

## EDEN program gains recognition as the way forward in preventive health



IT is no secret that the Effective Development Empowering The Nation (EDEN) concept, a program of the Christian Health services is fast becoming recognized as the way forward in primary health delivery.

Widely known in government circles as the Healthy Island Concept, the church run EDEN concept uses a holistic approach to health and strives to empower individuals, families and communities take ownership of their own health.

Last November, the Health Promotion team from the CHS Secretariat visited Potpotpua, a rural area in the Kandrian Gloucester district of West New Britain. It is a nine hour boat ride from the waterfront and the challenges of living in rural and remote areas is quite real.

In 2005, the Community Action Participation (CAP) approach or Healthy Island Concept run by the government through the Health Department as part of Health Promotion and awareness program was introduced in Potpotpua. The community took on the initiative in a bid to see change of living and sustainable livelihood.

However, with all good ideas and initiatives, there will always be setbacks and such is the case in Potpotpua, even after fifteen years since the initial CAP program was introduced. While the village is clean and people are farming cash crops as a means of sustaining themselves, they lack the support to give them that motivation to continue.

A community leader said: "Sagsag and Potpotpua are at the tip of West New Britain and its very challenging because of accessibility. CAP was introduced here and we took it on but no one came back to support us and follow up on how the program was run. So we gave up," "We all liked the concept and saw it was good. We the community were happy because we wanted to see change. Government services are hard to come by here so we have to look for means and ways to sustain ourselves."

Considering all the challenges faced in the different villages, CHS Health Promotion Coordinator Nickson Samblap told communities that the EDEN concept was about empowering people to live within their means using their available resources.

He also stressed that the EDEN concept was all about prevention rather than cure and for people to identify root causes of sicknesses and address them instead of running to the health centre every time someone got sick. Furthermore, the term "Haus Sik" is given to the place where a person got sick which was usually at home and the health centre/facility was renamed as "Haus Marasin" Health Workers from Sagsag Health Centre said that hearing from the CHS team about the EDEN concept had given them the motivation

to do more in terms of preventive health and they would start at the health centre Mr Samblap also demonstrated how to make a simple tippy tap for hand washing after using the toilet and improvised hand washing method using bamboo to store water by using available resources.

Responses from the communities were they all agreed that preventative health was the way forward and made resolutions to begin in their own respective villages and communities by doing what they could.

Mr Samblap told communities that EDEN aims to change the mindset of people so they realise their full potential and use the available resources around them to see change.

He said: "EDEN does not only address health but development as well. People who see and adapt to change will see development. Health and development go together and that is why we want to help others through this program. The Ward Development Communities were particularly interested in the planning process and were given the basic steps of how to have a legitimate ward system in place in their communities. The need for the WDC to go for a Planning Process & Implementation Training was also identified.

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**Japelis Kaiok**  
Chairman, Christian Health Services PNG

## From The Chairmans Desk...

From the Chairman's chair and on behalf of your Executive Board, commend all of you, wherever you are in your capacity as a Doctor, a manager, a principal, a tutor or lecturer, an administrator, a nurse, a community health worker, a dental officer, a driver etc., – especially in your tireless efforts and continued commitment with your heart to be there for our people when you yourself or rather when we are facing current situation in two folds, the irregularity and non-cash flowing scenario and the effect on Covid-19 Coronavirus has on the nation.

In such times, many of you (all of us) would hate smart or sweet talks, but expect that our agendas are addressed and that issues are looked at to support our wellbeing as you and all of us continue to stand as frontline Christian Health Workers and health trainers in the face of the current global pandemic that is also already in our country.

In addressing the number one issue on funding flow issue, I do confirm that our Chief Executive Officer and our Accounts section has been up and about, tirelessly having continuous dialogues and sending correspondences between our Government – National Department of Health bureaucrats and line agencies for the matter to date and is still continuing. The Chief Executive Officer continues transparent dialogue with the Board and internal measures taken of try and reduced burdens temporary has been actioned; however, we understand that not all your needs and expectations especially on the staff salary component is still outstanding.

Following the response, in order to obtain current information on the scenario of which how individual agencies are doing and coping with the staff salary non fortnightly payments, questionnaires have been sent out for you to fill in and send back to the secretariat through the CEO's office – May I request your compliances as you all know the importance of providing such true vital statistics.

The CHS secretariat through the office of the CEO are working to put all the information together for the Executive Board for higher decision/s maybe if the current dialogue and correspondences between our government does not eventuate as expected.

On that note, please allow me to remind all of us on what little funding we have received to be managed well under your responsibilities in your capacities where you are trusted and engaged in by your church agency.

Let me also congratulate all of you for the successful regional meetings conducted with CHS secretariat team fully participating in all your regional meetings. Unfortunately, following those meetings we were taken by surprise and placed in current situations of the COVID 19 – coronavirus.

It is indeed something we have not managed before so that we may base on the past experiences tackle simultaneously like any other health cases. Therefore, I believe it has taken toll of our mindset, efforts, energy, time and little funding we have individually as we try to understand from valid sources as we contribute and corporate with our government in the fight.

From the Board level, I and the Board members are advised that our CEO has also collected vital information on Covid -19 and sent them to you. With all other information you have from valid sources, do make use of them to do more education and awareness to our people. It is by facts and figures seen by you and me in our entire health system and the capacity we have is not a joke when dealing and addressing such pandemic as declared by many including authorities, thereby for CHS PNG, Health Promotion becomes a reality to many – from the managerial and administrative role including our own PNG communities that felt unnecessary and neglect, has now become very, very important play in the fight and containment of the Covid 19 – coronavirus.

Let us take this opportunity to educate and do more awareness on health promotion as you focus also more on Covid 19 – Coronavirus message on prevention.

