done prior to the team going into the area.

Whooping cough is an infection caused by a germ (bacterium) called *Bordetella pertussis*. Whooping cough is also known as 'pertussis'.

The bacterium is spread to others through contaminated droplets in the air, produced during coughing. It can also be spread by close contact with an affected person. The bacterium attaches to cells which line the airways. It then multiplies and causes the symptoms.

Bordetella pertussis bacteria affect the lining of the airways in some way to cause the cough to continue for a long time after the bacteria have gone.

In her report, Wain stated that whooping cough took had taken the lives of thirty children aged between 12 months and 10 years and a team was organized and sent to the Ama area in May River of the Tunap Hustin LLG.

The team comprised of HEOs, nurses and volunteers from Boram Hospital, SDA



Health Services, Buruwi Health Centre and Ambunti Health Centre. They travelled to May River to deal with the outbreak from February through to March.

Medical supplies and food were brought in by road to Pagwi and delivered to May River Health Centre by dugout canoe and dinghies taking a full day while the team from Wewak Boram Hospital travelled by MAF to the nearest Hauna airstrip before taking a two hour dinghy ride to the health center.

While being stationed at May River Health Sub Centre, the group split into four teams so they could visit all the villages along the rivers of May and main Sepik River and the small tributaries joining them.

The teams went with medicine and vaccines and checked everyone from babies, children and the young and old

thoroughly and had them treated. All children from 0 years to 15 years were vaccinated with measles, pentavalent, PCV13 and BCG and Tetanus Toxoid respectively.

While in the area, it was found that the whooping cough was concentrated in the mountainous area of Ama and Iteli which border with West Sepik Province and is geographically very remote.

The nearest health facility of is the May River Health Centre.

Special acknowledgement to the Member for Ambunti Drekkir, East Sepik PHA and CHS through the Sepik SDA Health Services for funding the outbreak program and special gratitude to those health workers and officers and volunteers who were involved in the outbreak program.

Revised Health Care Manual takes shape

THE development of the revised Health Care Manual 3rd Edition for Community Health Workers and review of the chapter content continues to progress.

To date thirty four writers have been tasked for 50 chapters (with 42 chapter drafts delivered); and 30 chapters have so far been revised or drafted by project team members. Many subject matter experts (approximately 40) have also been consulted by writers and the project team.

These processes will continue in an intense effort now to complete drafts of the remaining chapters. There is a huge volume of work involved with a book of this size and scale.

Once the writing of all chapters is completed, and the Technical Review Panel has completed reviews of the content of all of the chapters, editing, publishing and production stages will reach their peak activity levels to finalise the book for printing and release.

Community Health Workers are vital for providing primary health care to the people. They are a first point of contact for those who need health care, and in rural and remote areas they are often the only available source of medical assistance and health education for the community.

Community Health Workers greatly value the Health Care Manual as a practical resource.

The Health Care Manual has not been updated in 20 years, and is out-of-date, and out-of-print.

The HCM3 project is led by the Baptist Union of Papua New Guinea (BUPNG), and supported by its Project Management Team. Key stakeholders supporting the project include the Church Partnership Program (CPP), Christian Health Services (CHS), National Department of Health (NDoH), and Australian Government (DFAT).

The project aims to:

- Develop a fully revised and updated 3rd edition of the Health Care Manual (HCM3), based on current health care information and suitable for use by Community Health Workers (CHWs) to meet PNG health standards.

- Distribute 15,000 free copies of HCM3 to all CHW training schools and CHWs across PNG.

- Build knowledge and skills of publishing processes for all involved in the project. A high priority has been to ensure local participation in PNG in health content development and publishing processes. The 2017 project evaluation confirms that by the end of January 2018, we have exceeded the target of over 50 contributors involved in HCM3.

The project will take 3.5 years from mid-

2015 to end-2018 to enable involvement and endorsement by the relevant parties in PNG. The total project investment will be PGK 3.31M (~AUD 1.5M).

