



Health Toktok

Official newsletter of the PNG Christian Health Services

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Nazarene Health Ministries celebrate 50th anniversary



“Pasin bilong helivim ol man na meri mas noken stop. Yumi mas bung wantaim na helivim olgeta lain.” (The attitude of helping other people must not stop but we must all work together to help everyone).

These were the words of Dr Ben Ward, Director of the Nazarene World Mission Society at the celebration of the Nazarene Health Ministries 50th anniversary in Kudjip, Jiwaka Province on March 18th.

Dr Ben along with other missionary leaders of the Church of the Nazarene and their families travelled as far as the United States, Australia, New Zealand and South East Asia braving the rain and mud to be a part of the occasion.

Many had come and lived as missionaries in Kudjip serving at the hospital and ministering the word of God to the people. Others were children of the early missionaries whom had already passed on.

The Kudjip Nazarene hospital was first established in 1967 by these early missionaries and has since grown into a large hospital providing health care service for the people of Jiwaka and Western Highlands.

District Superintendent of the Nazarene Church in New Zealand Dr Neville Bartle said the hospital had grown into a first class health facility adding that God had blessed work of the missionaries and the hospital

had grown and so had the community.

Dr Bartle and his wife Joyce were early missionaries to Kudjip when the hospital began operations. He was a laboratory technician and Joyce a nurse. They both married at Kudjip.

He thanked the missionaries and encouraged people to let God lead their lives so they could fulfil the purpose he had for them. “Regardless of what denomination we are in, we are all the church of Jesus Christ and we must give ourselves back to God,” he said.

The Nazarene Kudjip hospital is the biggest health facility in Jiwaka. From its humble beginning in 1967 to where it is now fifty years later, it marks the growth of the healing ministry started by the early missionaries.

General Superintendent of the Church of the Nazarene Dr David Graves acknowledge the work of the missionaries in Kudjip and for their faithfulness and ability to carry out the healing ministry at Kudjip and Jiwaka province.

He said: “Thank you for never losing your vision through the challenges and struggles and thank you for touching tens of thousands of lives here and for being Disciples of Christ.”

Christian Health Services chief executive officer Joseph Sika thanked the missionaries whom he said had done their very best to provide the healing ministry at Kudjip.

He added that Church Health Services in partnership with the National Department of Health would continue to support the work of the Churches throughout the country.

A huge crowd turned up to witness this occasion including Governor of Jiwaka Dr Willie Tongamb who thanked the missionaries on behalf of the people of Jiwaka on their commitment in providing health services in the province.

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From the CEO's Desk...



Dear partners, stakeholders and contributors of the CHS quarterly newsletter.

The year 2016 has lapsed quietly but quickly and we are in to the 1st quarter of 2017. Not long we will come to realization that 6months of 2017 has already passed by. We can thank God that we have come through the fiscal year despite the shortfalls in our budget and financial appropriations. Off course we did receive almost 95% of our budget for 2016.

As usual, many developments have evolved around the first quarter of 2017 and time and space won't permit to capture every event..... from reading through this issue, you will tell of some major events that has taken place;

Many of our training institutions have graduated huge numbers of students that will become the health workforce of our nation.... we continue to support the NDOH in this endeavor and we will continue to do that. CHS Secretariat has been invited to attend and participate in some of these graduations and we acknowledge those invitations.

The hot agenda for Alesco roll out for all CHS employers has progressed well with 4 consecutive meetings. An organizational structure to improve the capacity of the CHS Secretariat has been endorsed by the SEM of NDOH. Once all formalities are complete by DPM, The Secretariat staff will be next group to be on the Alesco.....CHS greatly acknowledges the determination of the Technical Working Team leader, who is none other than Mr. Paul Dopsie.....thank you very much. A special thank you also goes to Ms. Emily Kari of CHS for her tireless efforts in compiling all other documents for the smooth rollout of the Alesco payroll.

All four regions of the country have had their regional CHS conferences reflecting on their achievements and challenges faced over the past 12months. All regions had a farewell feast to say thank you to the outgoing CEO Joseph Sika. Once again, thank you olgeta.

The Nazarene Health Ministries, Kudjip Hospital celebrated its 50th anniversary in serving the people of Jiwaka, WHP and other provinces in providing quality health care. It was a week-long celebration with speakers from the churches' headquarters in USA and abroad. Much feasting and presentations of gifts and awards to long serving employees... some of them have been very faithful in serving God through the Nazarene hospital in various capacities for 40 years and over.... Congratulations to you NHM!!!!!!!

We encourage all our CHS agencies to continue to support the newsletter as a means to bring awareness and advocate on

Centralised gov't payroll enters next phase



Executive Manager Corporate Services NDOH Mr Paul Dopsie during an Alesco meeting at the CHS Secretariat office urging all partners to get the centralised payroll for CHS up and running.

