



Health Toktok

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Avoid catching the Corona Virus. Wash your hands with soap and water. Practise social distancing. Covid -19 toll free number 1800 200



New labour ward to boost mothers health care in “last Wosera”

THE completion a new labour ward in a remote part of the North Wosera District of East Sepik will be providing much needed antenatal health care service for women in this area.

Nungwaia Health Sub Centre, a facility of the South Sea Evangelical Church (SSEC) Health Services, East Sepik officially opened the labour ward on September 3rd 2020 in the presence of representatives from the East Sepik Provincial Health Authority, Christian Health Services (PNG), SSEC Health Services, ward members and local communities.

Nungwaia, otherwise known as “last Wosera” is geographically situated high up in the mountains marking the border between the Wosera/Gawi district and Ambunti/Drekikir. Road access is difficult and even more so when it rains. Access to basic services are hard, especially for health.

Communities in these wards in the North Wosera LLG - Nungwaia, Watekuwa, Ukutakwa, Jipakim, Jipako, Apembi, Manjikwaruri, Dumek, Kwanga Settlement, Weiko (Warmeteli community) and the Ambunti/Drekikir District Wasambu, Daina, Masalakar, Waimanokor and Bongomachi under the

SSEC Nungwaia catchment area braved the rains and mud walking the rough roads to witness the opening of the new labour ward.

Nungwaia Health Sub Center OIC Brian Angili said this facility would be greatly beneficial to these communities especially as the treacherous road conditions made travelling to the nearest hospital in Maprik or Wewak difficult. Mr Angili said: “Before this labour ward, mothers usually do village births. This leads to complications mainly retained placentas, post-natal infections and even maternal or child deaths because of the lack of proper medical care”

The new labour ward was a project initiated in 2016 by Mr. Angili a community health worker by profession, who had worked with SSEC health services for more than ten years. After furthering his health background pursuing general nursing studies at the Lae School of Nursing, Mr Angili returned to the province in 2016 and went back to work for SSEC Health Services.

Also from Nungwaia, Mr Angili was able to see the real health needs of the

people in his village as well as the other surrounding villages and safe antenatal services was one of them.

Angili said: “It was not easy. There were many challenges. I identified the need for a labour ward as a priority and brought it up with the ward committee members for the wards in the SSEC Nungwaia HSC catchment area. The health facility serves about 12,000 people. Each ward member had community meetings in their respective communities to tell them of the current health need and that each household would contribute K20 towards the new labour ward building.”

At first there were many complaints and resistance as to why each house/ family should contribute money but the communities realized the need for the labour ward as urgent and agreed to cooperate.

Community contributions at K20 per house hold totaled up to K37,000 with support from SSEC Health Services with K70,000 through the operational grants from Christian Health Services (PNG). Maintenance to the general ward at Nungwaia Health ..continued on p3

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From The Chairmans Desk...



MERRY CHRISTMAS 2020 TO EVERY MEMBER AGENCY AND ASSOCIATED MEMBERS OF THE CHS PNG GENERAL ASSEMBLY.

As we come to a close of the year 2020; and as a major partner to our Government of PNG for Health Services Delivery, certainly there are many things to reflect on and assess the journey taken during the last 12 months of the year.

I took note of those events that played both challenging and encouraging contributions to our effort to deliver health services, one of the unexpected and the most challenging was the GoPNG commitment to our GoPNG Church Health Grant irregularity and funding cuts and shortfalls.

Corona Virus 2019 was also a mind racking health issues that almost caused huge burdens and has not just shaken our GoPNG health system but also has shaken our own CHS state of health delivery if this Covid -19 was to overflow with increasing cases throughout the country – we would have been in a chaotic health state.

The events have resulted in not having our 50 years celebrations of existence in the country plus many other events that should have happened.

It is by God's Grace, Love and Mercy that we exist as CHS PNG and as a country surviving through all odds thus far; Praise and Glory to His Name.