A key milestone for the project occurred at the end of February 2018, when the Project Management Team and the BUPNG Executive Leadership Team formally reviewed the Year 3 work plan for the project.

It was determined that a brief extension is needed to enable successful completion of the Year 3 tasks, and to give the project time to secure the funding needed to complete Year 3 tasks, as well as the Distribution Plan and Sustainability Plan.

Work is still needed to secure the funding needed to complete HCM3.

To ensure the project budget can stretch as far as possible, face-to-face meetings planned for May/June will be postponed until later in the year, and communication will continue by technology.

The Project Manager will continue to ensure that all key stakeholders are kept up-to-date with project developments.

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(left) CHS Chairman Japalis Kaiok, CHS Board Member Rev James Koi and CEO Ulch Tapia (right) receiving a cheque of K5,000 from Holiday Inn Management.

SUPPORT through pledges and donations towards the Hela/Southern Highlands Earthquake disaster have shown the generosity of individuals, health agencies and

organisations which was evident during the 48th Annual CHS Conference in April.

Chief Executive Officer for CHS Ulch Tapia acknowledged and thanked all that had

Support for earthquake relief

contributed funding showing their support for affected CHS agencies in Hela, Southern Highlands and Western Provinces.

He said unexpected things happened and as such nature had its way of speaking. "It is good to join hands together to support those people that had been affected by the earthquake in one way or the other," he said.

Acknowledgements go to the following:

1. Holiday Inn: K5,000
2. CBC Sandaun: K2,000
3. EBC EHP: K2,5000
4. Lutheran Health Services: K4,000
5. Anglican Health Services: 1,000
6. United WNB: K100 (individual contribution)
7. United NGI: K1,200
8. Faith Mission: K150
9. Unknown: K5,000

The funds will be used for rehabilitation in the areas which have been affected by the earthquake. A total of K20, 950 has been received for this relief aid.



Taking a pro-active approach to health promotion

THERE is an emerging crisis in the health sector with drug shortages at major hospitals, funding cuts, shortage of health workers and long queues of the sick and terminally ill waiting to be treated.

This is real. Mainstream media and social media news articles have captured the declining state of the curative health system due to economic and social factors beyond our control.

And it is why there are drug shortage and long queues of patients fronting up at the health facilities every day. People have been trained to think that once they get sick, they will run to the hospital and health centres for medicine and treatment.

But what happens when there is no medicine to treat the sick?

This is where taking a proactive approach to health promotion is demanded by all health workers. This means being more preventative focused than treatment focused (curative).

Prevention is better than cure. A term used widely in the health sector

Being observant, most health workers focus now is taking a reactive approach, meaning “treatment focus”. Most attention is not on having a proactive approach, meaning less attention is given on promoting prevention.

The implementation of the Health Promotion Policy has been sluggish and slow, as more health attention and concentration is focused on curative services, as a result, individuals, families and the rural communities at large are not being effectively informed and empowered well thereby enabling them to control, own and sustain the status of their own health.

Therefore, the health status of our people in the rural communities still remains unacceptable.

There is still a great need to implement National Health Policy on Health promotion effectively by applying a holistic approach in community participation, building relationship within communities, using culturally relevant and communication strategies and utilization of the health workers act as health promoters.

These are very crucial in addressing the issues mentioned and to improve the health status of our people in the rural communities otherwise the impact of the program will not be seen and felt by targeted stakeholders and communities and the continuous health issues will continue.

The National Health Plan 2011 – 2020 states that the vision for PNG is “to be a healthy and prosperous nation that upholds human rights and our Christian and traditional values”.

Christian Health Services as the overarching body looking after the Christian Churches of PNG inherently and historically has been and will continue to be a leader in promoting this ethics.

For many years churches in PNG have been central to communities, working with marginalized individuals, women and children or, in conflicts, bringing reconciliation and peace.