THE next phase of the roll out of the centralised government Payroll System Alesco will be made shortly with the Christian Health Services National Secretariat as the next recipients to go on Alesco Payroll.

Currently the CHS (PNG) senior management team are having regular meetings with representatives from the National Department of Health, Department of Personnel Management, Department of Finance and Department of Treasury on the way forward for this action.

It has been a priority of the government for all Church health workers to be on par with government standards mainly personnel emoluments (salaries) so that they are remunerated well for their services.

Deputy executive Officer for the Secretariat Bernard Rutmat said CHS going on Alesco is a way forward in terms of empowering staff to be remunerated well and to fall in line with government standards.

"We at the secretariat are slowly coming on board and are excited

about the concept. It is a challenge, especially with the service centers but we are getting there," Mr Rutmat said. He added that bio data collection was challenging given the various geographical locations in the country and availability of resources and also the validity of the data collected.

The CHS Secretariat staff are embracing the changes as they come with a few matters yet to be finalised for Alesco including confirmation and endorsement of the new structure, confirmation of establishment of payroll and input of staff bio-data.

Executive Manager Corporate Services at the National Department of Health Mr Paul Dopsie has stressed that it has been one of the priority's of the government to have Church Health Services on Alesco and that it would eventually happen.

CHS together with other key partners from the government are working closely together to fulfill this task.

Meanwhile, staff at the Secretariat are embracing the new changes.

what you are doing.....remember, there are people out there wanting to know what you are doing, CHS newsletter is an avenue to tell a story of who, what and how you are doing in those remote rural places....

I wish every ready enjoyable reading and supporting in your own capacity for this newsletter publication and other causes for

that matter....

You will not see me anymore under this column but I wish to see Gods hand in this very vital communication strategy....the CHS newsletter

Joseph Sika
Chief Executive Officer
Christian Health Services PNG

Health workers enhance skills knowledge

A NURSING officer and two community health workers have been adequately equipped to work in their health centres after attending the first ever refresher course at Kapuna Hospital in the Gulf Province.

They are Sr. Serah Kurei, Nurse Alice Urai and Nurse Molly Omae, who are now back at their various places of work after completing the course in November last year. Sr Serah is based at the Baimuru Health Centre and Nurse Molly is at the United Church Aid post at Akoma while Nurse Alice works for the RH Logging Company at Purari.

One of the course participants, Sr Serah graduated in 1979 and had never attended any refresher course at all. After 37 years as a nursing sister, she was now able to learn some new things to help her people through the health services.

Program organizer Dr Valerie Archer said that six weeks for the refresher course was necessary to cover new grounds in nursing. The three nurses were the only ones that made it as others were unable to attend due to lack of funds for transport and trouble in accessing their bank accounts to get money for their living costs.

Accessing money from bank accounts and the high cost of traveling are the challenges faced by medical staff in Gulf Province. People wait for days to travel and fuel cost



(left) Nurse Molly, Nurse Alice and Sr Serah with their certificates.-

is so high so only those that have money can afford.

"These three ladies who attended the course crossed many bridges and went through personal hardship to attend the course." Dr Valerie said.

She added that she was proud that the ladies who made it really valued education and had persevered to the end. They had to endure many other factors to attend the training especially leaving their children and husbands at home for six weeks.

Each week the ladies had to work in the different wards and to observe all that was taking place. The nursing officers and

the CHW officers at Kapuna worked with the ladies. They had to attend lectures at certain times to learn new skills.

The three participants were presented with certificates after completing their six weeks courses. They enjoyed their time and took notes during the lectures. It was a time to learn new skills and get new information which will help them in their work in the health centres and aid posts.

Kapuna Hospital plans to do more refresher courses as many health workers in the Gulf Province need to learn new skills and gain further knowledge to help their people in the rural areas.

Discipleship program helps young people

Kapuna Hospital's discipleship program has equipped many young people and recently thirteen young men graduated in carpentry after four months training.

The Discipleship program comes under the Kapuna Fellowship which is part of the Gulf Christian Services (GCS). GCS also caters for the Kikori District Hospital, Kapuna Community Health Workers Training School (KCHWTS) and the Kapuna Rural Hospital.

Workshop Manager, Manoa Ipai said that he was thankful that the young men learnt very well and successfully completed the course. The trainee carpenters were able to identify different sizes of timber and learn how to use different tools.

He told the trainees that since they had completed their course, they must go out and build houses, churches or other buildings for the community such as aid posts and schools. In this way they will still maintain their skills and improve them.