It has come to my attention of a grave concern and please allow me to share with you respectfully, that in this time of such a pandemic and its effect on our country, it is very essential that strengthening team work is a provincial CHS advantage and has the potential to address many agendas one agency might be facing silently.

In your collaborative team work, you can voice out affairs of staff safety and essential PPE and service standards and even funding non capabilities together with your provincial governments to engaged their support.

Your Executive Board will be pleased that each regional representative touch base with each provincial chairman and gather updates on how and what you are doing within your province and region. Please do that and report to the secretariat.

We understand some agencies are working smarter with your PHAs yet others seem left out or displaced and struggling individually. Please be reminded, it is your provincial government and PHAs – you don't need to wait for them to call on you but you go seek their advice and avenues that they can support you in this fight.

The secretariat through the CEO office will be advising the Board on our Health Training Schools, especially the management including your individual Board on the decision/s on the 2020 school year.

The current effect on Covid 19 and your management in compliance to directives and orders by National Controller and Office of Higher education and our CHS secretariat through the office of CEO has been encouraging, yet any future decision/s to come depending on the Covid 19 situation, please do report to the office of the CEO.

The current Covid-19 situation has also placed, strategic management techniques in the CHS Secretariat office by CEO, Deputy CEO and team of which the Board is fully aware. This is in order to maintain the office while prevent any local infection spread amongst our staff and at the same time attend to affairs and needs that will ensure CHS PNG agencies continue to serve our people.

Finally, as Christian Church Agencies and having health services as God's extended ministry, please allow the Board to humbly salute your heart and commitment to the calling to serve.

As I admire that way CEO says it 'We do not see our duties as job but a calling', and in such situation, it is indeed an enduring call that one makes in the presence of many graduation crowd with each candle lighting for nurses but also for many other health cadres – that it will be a challenge to keep before God and man.

Let me quote 1st Corinthians chapter 1 verse 18 – 'The message of the cross is foolish to those who are headed for destruction! But we who are being saved know – it is the very Power of God'.

The executive Board and I with our CEO pray earnestly for the sealing of the Blood of Jesus Christ our Lord on your life, soul and spirit and grant you all you need to serve our people with limitations within our health system.

And do pray for the work of the CHS Secretariat team on our need agendas of funding and do part for good stewardship of what we have to manage schools and services in this situation but also to come.

**Take care, stay put at your facility, serve safe with all Covid 19 advices and best personal hygienic practices. In the Hand of the God Almighty – we place CHS PNG. Blessings.**



## Front Line Health Workers attend basic management training workshop

Evangelical Brotherhood Church Health Services (EBC Church Health Establishment) by its official name had the blessings of having the Deputy Executive Officer for Christian Health Services PNG, Mr Bernard Rutmat to be with the Officers in Charge of EBCs fifteen health facilities during a five day Management Training Workshop late last year.

Facilitated by the EBC Church Health Services National Administration office in Goroka on the 04th – 08th November 2019, the aim of the Training Workshop was to enhance the state of knowledge, skills and attitude on General Management to enable efficient facility management in areas of patients and Clients, Facility Infrastructure, Facility Human Resource, Finance and Assets. According to the general knowledge of management in any organization, the output of the programs and services determines the success of the organization and its state.

In health Services, it is the output or results of the Priority Health Programs and Service indicators that determine the quality and quantity of services rendered to the community and in-turn determines the success of the organization and its state.

But an organization like EBC Church Health Services is not alone in the business of health. Its performances in core program areas and their indicators does affect the other like agencies as Christian Health Services in the province and also in the country.

Furthermore, EBC Church Health Services and other Christian Health Services church agencies performances also does contribute to affect the



*Mr Rutmat presenting certificates to facility managers.*

success and state of provincial health indicators provincially and the country's health status as a whole.

The EBC Health Services National Administration Office having that knowledge in the concept of Health Management, took the initiative to help build the level of knowledge, skills and attitude of OICs at their respective facilities and EBC Health Service establishments in Papua New Guinea. Rutmat in his closing remarks the Management Training Workshop, stated the importance of 'Programs/ Service Target Planning or (SLAP).

He emphasized the need to record and keep simple data on routine basis during service provisions at the facility, and simple analysis and having the knowledge of those data to enable 'SMART' planning.

"In 'SMART' planning, the knowledge of baseline data is important in order to enable target planning to become a reality that will then drive focus service planning in order to archive the desired target results," Rutmat said.

Story supplied by EBC Health Services EHP

# CHS Secretariat updates...

## Meet the new faces at the CHS Secretariat...



**Name: Joe Mana**

**Home Province:** Wapenamanda, Enga Province

**Position:** HR Officer

**Qualifications:** Bachelors Degree in Business & Humarn Resource, UPNG  
Joe says: *"I feel that i can contribute meaningfully to CHS by helpng to align and improve HR systems and add value to to the current HR systems and processes. I will also try to help the Agencies also in their HR processes so everyone is uniform."*



**Name: Kasina Neseya**

**Home Province:** Lufa, Eastern Highlands

**Position:** Accounts Receivable Officer

**Qualifications:** Bachelors Degree in Accounting, UPNG  
Kasi says: *"CHS is a big christian organisation so me being here is like being part of a family in Christ. It has been my dream to give back to my country and i now see i can do that through at CHS because it manages the majority of health services in rural and remote areas. If i can give back to my people and serve God through this job then I am in the right place."*



**Name: Pao Kapo**

**Home Province:** Kompiam, Enga Province

**Position:** Accounts Data Entry Officer

**Qualifications:** Diploma in Accounting, Pom Buisness College and currently studying for a Degree in Accounting, UPNG  
Pao says: *"I wil try my best to support the Finance team here at the Secretariat office. There are many areas in accounting and i will try to help agencies to follow the correct processes to enable my area of data entry and reporting is done well."*