There are many others that the CHS Secretariat has gone through as well as all you individual church agency and I take this time also to salute

and commend all your efforts in the ensuring services to our mothers and children ends this year 2020 on a good note.

It is our humble respect as a Christian Health Entity, despite all that had happened, on behalf of CHS PNG, the Executive Board members and I wish to thank all our partners, firstly the Government of Papua New Guinea, its National Health Department, Line agencies especially Finance and Treasury Departments, Office of the Health Ministry and other like government ministry office, those individual politicians, that have played their role to support our effort throughout the year.

To the Non-Government Organization Partners both local and international, mentioning the World Bank, Bread for the World, PNG Church Partnership Program, HealthServe Australia and others,. CHS PNG duly thanks you all for all your great support.

To our national media industry, given the GoPNG Church health Grant shortfalls, we have received and felt the great support they played in advocating our needs to the GoPNG but also to the entire country.

To the National Broadcasting Corporation (NBC), The NBC TV, The EMTV, The Post Courier, The National Newspaper, FM100 Radio and others I have not mentioned, CHS PNG wish them all a blessed Merry Christmas 2020.

To the Individual Church Agencies and associated members of the assembly, the Rural and Urban health Services – The Health secretaries, Managers, Doctors and Nurses, all our Training Schools, both the General Nursing and Community Health Workers Training Schools – The Principals and staff, including all your governing and

management Boards, The Executive Board wishes to thank you all and commend your administration and management of health services development and services throughout the year.

Especially taking note of the resilience against all odds and the stubbornness to be there confronting the issues, never backing down and giving up, but to stand in containing situations and struggles, We give God the Glory and thank Him for you all that NO Health Center, Hospital or an Aid Post was closed during the 2020 struggles with funding shortfalls to service operations and staff salary. Your hearts truly honor God and His Name.

To the National CHS Secretariat Office, the Executive Board express thank you to the great leading of our CEO, Mr. Tapia with his Deputy Mr. Rutmat, supported by the senior Management team and their management and ancillary staff; We thank you for standing together despite issues and struggles you have faced in your own life, family and as a secretariat team to ensure administration and management of the affairs of CHS PNG, enabling funds and other support to agencies smoothly this year 2020.

It is our prayer of Thanks Giving to God that God will continue to hold the team and enable a blessed celebrations of the festive season to you all.

May you all have a Happy Blessed Christmas 2020 to Celebrate Jesus birth and through Him all the Blessing to your life, family and work; And CHS PNG as a family as well.

We look forward to the coming year 2021 and keep you all in our prayers

Japalis Kaiok
Chairman
CHS PNG Executive Board

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continued from page 1..

Centre was also done with support from local member and Education Minister Joseph Jerry YopyYopy. North Wosera LLG Ward Member and Deputy President Martin Kalumu said during the official opening that the communities and their ward members were very supportive of such initiatives because they know they will benefit from it in the end. "They call us back page because we are the last Wosera and that's fine but because of this kind of service that we

have not been forgotten. We still need access to such services," he said. Meanwhile Chief Executive Officer of CHS (PNG) Ulch Tapia, who had the privilege of attending the opening said he was very happy in the way SSEC Health Services had supported its health staff and OICs in the new labour ward initiative. Tapia said: "God has blessed you all. Your communities and you health workers with skills, knowledge and resources so you must not waste it.

Service must still continue and for our mothers and children," He was impressed with the way the communities had all cooperated together to make this dream a reality using the available resources they had adding that he had not seen this in other communities he had been to. He acknowledged SSEC Health services (ESP), The East Sepik Provincial Health Authority representatives, ward members and communities for their time and efforts.



Dumek shows community initiative



A community in the North Wosera LLG forked out K50 each to contribute to twenty live chickens towards the opening of the new labour ward at Nungwaia Health Centre. All communities were asked to contribute by way of food from their

gardens towards the community celebration that would take place afterward. The Dumek community in Ward 26 North Wosera LLG contributed these chickens as a way of appreciation and it was the first time for them to do so.