Besides doing practical jobs around the hospital the trainees spent one hour doing carpentry theory. They were taught by Mr Ipai in the classroom. Two other experienced builders also helped Mr Ipai in teaching the boys various aspects of carpentry work.

The trainees were selected from two batches of students who had undergone the Discipleship studies. This is the criteria used in training trainees in the discipleship program. This is the second group of Discipleship trainees who had done the carpentry course.

As part of their training they were able to build footpaths, repair broken steps and mend old verandahs at the hospital wards. They also took part in completing the new computer laboratory for the Kapuna Community Health Worker's Training School.

Apart from doing maintenance work the

young men also took part in spiritual programs such as attending retreats, going out for outreaches and attending biblical lectures to study God's Word.

The Discipleship program was organised by a committee and the Kapuna CHWTS Chaplain, Pastor Michael Koime led the boys in the spiritual program.

During the graduation the Discipleship Coordinator, Akia Ivuka commended the boys for their efforts in learning all they could. He told the trainees they must apply what they learn in their communities and keep away from getting involved in wrong activities.

Mr Ivuka urged the boys to be involved in their church programs and impart what they learnt at Kapuna to other people.

He told the trainees to be committed in their faith and faithfully carry out their Christian duties.

WISIN a precise tool for health statistics

CHRISTIAN Health Services continues to increase partnership with important stakeholders mainly the Department of Health in the initial phase of the Work Load Indicator Staffing Need (WISIN) tool of collecting precise data in regards to staffing and workload.

A team from the Health Department together with CHS Human Resource Officer Emily Kari have covered the Central and NCD health facilities belonging to both government and the church in the late part of 2016 and most recently in February to collect information and using the WISIN tool.

WISIN aims at:

1. Determining how many health workers of a particular cadre are required to cope with the workload of a given health facility
2. Asses the workload pressure of the health workers in that facility (e.g. how many health workers in the facility and number of sick patients seen in a day)

Ms Kari spent three (3) weeks in the Kairuku district of Central Province in February visiting health centres collect data using WISIN.

“This tool is very good as it is quite accurate and helps us to know where to go from here. It gives an assessment of the cadre of health professionals, diagnosis and treatment of illnesses’ and disease, types of services provided at a facility such



Ms Emily Kari says WISIN is a very effective tool for getting precise health statistics.

as outpatients, or specialised services like HIV/AIDS, TB, Malaria or gynaecology,” Ms Kari said.

Overall facility checks were done and three areas were identified as a challenge which were the use of running water, power and communication by way of a VHV radio.

“Most of the fifteen facilities we visited have no running water and operate on solar lighting which again depends on the weather if the sun is hot enough to charge the lights and VHV radios are inoperable,” Ms Kari added.

The team also had the opportunity of

having a consultant who introduced them to a new mapping tool called GPS Essentials which can be downloaded and used. “This tool gives all information on accessibility, surroundings, and distance from main village to the facility, network and surrounding villages/communities, LLGs, Wards and so forth. It’s very effective and the idea is to use it to collect information for National Health Services especially for Rural Health Service delivery,” Ms Kari said.

She added that from seeing firsthand how hard it was to provide health service delivery in remote areas, she could see how hard it was to actually deliver services there weather is was health or education.

“There is a breakdown of services because of no community participation, ownership and attitudes. There are land issues, road accessibility difficulties and other issues that these people face. Church health services are somewhat doing alright as opposed to the government facilities.”

Ms Kari added that local NGOs such as ChildFund (PNG) and Rotary against Malaria make it easier with trainings and awareness in communities allowing them to be open minded to change.

The main purpose of WISIN is to update the National Health Service Standards and identify which areas could be improved by the government and or church.

Health awareness during youth camp

YOUTH from East and West Sepik were given a health awareness talk as part of their youth camp program in December last year.

The youth camp was hosted by the Church of the Nazarene but other youth from both East and West Sepik flooded in for the camp.

Officer in Charge of the Bana Nazarene Health Sub-Centre in the Drekikir district of East Sepik conducted a health awareness during the youth camp focusing on the topic of healthy lifestyles which is also in line with the National Health Plan KRA 7 of “Promoting Healthy Lifestyles”

Buckley said he did the awareness on lifestyles especially on diet habits and how to plan for living a healthy lifestyle.



Youth from both East and West Sepik during the youth conference hosted by the Nazarene Church last December

“There were more than 700 youth who attended and were interested to know more about Promoting Healthy

Lifestyles,” he said. It was a great opportunity to speak about health issues.

Partnership vital for skilled health workers



Graduating students of the St Barnabas School of Nursing preparing to graduate.

and commitment to the graduating students on their achievements and most importantly preparing them for the next phase of their lives as health workers.