**Name: Alice Aiva Vetu**

**Home Province:** Rigo, Central Province

**Position:** Personal Assistant to CEO

**Qualifications:** Certificate in Secretarial studies with over 20+ years experience  
Alice says: *"I bring to CHS a wealth of experience. The team has been generally small for a number of years and has now grown in size. With growth and expansion, there needs to be proper office procedures and processes in place and make sure these are done in an orderly manner. I find CHS to be very rewarding and challenging and i am comfortable knowing that my desire to serve God can be done in my role in this organisation."*



**Name: Desmond Sam**

**Home Province:** Kainantu, Eastern Highlands

**Position:** IT Officer

**Qualifications:** Degree in Mathametics and Computer Science, DWU.  
Des says: *"CHS has a friendly work environment and the morning devotions that we have are really good as it balances all aspects of our lives. It's a challenge moving from a cold place (Goroka) to Port Moresby becasue its so hot but im managing. With my skills and knowledge i will be able to upgrade the CHS IT systems and have them run effectively and smoothly."*



**Name: Rosemary Mocke**

**Home Province:** Madang / Simbu

**Position:** Payroll Officer (Highlands)

**Qualifications:** Diploma in Accounting, ITI, Advanced Alesco Payroll Certificates.  
Rose says: *"I really like the atmosphere at CHS. For the kind of work that i do and from previous work experience, CHS is much more laid back and gives me the opportunity to learn more. I am enjoying it and will try my best to add value to my work. The other staff are also very friendly and make you feel welcome."*



# CHS Secretariat updates...



**Name: Lengi Derring**

**Home Province:** Finschafen, Morobe Province.

**Position:** Training School Coordinator  
**Qualifications:** General Nurse Qualifications (LUTSON), Post Graduate Studies, School of Medicine & Health Sciences (UPNG) - Advanced Diploma Paediatric Nursing, Health Teaching (UOG)

Lengi says: "It is an honor for me to join the CHS Secretariat after serving in the health ministry from the outside (Training). I consider this higher office with integrity. My approach and respect to this office is something i will give back in terms of my service. I have spent the last 25 years in different areas of health in clinical and recently training and with these experiences and opportunity, i will ensure i continue my service especially to the areas where i have served.

It is not about the money or greener pastures but about serving God and others in the health ministry. The team spirit at CHS is really good, everyone works as a team and the environment is conducive to work in.

The thing that motivated me to join the CHS Secretariat is that there are a lot of issues with training schools i have seen and from past experiences in training from outside this office. I saw this avenue as an opportunity to as they say in tok pisin: "Katim Bush" or to look at possible means and ways to address some of the issues that the Training Schools are facing today.



**Name: Ignatius Jeriffia**

**Home Province:** Yangoru/Saussia, East Sepik Province

**Position:** IT Support Officer

**Qualifications:** Diploma in Information & Communication Science, UPNG  
Iggi says: "I find working for CHS very enjoyable. It is also satisfying as in all our different roles, we are serving the people not only for specific areas but overall in the health ministry. I will do my best to support the ICT section at CHS so that it will enable the others to best do their work at the province and agency level.



**Name: Belden Yati**

**Home Province:** Central/Morobe

**Position:** General Hand

**Qualifications:** Trade - Electrical  
Belden says: "I'm grateful to be a part of the CHS family. We are all serving God and others in the health ministry. Not only that but the spiritual aspect is a great bonus (weekly devotions) and I will support the organisation in the role I play.



**Name: Jacqueline Kalebo**

**Home Province:** Alotau, Milne Bay Province

**Position:** General Hand (Interior)

Jackie says: "CHS is a great place to work. I am thankful that i can work for such a place as everybody that works here serve others in the health ministry and in this way



**Name: Claire Kouro**

**Home Province:** AROB

**CHS Partner Organisation:** Local Representative, Brot fur die welt (Bread For The World)

Claire says: "We have an office set up on the 6th of January 2020, currently in the CHS building. The purpose of this office is to increase the presence of the agency in the national and regional space so that we are effectively and efficiently collaborating and networking to increase impact of our partners work. Port Moresby being the capital of PNG and the hub of the Pacific is the ideal place to set up an office to do this.

## In the Service of Humanity

### Fact Sheet

Novel Coronavirus 2019 (2019 n-CoV)

27 January 2020

The 2019 novel coronavirus (2019-nCoV) was identified in China during a respiratory illness outbreak in Wuhan which started in late 2019. It causes severe respiratory illness. Spread from infected people is currently thought to be uncommon but evidence is limited.

### What is a coronavirus?

Coronaviruses are a large family of viruses, some cause illness in humans, and others cause illness in animals, such as bats, camels, and civets. Human coronaviruses cause mild illness, such as the common cold.

Rarely, animal coronaviruses can evolve to infect and spread among humans, causing severe diseases such as Severe Acute Respiratory Syndrome (SARS) which emerged in 2002, and Middle East Respiratory Syndrome (MERS) which emerged in 2012.

A novel coronavirus (2019-nCoV) is a new strain of coronavirus that has not been previously identified in humans.

### What is 2019 novel coronavirus?

There is a new coronavirus affecting people who have recently been in the city of Wuhan, China.

There is much more to learn about how it is spread, its severity, and other features associated with 2019-nCoV, and investigations are ongoing.

At the moment, this coronavirus is called 'novel coronavirus 2019' or '2019-nCoV'.

While current information suggests that the risk from 2019-nCoV in Papua New Guinea is low, outbreaks of a novel coronavirus infections among people is always of public health concern.

There is growing evidence that 2019-nCoV can spread from person to person in the community and in health care settings.

There have been cases of 2019-nCoV

# St John



reported in some other Chinese provinces, Asian countries and the United States. The situation is evolving rapidly.