Nungwaia Health Sub Centre OIC Brian Angili said he was surprised that they had contributed in such and said this gesture showed their support towards community initiatives. He thanked the Dumek community for their support.

CHS Secretariat

Secretariat observes CHS Day

SEPTEMBER 12th, 2020 marked an important day in the history of Christian Health Services as it was observed for the first time as CHS Day.

Commemorating the CHS (PNG) 50th Golden Jubilee (1970-2020), the CHS Secretariat celebrated the day with remembering the work of the missionaries since the formation of Churches Medical Council (CMC) to CHS and the present day with presentations and other activities.

All CHS agencies were notified to do the same in their respective provinces as the Annual General Meeting and 50th anniversary celebrations for this year had been postponed due to the Covid-19 Pandemic and SOE restrictions.

Special guests during this time were Sr. Celine Yakasere of Catholic Health Services East Sepik and long serving board member of CHS having served 19 years and Chairman of the PNG Council of Churches and Anglican Bishop Danny Guka.

Bishop Danny encouraged the staff in his reflections to preach and teach and heal as a service and that God would be with them to the end.

“Church health services has been here since before the government services and it is a wonderful ministry. No matter what comes your way, you can be assured that God will always be with you,” the Bishop said.

He added it was a miracle in itself how the hand of God had been upon CHS for the last fifty years and would continue to do so.



The Bishop also said that CHS had come a long way in the past fifty years in terms of health service delivery and would continue to do so.

“Many will come and go in this ministry and there will be storms and challenges but as long as God is in the boat, it will keep moving,” Bishop Danny said.

For the staff, it was a time of reflection and remembrance of the service in health started by the early missionaries almost fifty years ago.

Chief Executive Officer Ulch Tapia said CHS had come along way in the health ministry and that all those who were part of this journey in health must continue to

uphold their work ethics and serve with dignity and pride.

The Secretariat has a few long time staff who had served in their provincial agencies before joining the main office namely: Mr Bernard Rutmat, Deputy Executive Officer – Catholic Health Services, New Ireland served as Health Manager, Mr Nickson Samblap, Health Promotion Coordinator – SSEC Health Services, Served as Health Manager and Mr Ulch Tapia, CEO – Lutheran Health Services, served as Health Manager to National Director and Mr Lengi Derring, Training School Coordinator - formerly with CHS Training institutions in the capacity of Principal.

FACTS ABOUT CHS

✓ The CMC General Assembly otherwise known as the Council was formed on the 12 September, 1965 at Dogura Mission Station, Milne Bay by representatives of different mainline churches. The Anglican church at Dogura still remains there today and is one of the oldest historical structures built by the early missionaries.

✓ CHS first operated as “ Combined” Churches Medical Council reflecting the healing ministry that the

early missionaries initially were involved in and later paved the way for other church alliances that had health ministries to join.

✓ The CMC name changed to Christian Health Services in 2007 by an Act of Parliament recognising CHS as its own entity carrying out health services in the country.

✓ The first CHS Secretariat Office used to be located at the Health Head Quarters at Hohola and later moved to the

National Department of Health offices at Waigani. There were only 4 staff at that time.

✓ The first national executive director for CHS was Mr Simon Sopia in 1984 followed by Mr Pawa Warena in 1986.

✓ CHS Secretariat now has 32 approved staff positions, 27 member agencies and six associate members.

CHS Secretariat

History and reflection: CHS 50 years on

Historically, our first Pioneer Missionaries who came and established the churches in this country, have always played an important role in preaching, teaching the Gospel, and also providing basic health care as part of the mission work in Papua New Guinea.

The provision of basic health care, support and assistance was first recognized by the wives of the first missionaries always at the Missionaries' houses door steps, in the 1870s and later by the first trained nurse from the Lutheran Red Cross Missionary in Madang in 1894.