They have encouraged empowerment and social action at the grassroots level and work towards being the link between national policy and service delivery to communities.

Some CHS agencies have been working

quietly in the background on some of the very strategies for the Healthy Island Concept outlined in the National Health Policy on Health promotion such as; Community Participation, building relationship with communities, using relevant cultural and communication strategies and utilization of the health workers act as health promoters.

Some churches and their health agencies such as Nazarene Health Ministries, EBC Health Services, CBC Health Services, SSEC Health Services and many others have seen the impacts with evidence of “healthy villages settings”, which has empowered their communities and the individual to take ownership and direction of their health and the health of their families in those communities in those provinces that they serve within the country.

Therefore, with these experiences of the health promotion program activities being implemented by many of CHS Church Health Agencies around in the country, CHS has established its strategic structured Health Promotion Program, and committed to implement core activities of the Health Promotion Policy using EDEN holistic approach as to embrace the sector’s strategic KRA 7 in the National Health Plan 2011-2020.

EDEN is an acronym for Effective Development Empowering the Nation. From a biblical perspective, EDEN refers to the Garden of EDEN, which Churches believe can empower communities to at least adopt to the concept of a healthy, happy and beautiful place similar to the Garden of EDEN created by God for transformation and to impact sustainable healthier lifestyles.

Health Expo a success



East Sepik Governor Allan Bird officially opening the program

MANY of our people are suffering from non-communicable diseases and they are not aware of it.

A free health expo was organised by the Seventh Day Adventist Health Ministries and the Adventist Health Association in the East Sepik in June which included free weight, blood pressure and blood sugar checks and Body Mass Index (BMI) checks at the Sir Thomas Somare Stadium.

“Healthy By Choice and not by Chance” was the theme of the expo focusing on non-communicable or lifestyle diseases.

It was a privilege to have East Sepik Governor, Honorable Allan Bird officially open the health expo with the presence of the East Sepik PHA CEO, Mr Mark Malaudu on Monday, 11th June, 2018 and the East Sepik Provincial Administrator Dr Clement Malau, who closed the program on Saturday 16th June, 2018.

The expo has helped many people in Wewak and even those living outside of Wewak.

People who attended the health expo said

the program had brought these simple health assessments to the simple people which had helped them very much to see their lifestyle trends and how they could improve.

Presentations were done by invited guest from Sydney, Dr Chester Kuma and local Doctors from the Boram General Hospital.

The free weight, height, blood pressure and glucose checks were done during the day and presentations by the doctors and the results from those who had attended and taken part in the health checks were very interesting.

Interestingly, many people who came were very surprised to know the status of their health and some even found out that they

had high blood pressure and high blood sugar levels, five of which were classed as an emergency and referred to Boram Hospital.

Those who came late complained the health program should have gone for two weeks many of them students. They were turned away on Friday because time had caught up.

Seeing this as a positive response to the health expo, the SDA Services in East Sepik will plan for a better improved health expo come 2019.

*Story and pictures by Ibbis Mailatom
Health Manager
Adventist Health Ministries, East Sepik*



Free Blood Pressure check at the Health Expo

Economic status impacts health sector

ECONOMICAL downturn and the drop in prices of PNGs major export commodities is affecting government revenue and the service delivery of important sectors.

A presentation by chief economist for the National Department of Health Mr Navy Mulou outlined the trend of the economy over the past five years and projected that the economy would slowly pick up again in the year 2021.

“Oil and Gas, the primary export commodities for the country have hugely dropped in their prices thus affecting government revenue and this situation is projected to prevail until 2021,” Mr Mulou said.

The challenges are real at the sector level with health as no exception:

With the delays in grants, health workers are already feeling the harsh reality of the current economic situation.

Mr Mulou outlined that the level of budget appropriated to CHS is erratic. Not only that but it has also declined in nominal terms.