St John Ambulance  
Papua New Guinea  
P (+675) 303 1000  
E [enquiries@stjohn.org.pg](mailto:enquiries@stjohn.org.pg)  
[www.stjohn.org.pg](http://www.stjohn.org.pg)  
St John Council Incorporation Act 1976

*Making Health Care Possible for People*

### What are the symptoms?

Most case-patients have had fever, cough, and shortness of breath, with further evidence of pneumonia (chest infection).

Further investigation is required to assess whether there are undetected asymptomatic or mildly symptomatic cases.

### How is it spread?

Early reports indicated that most of the cases had prior contact with a seafood and live animal market, suggesting an animal source of the outbreak. However, more recently, some human to human transmission has been reported, in family clusters and in health care workers.

Further investigation is underway to confirm and describe the mode of transmission from animal sources, and the risk of human-to-human transmission.

Human to human transmission is most likely to be through direct contact with case-patients, by respiratory droplets and by fomites (contaminated objects

and surfaces), as is seen with other coronavirus infections including SARS and MERS.

### Who is at risk?

People who are living or travelling to affected areas or who have had contact with other cases may be at risk of catching the disease.

People with underlying illnesses that make them more vulnerable to respiratory disease, including those with diabetes, chronic lung disease, pre-existing kidney failure, or those who have suppressed immune systems, may be at a higher risk.

### How is it prevented?

It's likely that general prevention measures used for other coronavirus infections will also prevent infection with 2019-nCoV.

The World Health Organization (WHO) recommends measures to reduce the general risk of acute respiratory infections while travelling in or from affected areas (currently Wuhan City) by:

- avoiding close contact with people suffering from acute respiratory infections;
- frequent handwashing, especially after direct contact with ill people or their environment;
- avoiding close contact with live or dead farm or wild animals;

If you have symptoms of Covid 19, isolate yourself and call the toll free number 1800 200 for more assistance.



# Global Health News - Coronavirus (Covid 19)

## How is COVID-19 spread?

Recent information indicates COVID-19 may be passed from person to person. There are still a lot of unknowns, including how contagious it might be.

The spread of this new coronavirus is being monitored by the Centers for Disease Control (CDC), the World Health Organization and health organizations like Johns Hopkins across the globe. On Jan. 30, the World Health Organization declared the COVID-19 outbreak a public health emergency.

## How did this new coronavirus spread to humans?

COVID-19 appeared in Wuhan, a city in China, in December 2019. Although health officials are still tracing the exact source of this new coronavirus, early hypotheses thought it may be linked to a seafood market in Wuhan, China. Some people who visited the market developed viral pneumonia caused by the new coronavirus. A study that came out on Jan. 25, 2020, notes that the individual with the first reported case became ill on Dec. 1, 2019, and had no link to the seafood market. Investigations are ongoing as to how this virus originated and spread.

This virus probably originally emerged from an animal source but now seems to be spreading from person to person. COVID-19 has been detected in people throughout China and 24 other countries, including the United States.

## What is the incubation period for COVID-19?

It appears that symptoms are showing up in people within 14 days of exposure to the virus.

## What are symptoms of COVID-19?

COVID-19 symptoms include:

- Cough
- Fever
- Shortness of breath
- In rare cases, it can lead to severe respiratory problems, kidney failure or death.

If you believe you have these symptoms and you have traveled to Wuhan, China, within 14 days, contact your health care provider right away. Call before you go to the doctor's office or emergency room, and tell them about your symptoms and recent travel.

## How is COVID-19 diagnosed?

Diagnosis may be difficult with only a physical exam because mild cases of COVID-19 may appear similar to the flu or a bad cold. A laboratory test can confirm the diagnosis.

## How is COVID-19 treated?

As of now, there is not a specific treatment for the virus. People who become sick from COVID-19 should be treated with supportive

measures: those that relieve symptoms. For severe cases, there may be additional options for treatment, including research drugs and therapeutics.

## Does COVID-19 cause death?

As of Feb. 17, 2020, 1,775 deaths have been attributed to COVID-19. However, 11,396 people have recovered from the illness. (Note: everyday the figures change for both death tolls, infected and people recovering from the coronavirus)

## Is this coronavirus different from SARS?

SARS stands for severe acute respiratory syndrome. In 2003, an outbreak of SARS started in China and spread to other countries before ending in 2004. The virus that causes COVID-19 is similar to the one that caused the 2003 SARS outbreak: both are types of coronaviruses. Much is still unknown, but COVID-19 seems to spread faster than the 2003 SARS and also may cause less severe illness.

## How do you protect yourself from this coronavirus?

The Centers for Disease Control and Prevention (CDC) has these suggestions:

- Wash your hands frequently and thoroughly for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.
- Cover coughs and sneezes with a tissue, then throw the tissue in the trash.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Stay home when you are sick.
- Clean and disinfect surfaces and objects people frequently touch.

## Precautions

### What are the precautions for coronavirus?

Several health agencies in China and other countries, including the Centers for Disease Control (CDC) in the United States and the World Health Organization (WHO), are keeping a careful eye on this illness and taking steps to prevent it from spreading.

For updates, visit the Centers for Disease Control (CDC).

### About Coronaviruses

- Coronaviruses are common in different animals. Rarely, an animal coronavirus can infect humans.
- There are many different kinds of coronaviruses. Some of them can cause colds or other mild respiratory (nose, throat, lung) illnesses.
- Other coronaviruses can cause more serious diseases, including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).
- Coronaviruses are named for their appearance:

Under the microscope, the viruses look like they are covered with pointed structures that surround them like a corona, or crown.

## Prevention

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this disease. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

For information about handwashing, see CDC's Handwashing website

For information specific to healthcare, see CDC's Hand Hygiene in Healthcare Settings

These are everyday habits that can help prevent the spread of several viruses. CDC does have specific guidance for travelers.