In other provinces, the Onamuga Community Health Worker Training School managed by the Salvation Army in Kainantu, Eastern Highlands Province also held its CHW graduation on the 12th December 2016 and this itself was a successful event.

The school has faced many challenges in the management and administration of the facility but with change in management and under the guidance of principal Noi Seo, the school has seen many improvements.

This includes improved infrastructure mainly a new boy's dormitory, multi-purpose hall, new administration building, e-library, and demonstration room and administration office.

Increased partnership with other church agencies and the government has also been a success with students being offered clinical placements at the district hospital and other church run facilities not belonging to the Salvation Army.

This is a great achievement as previously, students did not do placements with other church health facilities.

Principal Noi Seo said it was important to have good partnerships to enable effective training of skilled and professional health workers.

The St Barnabas School of Nursing (SBSON) in Milne Bay province reached another milestone during its graduation last December with the issue of provisional licenses for the graduating nursing students.

Usually the process of obtaining a provisional license often was long and tedious but SBSON had proved that with good partnerships, this could be achieved.

There was combined support from the three churches supporting SBSON Catholic, Anglican and United Church and support from the Milne Bay Provincial

Health Authority (PHA).

It was evident that there was good partnership between the Hospital, PHA and the churches which made the occasion a success.

Milne Bay Governor Titus Philemon presented leadership awards to the headgirl and head boy while Emily Kari from Christian Health Services (PNG) had the opportunity of presenting the provisional licenses to the graduating students.

The leadership award went to head boy Reuben Kari, who thanked the principal, and staff for their efforts

LUTSON hold nurses Badging Ceremony

FORTY one Diploma in General Nursing and eleven Bachelor in Midwifery Nursing students were honoured to say the nurses pledge and receive their badges during the Madang Lutheran School of Nursing's Badging ceremony on March 10th.

This was the 14th Badging ceremony for Diploma students and the twelfth for Bachelor in Midwifery Nursing.

Ps. David Maleh in his sharing encouraged the students to be agents of change in their respective fields saying they were called to serve others so they should do

it whole heartedly.

He added that most people wanted to work for money and to earn more thus he encouraged students to see their profession as a service unto others and most importantly unto God.

Special guests at the ceremony included Bernard Kaiso, President of the Lutheran Churches in the Momase Region, Sr Celine Yakasere from Catholic Health Services Wewak who did the pinning of the badges and representatives from Modilon General Hospital, Madang Provincial Health, the Madang Provincial

Administrator's office, Principal of the Lae School of Nursing and Christian Health Services.

Principal Vitus Amugar acknowledged the support of CHS (PNG) in terms of funding through grants from the government which has enabled new infrastructure such as a new boys dormitory.

He also acknowledged the existing partnerships between the Madang Provincial Government and Modilon General Hospital for their ongoing support for students at the school.

Health service and the growing workforce

Health is everybody's business. If you're a health worker, medical professional, teaching staff or students, we all share the common goal of ensuring health services reach the majority of the population. This is especially true for Christian Health Services whose health facilities belonging to the various governing churches account for more than eighty percent of health care service delivery in the country.

Christian Health Services also manages

**“Health service delivery in rural and remote areas is very challenging”
-Reuben Kari-**

all Health Training Schools in the country including Community Health Worker Schools and General Nursing Colleges. Health TokTok was able to catch up with nursing student Reuben Kari, who graduated from the St Barnabas School of Nursing (SBSON) in Alotau, Milne Bay province last December.

Here is are some insights into Reuben's world in school and as he prepares to enter the health work force.

What is your general view of health service delivery in PNG?

During my three years at SBSON, I've been exposed to both government and church run health facilities. Comparing both, I can say that there is poor service delivery at the government facilities because most of the health workers are not committed to their duties unlike the Church run facilities where the health workers always perform their best despite their working conditions and geographic location.

What are some of the challenges you faced during your practicals in rural and remote areas?

There were many challenges I saw and experienced including drug shortages, shortage of staff, transportation difficulties and the geographic locations of the health facilities we were placed in.

It's really hard out there. You might travel by road for two hours and travel by sea for seven hours and then trek through the mountains another five hours to get to that health facility. It made me appreciate what these health workers do for the people in those isolated communities.



What is your opinion of rural and remote health compared to urban health settings?

I see that urban health settings have an advantage as they have access to better equipment, availability of medicine and access to specialists if the need be while these are lacking in rural areas. However, when you really look at it, in rural settings, the health workers perform their best and are committed to their jobs while those in urban settings are in it for the money rather than serving the sick.

• Continued next page



SBSON final year students attending an Occupational Health & Safety Course.

Hospital sees significant change



Patients getting medication at the dispensary at the Kudjip Nazarene Hospital

UNDER the leadership of Dr Scott Dooley, the Kudjip Nazarene Hospital has seen significant change and improvement to which local staff at the hospital can attest to.