The 2016 & 2017 budget appropriation for CHS was reduced by 4.6%. The 2017 & 2018 CHS Budget appropriation was further reduced by 32%. *“The Budget decline is likely to continue over the medium term,”* Mr Mulou said.

The impact of the funding crisis on CHS agencies is obvious. Mr Mulou outlined that one of the major impacts was delayed salaries resulting in staff morale being affected. Not only that but operational funds are stalled, Rural Health Services

delivery is affected, clients are denied health care (bottom line) and some facilities will resort to charging user fees, especially level 1-3 facilities.

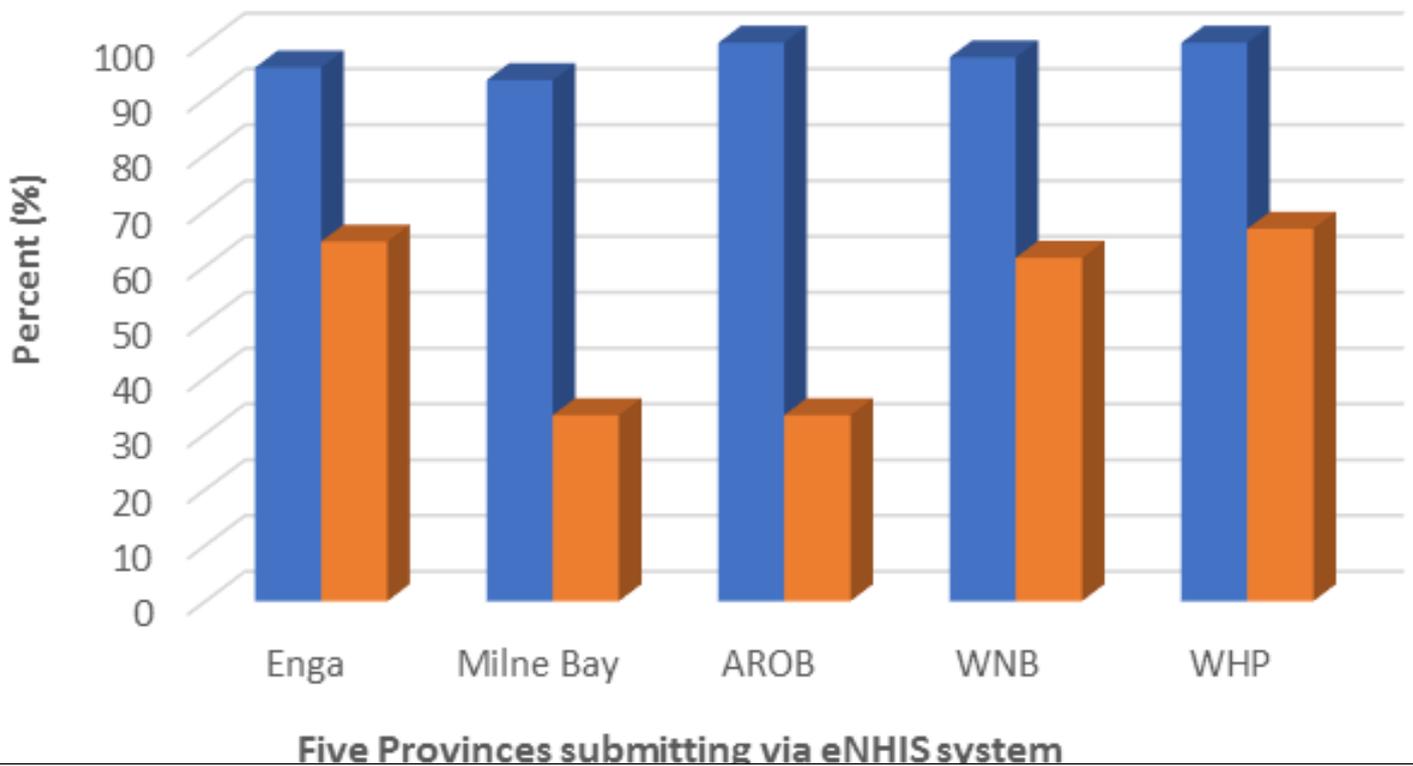
In the worst case scenario, closure of health facilities are imminent.