## Treatment

There is no specific antiviral treatment recommended for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

Latest Information about the n-Cov 19 can be found on websites below or other relevant websites:

- Centre for Disease Control
- Johns Hopkins University
- World Health Organisation (WHO)



# Say it with pictures..



*CHS Executive Board Member Ludwina Bauai welcoming the new secretariat staff while Mr Rutmat looks on.*



*Welcome of CHS EDEN team at Potpotpua Village, WNB*



*Ps, Dulie Asi of the Kwato United Church encouraging new CHS Staff during their official welcome*



*CHS Executive Board Member Ludwina given the honor to cut the ribbons at the dedication and blessing of the new secretariat vehicle.*





# Team CHS moments



CHS, Anglian HS and CPP team Preparing for EDEN community awareness at Sagsag Village, WNB



CHS Momase Regional Conference, 2020 - Madang



Gearing up for the CHS 50th Anniversary



Dedication of CHS houses at Gerehu, NCD





## Partnerships vital for service delivery

Christian Health Services of PNG has currently expanded its partnerships working with international faith based development agencies to fully achieve service delivery in its programs.

And one such organisation is Bread For the World.

Brot für die Welt (Bread for the World) is the globally active development and relief agency of the Protestant Churches in Germany.

BfdWs first fundraising activity was on the 12th of December 1959 for people living in poverty in India.

We are proud to be part of an organization that has been providing support to almost 1,400 projects in more than 90 countries all over the world for 60 years. Our goal is to help create a world where there is no hunger, poverty, injustice - a world where everyone is living in dignity.

How we work

BfdW does not implement projects directly - we work in partnerships with local organizations like CHS globally.

BfdW has 5 regional offices (ROs) that are strategically placed in the regions of project partners. They are an integral part of the organisational structure of Bread for the World and at the local level they represent the agency as a whole. The ROs are located:

- in Addis Ababa/Ethiopia (for the region Horn of Africa – Djibouti, Eritrea, Ethiopia, Somalia, South Sudan, Sudan)

- in San José/Costa Rica (for the region Central America – Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua)
- in Lima/Peru (for the region Andes – Bolivia, Peru)
- in Hanoi/Vietnam (for the region Laos, Vietnam) and in Madang/Papua New Guinea (for the region Pacific – Fiji, Papua New Guinea, Solomon Islands, Fiji, West Papua)

The Pacific Regional Office

The head of the Pacific Regional office is our Regional Director - Mr Hanno Allolio.

Is located on the first floor of the Melanesian Tourist Services Ltd Building, Madang Resort.

There are 14 staff members (excluding me) including 5 project officers, 1 project assistant.

The program team supports partners through:

- Assessment of proposals (incl. budgets), drafting of submissions
- Individual accompaniment throughout the project
- Assessment of Narrative and Finance Reports
- Processing of Transfer of Funds
- Assists in cash flow plans
- Project Closures (and settlement with the German Government by HQ in Berlin)
- Consultancies and trainings
- Organisational development to strengthen

organisations through active dialogue

- Support of networking and national/international lobbying
- Proposition of Capacity Building (Program/Finance)

The Pacific Regional Office

- Yearly turnover/implementation of an average of EUR 5 million:
- EUR 4 million from the German Government (BMZ).
- EUR 1 million from the Churches' contributions.

Geographical Scope

4 countries in Melanesia:

Papua New Guinea - (15 project partners implementing about 22 projects)

Solomon Islands

Fiji

West Papua (Indonesia)

Partners & Beneficiaries

Approx. 40 NGO's

Approx. 500,000 people

For more on BfdW and its programs and activities, you can contact:

**Claire Kouro**

**Local Representative**

**E: c.kouro@vest-pacific.org**

**P: +675 422 0340**

## Accessibility a huge challenge in maritime provinces

"Transportation is a big problem here at Sagsag village where the health centre is located. When there are serious cases or referrals it is often very challenging because the only means is by sea and it is a nine hour boat ride to Kimbe."

These are the words of Community Health Worker Celestine Avar who works at the Sagsag Health Centre, a facility of Anglican Health Services in the Gloucester District of West New Britain.

Celestine had travelled with a very sick woman with tropical ulcers on her lower right limbs causing infection. She also presented with anemia and high fever.

"This woman came and saw me at the Sagasag health centre where I gave her antibiotics but they did not help her maybe because the sores she had had become tropical ulcers already. She became anaemic and very sick. I had to do the referral to Kimbe General Hospital myself."

Sagsag to Kimbe is a 8-9 hours dinghy ride on the sea. Those from the coast would know the sea has its seasons...sometimes strong winds and rough seas, sometimes the sea is calm and not so rough, there are parts where the sea is technically very rough and times when it

rains out in the vast open expanse of sea.

Celestine said: "Transport is a big problem. We keep going and coming and it is costly and tiring. But it is our way of life. I think that the EDEN Program is the only way forward for us to address some of these issues that we face especially with health and I know that for the health workers, we will be taking on this program for the betterment of the community."

According to the eNHIS, (National Health Information System) the estimated catchment population for Sagsag Health Sub Centre for 2019 is 3,482. Population <1yrs is 122, population 1-4yrs is 460, population 15-44yrs (women-child bearing age) is 744, and estimated births is 132. Common presentations at the clinic includes malaria being the most common followed by cough, tropical ulcers (including yaws), Diarrhoea, and Tuberculosis (TB).

Celestine and other health workers agreed that EDEN Health Promotion was a way forward in taking ownership of ones own health. Having heard about the program and now fully understanding the concept, their minds have been open and they have come to realise the importance of preventive health measures.