Dr Scott who is the hospital administrator thanked all missionaries of the Nazarene Church who had given up their lives to serve the people of PNG and especially in Jiwaka during

the 50th anniversary of the Nazarene Health Ministries on March 18th.

“Because of the missionaries and their calling to serve God in this place, we are also able to minister health services. Most importantly, God is the centre of it all, wherever you all are in your various walks of life, God has to be in it,” he said.

The Kudjip Nazarene Hospital has seen significant change including new infrastructure, staff housing and is now being recognised as a general hospital in Jiwaka and the rest of the country.

“God has not finished with you all yet. There are many things that still need to be done. He started something good here and he has blessed us all greatly in the health ministry and also in sharing the good news of Jesus Christ to others.”

Dooley said he was proud of the achievements the hospital has made as they had come a long way and grateful for the missionaries who had left their home countries to serve the people of PNG and that God would see them through another fifty years.

Health service and the growing workforce

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You have recently graduated and are now a health worker, what do you see as the greatest challenge ahead of you?

There are many challenges one of them is reducing the maternal mortality ratio in the country. Many mothers and babies die during labor and after which is quite sad really when health services are supposed to be reaching the vast majority of people. I also see it a challenge to provide quality and affordable health care to all people in PNG and to educate people about the importance of living healthy lifestyles and providing health services that can reach all the remotest parts of PNG.

Do you feel health workers are doing enough for the majority of the people?

No. I say this because the number of health workers is small compared to the

population of PNG and the increasing number of sick people everywhere. Health services are given to those who have access to the facilities but it is those in the remote areas that suffer because of no roads, no transport and long distances to travel. Also in some areas, there are health facilities

with no workers or are shut down due to lack of drugs. Also, some health workers

are not committed to serving the sick.

What are some of the highlights of your work placement?

There were many highlights of my placements some i will always remember but these are some of the ones i consider an achievement for me: Conducting school medical and MCH clinics without supervision, managing a delivery case with supervision, monthly reports, Implementing Sterile

techniques, conducting in-service for health students,

Graduating from SBSO and obtaining my provisional license at the same time.

What do you wish to pursue in your career?

I would like to further my studies and specialise in mid-wifery and I would also like to one day be a psychiatric specialist.

What is your advice to upcoming health workers?

Study hard. At the end of the day, your hardwork pays off. Also concentrate on the clinical practises as you will learn as you keep doing it.

In nursing, three things come together: These are skills, knowledge and attitude. In order for you to become successful as a nurse or CHW or health worker you must be a critical thinker and you must be innovative.

Bamban: "Same river, different canoes"



Southern Region newly elected office bearers (From Left) Serah Kaipu, Ludwina Baiwog, Joanne Timothy, Nickson Kondi and Anna Clement

"THOUGH we are travelling on the same river we will now be in different canoes. We will see each other and wave but we will no longer be in the same canoe,"

These were the parting words of Catholic Health Secretary Bereina Diocese Leo Bamban at the close of the CHS Southern Regional Conference at the Christian Health Services Office in Port Moresby.

He said this with sadness on behalf of all members of the Catholic Health Services in the Southern Region who will no longer be affiliated with CHS, a decision made by

the National Catholic Health Services last year.

Mr Bamban said that many of the Catholic Health staff had been with CHS for many years as students and later working in their health agencies and to part ways to be on their own was surely a sad thing.

"It has been a privilege for me to have worked under CHS. This organisation has come a long way and we have faced many challenges but have overcome them and worked as brothers and sisters in unity serving the same cause,"

he added.

Chief Executive Officer of CHS Joseph Sika said at the close of the meeting that he believed CHS still had the potential to take charge of all rural health services in the country.

He encouraged the Southern Region members not to lose focus but strive to do their best in their various jobs.

"Do the best in whatever you do for a better future," Sika said.

He also thanked the Catholic members for being a part of the CHS family and wished them all the best in the coming future.

The Southern Region Secretariat also elected new office bearers which are Anna Clement (Salvation Army) as Chairperson, Nickson Kondi (Nazarene) as Deputy Chair, Joan Timothy (Hope World Wide) as Secretary, Ludwina Baiwog (SDA) as Treasurer and Serah Kaipu from Gulf Christian Health Services who is the Southern representative to the CHS Board



Nickson Kondi, newly elected Deputy chair of the Southern Region Secretariat recently received an award for his contribution to the Nazarene Health ministries during their 50th anniversary celebrations.

Mr Kondi is OIC at the Nazarene Gereka Clinic and has been serving with the Nazarene Health Ministries for 21 years.