Since then up until now, Churches through their different missions to PNG (Anglican, Catholic, Lutheran, Baptist, Adventist and Methodist to name a few, have played a leading role in the provision of health care. From the door steps of the missionary houses to the little clinics came some of the hospitals and health centres now seen in various parts of the country.

The early colonial administration encouraged this work and as early as 1920 provided "grants in aid" to assist churches to develop and expand their health services. From there The PNG Government has continued to provide financial support through grants and today provides almost 80-100% (in most cases) of Church health finances.

After PNG gained independence in 1975 most of the church health facilities were handed over to the national churches by the departing overseas missions and their missionaries. As this was done without proper planning, the question of sustainability and continuity of health work left behind was not seriously thought through.

In order to fast-track the transition from missionary management of church health services, to a structured national setting, Christian Health Service of PNG started training Community Health Workers (CHW) to manage the curative and preventive health care at the village level. At the same time many of the middle cadre of Health Workers and nurses were trained to cover the vacancies left by the departing missionary nurses/workers.

CMC Original Objectives and Purpose

1. To encourage and develop in highest level of Health- Physical, Social, Psychological, and Spiritual – for the people of PNG, within the framework of national and Provincial

Health Policies, and in so doing offering them belief in Christ as Healer of all men.

2. To encourage co-operation between member organization

3. To give support to individual health Workers and member organization by providing means of worship, fellowship and Christian, witness, and the sharing of experiences and knowledge in a common Mistry of Healing within PNG, and throughout the world.



4. To promote co-operation between the churches and the Government in matters of common concern.

To promote ideas of-

- Full Human development
- The caring Community
- Social Justice and
- Self reliance

In particular CMC encouraged Church Health Services to see their contribution in the following areas:

- A service which emphasizes Preventative and primary Health Care for all
- Encouragement of self-reliance through involvement of the community in providing better health services
- Training of personnel and provision of staff particularly for health work in rural areas.
- Take Active co-operation and working together with Government in planning of and in achieving National and Provincial Health Plans.

Reflection Since 12 Sept 1965 – 12 Sept 2020, spinning 55 years now.

- CMC Office with 1 C/GHLO position –

now 32 approved positions with 20 SOS currently at CHS Secretariat Office.

- Few Missionary Health workers - now there are 3,290 positions approved plus proposed ones
- 27 Churches Health Agencies
- 485 health facilities established
- 15 Eastablished Health Worker Training Schools
- Salary and operational grant has increased
- Well established CHS National office plus

Residential Houses being erected

- And many others that we can realize now
- Reflecting back to CMC Original Objectives and Purpose, which had driven those journeys through for the last 50 plus years now.

How would we recapture these Vision and Missions and move forward?

We are now inspired and empowered by CHS;

Motto: "To serve with love, dedication, compassion and commitment in humility"

Vision: "Church Health Services as a constitutional organisation will strive to carry out the healing ministry of Jesus Christ by providing quality and affordable health care for all people."

Mission: "Inspired by the Gospel of Jesus Christ, we strive to provide the best health care with dignity, respect, compassion and dedication in partnership with the government and non-government health care providers through health promotion, training, clinical care and evidence-based research work."

Partial “Stop Work” for CHS uplifted

DESPITE the challenges imposed by the down-turn in economic climate and worsened by the Corona Virus Pandemic, the government has listened and responded positively, therefore CHS remains committed to providing health services to our people within its designated health facility catchment areas.

This statements were released in a media statement by the Chairman of Christian Health Services Mr Japalis Kaiok at the time of the uplifting of the “partial stop work” on July 30th, 2020.

Prior to that, all church health services across the country went on a partial shut down action due to the delay in non - payment of salary and operational grants from the government which had been greatly impacting church health workers and their daily operations.

Mr Kaiok said in his statement that true friends always went out of their own way to advocate and support CHS during such difficult times.