## CHWs gain midwifery skills



Six CHWs from different Church run Health facilities in Hela have graduated with Certificates in Midwifery on the 11th November, 2019. They were trained at the Hela Provincial Hospital by Dr. Sylvester Tati, who is in charge of the Gynaecology Department. This was first of its kind in Hela especially for health workers from church run health agencies. Pictures given by: Amos Lunguni, United Hela



(Left to right) Dulcie Dennis from Panduaga Health Centre and Jossy Mapa from Wabia Health Centre in Hela Province being presented with midwifery certificates, delivery kits and a back pack of essential things needed at birth which they would need at the health centres. They were presented this by Chief Executive Officer of the Hela Provincial Health Authority Dr. James Kintwa during the graduation ceremony

Information and photos given by Amos Lunguni, United Health Service, Hela





## Land Rights Dialouge commemorates International Womens Day *"EACH FOR EQUAL"*

A DIALOUGE on land rights and usage was held at the Christian Health Services Secretariat on the 13th March to mark International Womens day which was observed earlier that week. (give Date)

Facilitated by Faith Based Organisation Bread for the World, female representatives from other non-government organisations also attended to share ideas on the land rights, usage and womens voices in Papua New Guinea.

Topics dicussed were what were land rights, individuals rights to the land, accessibility to land and what could be done with land taking while considering social impacts of diverse cultures, ownership, land rights in societies of patrilineal and matrilineal heritage, selling of customary land and land grabbing.

It was concluded that society at large did not fully understand the whole sense of "ownership" of land and the bennefits it would have on future generations especially where customary or family land was sold for money rather than

keeping it in the family seeing that in todays society, men were the leaders and more dominant in such issues while women being the lesse minority were not heard.

So why is land important? Land is life, land is survival, land marks boundaries, land is a sense of ownership and land tells stories of generations gone by that can be passed on to children in the future generation.

And land to women is important because it has a special bond, that is land is life. Women make gardens on the land that sustain their families with providing food, land is used to make gardens and sell crops to earn a living, land is used to build homes and shelters for families and land is valuable in some customs and provinces thus creating an attachement to the land and adding value.

It was discussed that the influx of western influences had caused the shift in mindsets that people held on to with land rights and usage and money being the key influence in this case with people chosing money for a better living

and losing rights to the land ownership they had.

The effects of global warming and climate change as an act of nature were also discussed with rise in sea levels causing clans and villages to move from traditional land to higher ground which had never been used and this also caused land grabbing and fighting between families and clans trying to claim land which had never been before used.

Again it was concluded that womens voices were not heard in such issues.

The dialouge aims to address the issue of land rights and womens voices in society. Recommendations from the meeting suggested a further dialouge for women on land rights, access to safe spaces for women to freely discuss their issues and knowing the right places where women could be encouraged to participate in.

Bread For the Worlds Goal is: "A world without hunger, poverty or injustice, a world in which everyone can live in dignity."



# Feature Article: “Thats just the way it is”

STRUGGLES and hardships of the bulk of population living in geographically remote areas of this beautiful country continues to hinder development of communities and lifestyles of people in these areas.

The challenges are same everywhere; remoteness, accessibility to basic services such as health and education, money, manpower natural elements and this list goes on

It is no good hearing about it and saying one understands, rather experiencing the very word “challenge” in all elements of life - physical, mental, social and spiritual would give you a new perspective on daily survival in rural and remote areas.

This is quite true for the physical well being of a person with the health sector bearing often tough challenges. One such challenge is where health funds from the government are spent more on curative health service or simply “treatment focused” and Christian Health Services as a major partner to the government in providing almost seventy percent of rural health services understands quite well the setbacks of health service delivery such as funding, manpower, geographical locations and shortage of medical supplies to name a few.

CHS (PNG) while supporting curative health is also looking at long term development and sustainability of health programs that will enable people to take ownership of their own health. The current crisis of shortages of health worker and medical supplies and expertise continues in the spiralling health trend.

Bearing that in mind, CHS (PNG) through its Health Promotion section is focusing more on Preventative Health with the Effective Development Empowering the Nation (EDEN ) concept as the key program. This program uses a wholistic approach to health through mindset change and empowering people to take ownership of their own health by realising their potential and using their available resources to maintain healthier lifestyles

In a recent trip to West New Britain in November 2019, the Health Promotion team from CHS (PNG), PNG Church Partnership Program and Anglican Health Services (WNB) visited the Sagsag Health Sub Centre in the Kandrian-Gloucester District, (Gloucester LLG) where this program had been implemented in 2005 using the Community Action Participation (CAP) process.

It takes roughly an eight hour boat ride from Garu waterfront (Kimbe) to Sagsag Health Sub Centre Gloucester district of West New Britain Province. Sagsag is located at the tip of West New Britain. Whilst standing at Sagsag beach one can easily see Siassi islands of Morobe Province floating on the sea some distance away. A boat trip to Siassi islands from Sagsag is estimated to be about 40 minutes. Based on the 2016 census population count-the Sagsag Health Sub Centre’s catchment population is more than 6,000.

In the community there is a primary school and the health sub centre (Sagsag SHC) which are the main services provided by the government (school) and the sub health centre provided by the Anglican Church which is the main religious denomination in these parts. The Sub health centre is maintained by the OIC and his four staff members.

Sagsag HSC a facility of Anglican Health Services, West New Britain is located at Sagsag Station, and one of the oldest health facilities serving not only Sagsag but surrounding villages. Though the infrastructure is old and in some parts needing maintenance, the facility is well equipped with medical supplies and a dedicated team of health workers.

According to the eNHIS, (National Health Information System) the estimated catchment population for Sagsag Health Sub Centre for 2019 is 3,482. Population <1yrs is 122, population 1-4yrs is 460, population 15-44yrs (women-child bearing age) is 744, and estimated births is 132. Common presentations at the clinic includes malaria being the most common followed by cough, tropical ulcers (including yaws), Diarrhoea, and Tuberculosis (TB).