"NHM is like a missionary job where we serve the people in health services and teach them about the good news of Jesus Christ. It's challenging but a privilege to do God's work," Mr Kondi said.



Your health is your wealth..

Hello readers,

In this section of Health Watch, we talk about Cancer.

Cancer is a life threatening disease and affects men, women, children and the elderly. There are various types of cancer that affect all parts of the body however in PNG, the common types are Mouth (oral) cancer, cervical cancer and breast cancer.

What is Cancer?

Cancer, also called malignancy, is an abnormal growth of cells. There are more than 100 types of cancer, including breast cancer, skin cancer, lung cancer, colon cancer, prostate cancer, and lymphoma. Symptoms vary depending on the type. Cancer treatment may include chemotherapy, radiation, and/or surgery.

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. Not all tumors are cancerous; benign tumors do not spread to other parts of the body. Possible signs and symptoms include a lump, abnormal bleeding, prolonged cough, unexplained weight loss and a change in bowel movements. While these symptoms may indicate cancer, they may have other causes. Over 100 types of cancers affect humans. Cancer is almost often hereditary.

Tobacco use is the cause of about 22% of cancer deaths. Another 10% is due to obesity, poor diet, lack of physical activity and drinking alcohol. Other factors include certain infections, exposure to ionizing radiation and environmental pollutants. In the developing world nearly 20% of cancers are due to infections such as hepatitis B, hepatitis C and human papillomavirus (HPV). Approximately five-ten percent of cancers are due to inherited genetic defects from a person's parents.

Many cancers can be prevented by not smoking, maintaining a healthy weight, not drinking too much alcohol, eating plenty of vegetables, fruits and whole grains, vaccination against certain infectious diseases, not eating too much processed and red meat, and avoiding too much sunlight exposure.

MOUTH (ORAL) CANCER

Mouth (Oral) cancer appears as a growth or sore in the mouth that does not go away. Oral cancer, which includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx (throat), can be life threatening if not diagnosed and treated early.

In PNG, the most common cause of mouth cancer is the chewing of betelnut.

What Are the Symptoms of Oral Cancer?

The most common symptoms of oral cancer include:

- Swellings/thickenings, lumps or bumps, rough spots/crusts/or eroded areas on the lips, gums, or other areas inside the mouth
- The development of velvety white, red, or speckled (white and red) patches in the mouth
- Unexplained bleeding in the mouth
- Unexplained numbness, loss of feeling, or pain/tenderness in any area of the face, mouth, or neck
- Persistent sores on the face, neck, or mouth that bleed easily and do not heal within 2 weeks
- A soreness or feeling that something is caught in the back of the throat
- Difficulty chewing or swallowing, speaking, or moving the jaw or tongue
- Hoarseness, chronic sore throat, or change in voice
- Ear pain
- A change in the way your teeth or dentures fit together
- Dramatic weight loss

Who Gets Oral Cancer?

Research shows men face twice the risk of developing oral cancer as women, and men who are over age 50 face the greatest risk. Risk factors for the development of oral cancer include:

- Smoking . Cigarette, cigar, or pipe smokers are six times more likely than non-smokers to develop oral cancers.
- Smokeless tobacco users. Users of dip, snuff, or chewing tobacco products are 50 times more likely to develop cancers of the cheek, gums, and lining of the lips.
- Excessive consumption of alcohol. Oral cancers are about six times more common in drinkers than in non-drinkers.
- Family history of cancer.
- Excessive sun exposure, especially at a young age.

- Human papillomavirus (HPV)

CERVICAL CANCER

Cervical cancer is cancer that begins in the uterine cervix, the lower end of the uterus that contacts the upper vagina. It remains a common cause of cancer and cancer death in women in developing countries without access to screening (Papsmear testing) for cervical cancer or vaccines against human papillomaviruses (HPVs).

Cervical cancer is different from cancer that begins in other regions of the uterus (uterine or endometrial cancer). If detected early, cervical cancer has a very high cure rate. Vaccination against HPVs, which are known to cause cervical cancer, is an effective preventive measure.

How do women get cervical cancer? What causes cervical cancer?

Almost all cervical cancers are caused by longstanding infection with one of the HPVs. HPV infection is very common, and most people with HPV infection do not develop cancer. There are over 100 types of HPVs, and only certain types have been linked to cancers. Other HPV types cause benign warts on the skin or genitals. The so-called "high risk" HPV types have been shown to cause cancers of the cervix as well as cancers of the penis in men. HPVs can also cause cancers of the mouth, throat, and anus in people of both sexes.