While the situation remains as it is, ways forward to address the immediate challenges include:

- Continued serious dialogue with Treasury & Finance by NDoH to ensure that disbursements of health sector operational funds i.e. CHS Grant, HFG, FHC Fund, Hospitals Operational Funds etc, are prioritized or given priority over other agencies disbursements.
- Prioritisation becomes important

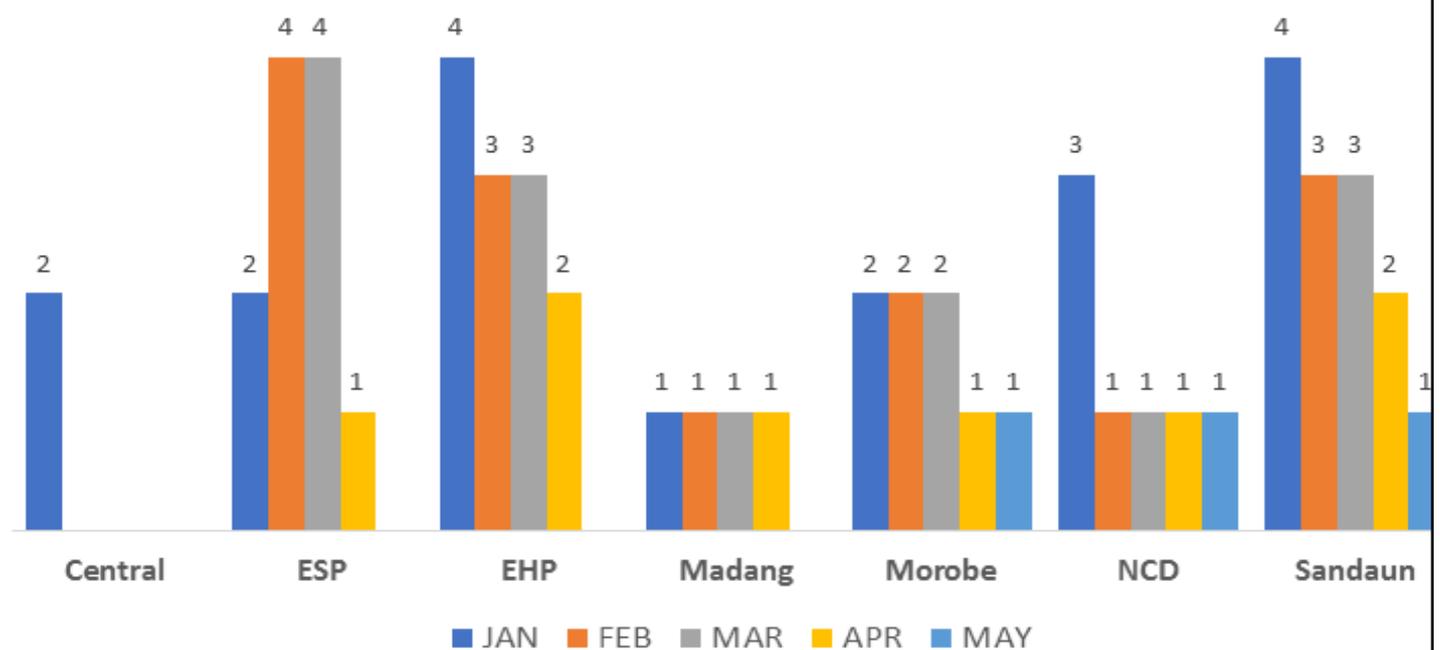
NHIS Reports by Province for Quarter 1&2, 2018

Reports received via eNHIS system



Number of Reports received by Province: Jan-May, 2018.