The Anglican Church was established in West New Britain since the time of the early missionaries in the early 1900’s. Although an active religious denomination in the province, the New Guinea Islands Diocese Health Agency was established in 2017 and maintains seven of the Anglican Health Facilities in the Province: Sagsag Health Sub Centre( Gloucester) , Au AidPost,(Gasmata) Aumo Aid Post( Gloucester), Kumbun Aid Post (Kandrian Coastal), Leama Aid Post (Kandrian Inland), Urin Aid Post (Kandrian Inland).

Sagsag community is made up of four (4) wards respectively. Ward #1 has over 400 households, with an estimated population of 2633 (recent population count-2019 by Rotary Malaria Household Survey). Ward #2 has over 200 households with an estimated population of 1054. Ward #3 has over 370 households and an estimated population of 5642 (comprising 8 villages) which is a much bigger ward than the other 3 wards. Ward #4 is quite small with 138 households and with an estimated population of over 650. Main mode of transport is by boat (Sagsag-Kimbe). No road connection yet from Kimbe to Sagsag. There is also no communication services (it is an hours travel by road to the nearby village to access Digicel network service).

Interestingly, the main source of income for the community is through selling dried tobacco leaves (Brus), which is really paying well and also on high demand in Kimbe town. Previously it used to be cocoa as the main source of income for the locals, however, the invasion by cocoa pod borer has badly affected the cocoa beans. There’s interest now in the community to venture into vanilla farming which has a potential to transform the lives of the locals if

taken seriously.

The villages in this locality are surrounded by natural rivers that on a hot day, you can spend your time at and cool off and in the evenings, the place is cool and offers immediate relief from the heat.

Local food like banana, taro and greens cooked over the fire make for different tastes and enjoyed immensely compared to the almost staple diet of rice back in the big city.

Potpotpua Village also in the Gloucester District was identified as one of the villages where the Community Action Participation (CAP) Program under the Healthy Island Concept run by the government was introduced in 2005. The main aim of the CHS visit was to identify where the communities were at in terms of sustainability of the program since the CAP training, awareness, monitoring and evaluation of the program. The visit by the CHS/ CPP/Anglican Health Service team was also to support the communities, identify needs challenges and recommendations and visit the Sagsag Health Sub Centre.

There are four wards in the Gloucester District. Ward 1:Gillnit, Nomototo, Gilva and Aumo villages, Ward 2 :Aisega, Valvalopua, Ura and Vitnare villages, Ward 3: Sagsag, Potpotupa, Gie, Aimola, Aipate, Aimoga, Sikal and Ward 4 villages.

The meeting with Sagsag Health Facility Staff revealed that they spent almost 90% of their time being curative focused rather than preventive focused and agreed they must all go for the full EDEN TOT the sooner the better and help their communities in terms of health and taking ownership of their own lives.(health)

Ward Development Committee members from Ward 1, 2, 3 & 4 in the Gloucester District met at Sagsag And Health Promotion Coordinator Nickson Samblap explained the need for legitimate systems and ward development committees. He said the EDEN concept recognised and used the ward development Committee system and LLG systems to bring change and development into the community so that everything was done with consent and was legitimate. He stressed that EDEN did not work in isolation rather used the existing systems that were in place.

It was observed that communities already had Ward Development Committees and different group representatives such as Youth, Church, Women’s, Village and clan so a system was already in place. The challenge identified was the need for support with training on the planning process and how they could help their communities. All ward members were grateful of this awareness and they could now identify the gaps and where they needed to pick up.

General awareness of the EDEN concept and the aim of the program in terms of preventive health and its impacts proved to be very usefull for the people who want to be agents of change in their communities

# Prevention is better than cure

Reduce your risk of **coronavirus** infection:



Clean hands with soap and water or alcohol-based hand rub

Cover nose and mouth when coughing and sneezing with tissue or flexed elbow



Avoid close contact with anyone with cold or flu-like symptoms

Thoroughly cook meat and eggs

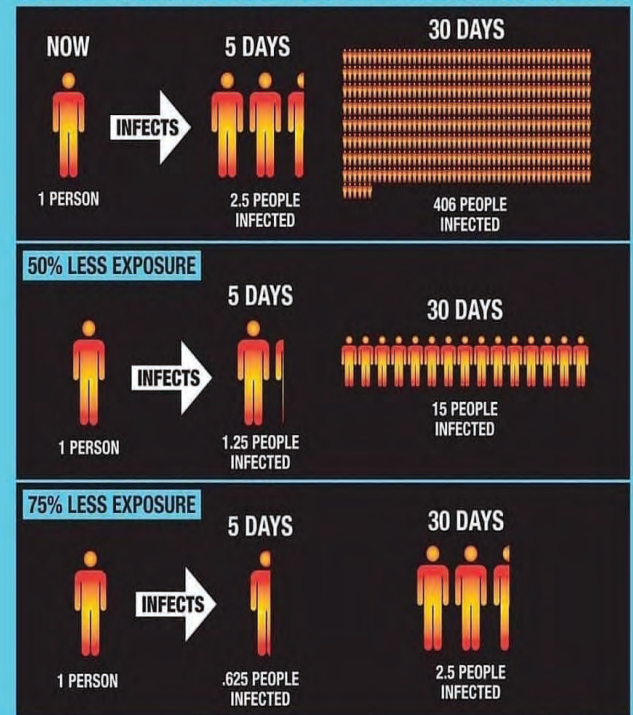


No unprotected contact with live wild or farm animals



World Health Organization

## THE POWER OF SOCIAL DISTANCING



As with other respiratory illnesses, infection with 2019-nCoV can cause mild symptoms including a **runny nose, sore throat, cough, and fever**. It can be more severe for some persons and can lead to pneumonia or breathing difficulties.