HPV infection is spread through sexual contact or skin-to-skin contact. Many studies have shown that HPV infection is common and that a majority of people will be infected with HPV at some point in life. The infection typically resolves on its own. In some women, the HPV infection persists and causes precancerous changes in the cells of the cervix. These changes can be detected by regular cervical cancer screening (known as Pap smear testing). With Pap testing, a superficial sample of cells from the cervix is taken with a brush or swab during a routine pelvic examination and sent to a laboratory for analysis of the cells' appearance.

Signs of advanced stages of cervical cancer

Cervical cancer may spread (metastasize) within the pelvis, to the lymph nodes or elsewhere in the body. Signs of advanced cervical cancer include:

- Weight loss
- Fatigue
- Back pain

Health Care Manual for Community Health Workers in Papua New Guinea



The Health Care Manual For CHWs in PNG is a project managed by the Baptist Union of PNG (BUPNG) and supported by the PNG Church Partnership Program (CPP) and Christian Health Services of PNG. (CHS PNG)

Goals of the project

- 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.
- To distribute 15,000 free copies of HCM3 to all CHW training schools and CHWs across PNG.
- To build knowledge and skills of publishing processes for all involved in the project.

Latest progress as at 31 December 2016

The project will take three years from mid-2015 to mid-2018 to enable involvement and endorsement by the relevant parties in PNG. The total project investment will be PGK 3.75m (AUD 1.67m).

- HCM is now through year two of its progress
- Funding has been gratefully received from Christian Health Services, Church Partnership Program (and Australian

Government), and National Department of Health.

- We also wish to acknowledge the generous contributions of our latest funding partners in the United and Lutheran Churches.
- In September 2016, BUPNG released the first HCM3 Annual Report, and a DVD documentary about the project to spread the word. For copies, please contact BUPNG (see below).
- The first drafts of HCM3 are now in progress.

Background to the project Opportunities for CHW participation

- CHWs 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.
- CHWs greatly value the Health Care Manual as a practical resource. The Health Care Manual currently in use has not been updated in 20 years, and is out-of-date, out-of-print, and not in line with current practices and protocols.
- The HCM3 project is led by the Baptist Union of Papua New Guinea (BUPNG), and supported by its Project Management Team.
- The project has the endorsement and support of key stakeholders, including

the Church Partnership Program (CPP), Christian Health Services (CHS), National Department of Health (NDoH), and Australian Department of Foreign Affairs and Trade (DFAT).

Opportunities for CHW participation

- CHWs who participated in the HCM3 consultation workshops in June 2016 and any interested CHWs in health facilities or training schools can still provide information over the following 12 months to the HCM3 Project Management Team about the work of CHWs and what you believe is most needed in the 3rd edition of the Health Care Manual.
- CHWs and staff in CHW Training Schools can answer either the Questionnaire for Health Facilities or the one for Training Schools.
- CHWs can also provide Case Studies of their best stories, experiences, and advice to help students and CHWs learning the skills of working in rural communities to understand how to apply what they have learned in real situations of community health.
- This important feedback will ensure that the new HCM3 will be current and relevant for CHWs throughout the country.

For More Information regarding this project, please contact:

Joyce Melepia

HCM3 Project Manager, Baptist Union of Papua New Guinea

Rural health and the real struggles

THE rate of maternal deaths in remote areas continues to increase posing a great challenge for the health sector.

And for those in the health sector, we have to ask ourselves are we doing enough for the majority of the rural and remote population.

Is there enough awareness being done, is the health facility accessible for these people, are services reaching the remote areas, are there enough drugs available to treat the sick, availability of health workers.

This story takes us back to the Biwat Health Sub-Centre in the Angoram District of East Sepik where an unfortunate young lady died due to labour complications. Anyone who has been to East Sepik would be familiar with its vast torrent of many rivers, mountainous plains and know the difficulties one would be traveling, from place to place especially in the upper Sepik areas.

Evalyne Galen aged twenty-nine from a mixed parentage of Bun and Avangumbang villages in the upper Yuat

LLG in Angoram sadly died in November last year due to poor nutrition and Anaemia during the course of her fifth pregnancy. She was attending antenatal clinics at the Biwat Health Sub-Centre, a facility of the Catholic Health Services in East Sepik.

She had had four pregnancies before that, all close together with a year or two between the children and was again pregnant for the fifth time, this time with twins. She had no previous records family planning and all her children were born in village birth settings. She was a "high risk" mother due to the frequency and spacing of pregnancies.

For Evalyne, travelling to Biwat Health Centre required traveling from her village by Dinghy for almost half a day to seek medical assistance. She never went for monthly clinics until she was in her seventh month of pregnancy where she was registered at the health centre. However, she missed out on her second visit and just before giving birth in November last year, she paid her last antenatal visit.

The nurse on duty confirmed that she would be having twins at thirty eight weeks. She returned home but felt labour pains the following day and made the dinghy trip back to Biwat health sub centre.