Reports received via mWater: Total Reports received= 57



Note: Reports received via email attachments and or through Post office is not included, but will be included in the next Quarter, as to date only a few reports have been received so far. Also note that in the next Quarter, Finance Reports will also be presented.

2018 CHS Conference in colour..



2nd quarter updates...

Notice Board

Hi Everyone!

Welcome to the June Issue of the CHS Quarterly Newsletter. Half of the Year is gone and we look forward to the second half of the year with much anticipation and optimism.

For those who have supported the newsletter by sending information for inclusion every quarter, we are very thankful indeed. Keep sending those information and news item to us so they can be included in the quarterly newsletter.

A lot of things happened in the second Quarter of 2018. I will try and highlight some of those events for you: A lot of Activities also at the CHS Secretariat level did not eventuate due to re prioritization of activities coupled with the funding constraints that seems to envelope us all at this time.

Well at least the "turn around time" for the dispatch of the grants has slightly improved we hope it will remain this way for the rest of the year. Instead of the 2-3 months in arrears for the release of the grants the delays are only for less than 2 months now.

1. The Information reaching us for the Payroll information is still very slow. We plead with the Health Secretaries to adhere to the instructions and send us the information quickly for our use.

2. The Meeting with the World Bank Group took place as planned. Information from two agencies was used to frame answers for their specific queries to us. Thank you to Nazarene Health Ministries and Lutheran Health Services for the sent information to the request sent.

3. An issue concerning the PHA and its membership has reached our office for clarity. Please forward queries to the CEO and the Deputy for clarification on this.



Bernard Rutmat, Deputy Executive Officer

4. The Annual Conference for CHS which was held in Port Moresby from the 23rd -26th of April 2018. From the conference evaluation I have provided an Analysis of the Conference which will be presented to the Board in their next up and coming meeting.

5. We seek your continuous prayers for our cause.

Some reminders for ALL:

June Grants:

1. We await the release of the Cheques for the Month of June Grants. We will keep you all posted on this very important matter. Once information reaches us

2. For those Agencies who are not sending in their financial reports and Acquittals please DO SEND THEM as we require them for our own reporting as well. As we are constantly giving the same excuses for the lack of reporting on behalf of the Agencies we need to get out of this attitude and actively send us the reports on a timely manner.

POLIO OUT BREAK (cVDPV outbreak in PNG.)

3. By now all have learnt of the Polio outbreaks in three Provinces already. The three provinces identified are Eastern Highlands: Morobe and Madang: Provincial CHS contacts in these Provinces have been contacted already for up to date information on this Emergency.

Further developments on this outbreak will be the responsibility of NDoH in consultation with the respective provinces and stakeholders.

NHIS

4. In this Issue of the Newsletter we are providing an update on the reporting status on the five (5) provinces under the eNHIS. Please observe the information and comments offered by the M&E officer per se.

Nursing Council Road Show goes to Madang:

5. The Nursing Council of PNG is doing a Road Show trip to Madang this month. Nurses and Health Secretaries of the Agencies in the province are encouraged to attend. I will communicate with the Health Secretaries of Provincial CHS Madang once the dates are confirmed. Thank you ALL.

1. We have information that there are some technicalities in relation to the release of the June Grants. The release of the June Grants will be delayed for some time yet. For your information only.

2. At this time I repeat the call for the information from the Agencies in relation to the most recent salary information to be forwarded to us. It has been a month since the circular was sent out and the silence on this matter is quite deafening at the moment.

3. Are there still interesting news coming out of our Agencies at the moment? Please share them with us by sending the story for inclusion in our 3rd quarter newsletter edition.

4. The issue of timely reporting on the usage of funds by our Agencies and their abilities to report back on the same is causing some anxiety and stress at our levels. (NDOH and CHS) Some agencies are not reporting at all. More information on this later.

5. With the current economic situation pertaining to delays and cuts in government funds as all maybe aware of, Health Managers please manage the funds received by your agencies wisely. We do not know how long this situation may last

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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