**How dangerous is the 2019-nCoV?**



World Health Organization

## Protect others from getting sick



**Avoid close contact** when you are experiencing cough and fever

**Avoid spitting in public**



If you have fever, cough and difficulty breathing **seek medical care early** and share previous travel history with your health care provider

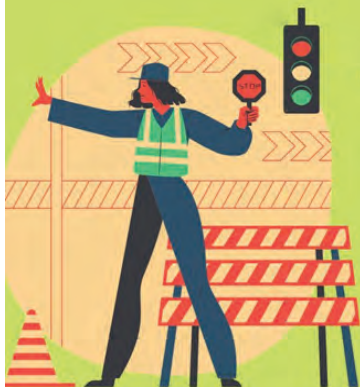


World Health Organization



# Covid -19: Safety in the workplace

## Getting your workplace ready for #COVID19



Brief your employees, contractors and customers that if coronavirus starts spreading in your community, anyone with even a mild cough or fever will need to stay at home.

Promote regular and thorough hand washing. Put sanitizing hand rub dispensers in prominent places around the workplace and provide access to places where staff, contractors, and customers can wash their hands with soap and water.

## Getting your workplace ready for #COVID19



Promote good respiratory hygiene. Ensure that surgical face masks and/or paper tissues are available at your workplaces for those who develop a runny nose or cough at work – along with closed bins for hygienic disposal of them.



Your employees should comply with any local restrictions on travel, movement or large gatherings.

Health

#Coronavirus



Promote regular teleworking across your organization. If there is an outbreak of COVID-19 in your community the health authorities may advise people to avoid public transport and crowded places. Teleworking will help your business keep operating while your employees stay safe.

# First quarter updates...

*"It's no longer I that liveth but Christ that Liveth in Me"*

## Happy Easter to one and All.

The first QTR of 2020 has ended with a lot of queries doubts confusion fear of the Corona Virus, funding delays and you name it.

The first Quarter of 2020 had it all. And as we thought we were through the challenges of 2020, more bad news surfaced with the advent of Co-VID 19.

At the same time, we were expecting our funding from NDoH to come as early as February but to date we have not received funding for staff salaries and a month payment for Operational grants only. This is the fourth month of the year and nothing is forth coming as we go to print. The fact that we are "not funded" for the first quater affected our ability to serve and serve well.

Our concern for the Health Services is for how much longer will these funding delays continue for thus affecting the morale of everyone involved at the service level to deliver much needed services to the rural population at large.

## Co-Vid 19.

The announcement of the arrival of this virus on our shores has caused a lot of fear anxiety and ignorance as well not to say the least.

There has been a lot of information on Prevention Strategies which has been forwarded to all of you.

Please rad them carefully and disseminate the information and advocate for change rather than dwell on the technical nature of the virus. Convey the Key Messages well and be prepared as well.

## Emphasis will be on the following: (For Staff/Patients)

1. Educate yourself and your families about the Virus and how to keep your families safe.
2. Wash Your Hands with Soap & Water All the time after touching surfaces and or objects. It is advisable to carry a hand sanitizer (small!) in a bag for hand sanitizing outside of the home.
3. This one is difficult. Always maintain Physical/Social Distance when in potential risky AREAS and avoid these Risky Areas.
4. For your own good: Remain at Home and avoid unnecessary Trips to places where crowds of people gather. Town/

Market/ PMVs/

## Funding Delays and Action to take:

We have been receiving queries and information on the above from Agencies querying the Management of CHS on the possible actions to be taken in light of the funding constraints CHS and its Agencies are faced with at this point. We in Management have developed an information gathering template to seek views of all our staff in the Health Facilities on what action we will and should take as a partner to the Government in Health Service delivery.

This information has been sent out to all OIC of Health Facilities and will need to be put together as an Agency response.

We will provide this as evidence to the Government on the type of action we will be taking as a direct result of the funding delays and its consequences on the morale of staff and lack of program implementation at the service level.

We plead for this information to be returned to us by the 15th of April 2020. Other information will be provided to you all via communication from the CEO's Office in relation to other important announcements and defferals.

## CHS 50th Anniversary Conference.

Due to Co-Vid 19, the 50th anniversary and annual conference scheduled to happen in May has been postponed to a later date and when the situation goes back to normal. Agencies should continue to prepare for this event in the meantime. More updates will be given from this office in due time.

On behalf of the CHS Secretariat team, we pray you and your families keep safe during this global health pandemic and remember prevention is better than cure!



**Bernard Rutmat, Deputy Executive Officer**

# TOKSAVES

1. For those Agencies who have not forwarded any information on the History of their Health Services Please this is your opportunity to do so now. We hope some quick action on this call will be adhered to by those concerned.

2. While we appreciate the concerns expressed and representations made to important persons or contacts in Waigani and the Government in relations to the Financial Dilemma of CHS and or the Agencies, We would like this to be coordinated well so we are not duplicating the information sent and the content of the same. This is very important for our reference and information as well.

3. Due to the extension of the SoE there will be some information that will need to be shared with you all. As a matter of importance, we are also going to share that information with you all. The Covid 19 pandemic has impacted us all and at Secretariat some specific measure will be put in place for our own safety and that of our families.

4. The Secretariat Office will be manned by a skeleton staff on a weekly basis. This is to control the gathering of people and its movement in the Secretariat office. Also, the SOE will also limit people to come to work on any given time.

5. Contact Officers individually for any emergencies as information available to you.

**Health Toktok is a quarterly publication of CHS (PNG). All information in this newsletter has been verified before publication. Send any stories from your agency that you would like to see published in this newsletter to the address given. Material published in this newsletter shall not be used in any other publication unless permission is sought from CHS .**

## Editors:

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

## Our Contact:

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

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