Evalyne gave birth to twin girls weighing 2.9kg and 3.1kg at birth on the 12th November 2016 however she sadly passed away due to a retained placenta. She also developed anaemia and had poor nutrition throughout the pregnancy.

Officer in Charge (OIC) at Biwat Health Sub-Centre Montford Mambare said it was sad to face these scenarios.

"We have to ask ourselves are we doing enough to help people in the rural areas and how can we prevent maternal deaths," he said.

The challenges of rural health continue to be something of a concern even after 41 years of independence, we still don't see any developments of such.

Information for this story given by OIC Montford Mambare, Biwat Health Sub-Centre, Catholic Health Services, East Sepik





1st quarter Updates..

Bernard Rutmat, Deputy Executive Officer

Hi Everyone!

Welcome to the first issue of the CHS Newsletter for 2017. The first Quarter of 2017 is almost beyond us and we look forward to another Quarter of exciting activities and other challenges that will come our way in Quarter two (2) Of 2017.

1. The CHS National conference is set to take place from the 24th -28th April 2017. The Venue has circulated earlier will be Holiday Inn. A call is now made to all Health Secretaries to register all conference attenders and proceeds for the conference must be deposited in to CHS Account as instructed.

2. It was anticipated that this conference was to be the last one and for us to bid farewell to our colleagues from the Catholic Church Health Services. However this is not to be so. For the first time in 47 years a conference of CHS will be held without its major partner in health service delivery.

3. As information sent earlier the number of participant for this conference will be as follows: for the smaller Agencies two people will be in attendance and the bigger Agencies to bring along 4 participants for the same.

4. To all the conference attenders please make it your business to ensure all conference fees are banked and receipts presented here for verification and registration purposes.

So much has happened at the Secretariat Office level and Let me highlight a few of these occurrences to you all at this juncture:

5. Staff Turnover & Departures:

a. Mr. Louis Hevese, our Data Analyst left CHS in January for personal reasons. His position is currently vacant.

b. Maureen Mabone Our Accountant also severed ties with CHS after almost ten years of employment at CHS. She is now the Finance Manager at Catholic Church Health Services (CCHS.)

6. New Arrivals:

a. In January 2017 a new Front Desk receptionist was employed. Winnie George is her name. She replaces Kanae Kila. Kanae has since moved on to finance as the Accounts Clerk.

b. In March we also recruited an Monitoring & Evaluation (M&E) officer to join the staff at CHS. He is Mr. Elias Namosa.

Please join us at the CHS Office in welcoming our new Officers.

7. Mr. Sika our current CEO is leaving the Organization after 10 years of constant Leadership and Vision for the growth of the Organization.

He certainly leaves behind a potent Legacy in the Organization and much to emulate from him by those of us who will remain at CHS.

8. The Person to replace Mr. Sika at the helm is Mr. Ulch Tapia the incumbent National Lutheran Health Services based in Lae. He is due to assume office formally upon completion of other formalities and HOTO reports to be done at the respective levels.

Please join us at the Secretariat office in Welcoming Mr. Tapia.

Funding Delays.

9. As of the date of this Newsletter we have taken possession of the warrants for March. The episode of waiting for funds to be made available to us will continue for some time yet. We will keep you all up to date on the funding situation as this week progresses.

10. CHS Website

The CHS Website has been an outstanding issue for the Secretariat with all the challenges faced in our IT department. I am pleased to announce that work is in progress on an updated website which i am sure everyone of us is looking forward to. It is method of communication and awarness on the work of Church Health Services in the country. The updated website will be completed before the Annual Conference in April.

Happy Reading!

Notice Board



Elias Namosa, is the new Monitoring & Evaluation Officer with Christian Health Services PNG, and based at the Secretariat office here in Port Moresby. Elias is from Markham, Morobe Province and joined the CHS Secretariat in March. Prior to joining CHS (PNG), Elias has been previously working for several organisations both in the Public and Private Sectors such as PNG Institute of Medical Research (IMR), AbtJTA, and Marie Stopes International (PNG).

"CHS PNG is an exciting organization and am excited to be part of the team to contribute meaningfully where I can and together we can all work towards reaching the overall goals and objectives of this organization. In doing so we all can serve with love, dedication, commitment, and compassion in humility, which will be our main driving force in our day-to-day activities." Elisas says.

In future, I might come by to your respective centres, provinces and or regions during my visits and am hoping we can work together. For now, Health Secretaries/managers please send your reports especially the NHIS monthly reports to me on this email (electronic copies): enamosha@chspng.org.pg. If you are posting them (hardcopies) let me know too. The office numbers are 325 3368/325 2362. You can also reach me on this number 71803436 should you have any queries.

Thank you and am looking forward to working with you all.

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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