“ I very much appreciate and thank these special friends of CHS, especially those from within the bilateral partners of government,

development agencies, special individuals in government and the public sector who continue to believe and stand with CHS in providing health services to our people,” he said.

Although all outstanding grant payments have been sorted, there are still uncertainties in the long outstanding issue of the Alesco Payroll roll out for the church health agencies.

The grant arrangement will continue until such time this takes effect.

Kaiok expressed sincere gratitude towards the Government of PNG, the Prime Minister and the departments of Treasury, Finance, Health, Religion & Community Development and the NEC in their favorable response in releasing all outstanding grants for CHS.

All Church run health facility staff, tutors and health worker training schools were called upon to resume normal duties effectively restoring full health service delivery and health work force training activities.

Community raises K75,000 to build health workers house



The new staff house at Yumbanokor was built from community contributions

SEVENTY five thousand kina was raised by a community in the Ambunti/Drekikir district of East Sepik to build a new staff house for its Aid Post health worker.

Fifty kina per household in the Yumbanokor community was contributed towards this initiative.

The permanent house also includes a water tank and other basic household

items.

Health Chairman of the Yumbanokor community Gabriel Kwaato said community participation was very good in his area.

“In other places, there is not so much of this kind of working together. Maybe the argue and have different ideas or are not willing to sacrifice their money,

but for our case, this is not so. When we identify a need, we look at our funding and available resources. If we fall short, we have community meetings and raise the money ourselves to finish the work.” He said.

The Yumbanokor Aid Post is a facility of the SSEC Health Services and serves a population of more than two thousand people.

Because of the geographically challenging locations of most of the villages and nearby hamlets, the aid post serves many people and is well maintained.

Interestingly it had been a government managed facility before being taken on board by the SSEC Health Services due to no sustainability.

This facility was completely removed, renovated and maintained by former member for Ambunti/Drekikir Judah Akesim together with support from SSEC Health Services and has since been operating for the past eighteen years..

Mr Kwaato said the next project would be to upgrade the Aid Post to at least a Community Health Post to serve the growing needs of the community.



Forgotten people access primary health care facility

(left) Yangoru Saussia MP, Honourable Richard Maru, Mr. Jack Yavai (centre) and the District CEO and East Yangoru President Mr. Jackson Kapmawa at the official opening of the newly built CHP

THE initiative of a Community Health Post for the forgotten people of Witipe in the Yangoru/Saussia district began in 2014 by former SDA ESP Health Manager, Mr. Ibbis Malaitom in partnership with the member for Yangoru/Saussia district Mr Richard Maru through the district DSIP funds to construct this Community Health Post.

The CHP is at Witipe # 2 along the Sepik Plain of East Yangoru, Yangoru/Saussia District with the locals from these area Worsera language speaking people.

The health facility will cater for Kumbi, Koro, Kumbu, Makambu, Pangaembit, Kamatogu, Kiniambu, Witipe # 1, Witipe # 2, Witipe Primary School, Kamanjan, Holik, Bom and Sara villages with a total catchment population of 5,653 people.

These villages currently fall under the Yangoru Health Centre catchment and negotiations are underway for the them to be handed over to SDA Witipe CHP catchment.

The facility design chosen was a “T – plan” CHP following standards set by the National Health Service Standards and took almost seven years to complete. The funding also permitted the construction of two staff houses.

All in all, a new CHP building, two staff houses, generator shed and an ambulance shelter were constructed. An ambulance was also given by Hon. Richard Maru.

The Community Health Post was officially opened on July 1st 2020, however treatment of out-patient cases began as early as February 2020, reporting under Yangoru Health Centre.

Decorations for the CHP opening were all bush trees, shrubs and palms to show they were the forgotten villages in the bush and the trademark savannah grass of the Sepik Plains.

The ribbon was cut during the official opening ceremony by the Hon. Richard Maru on July 1, 2020 and during the same time donate the ambulance to the CHP.

Fourteen string bands presented messages in musical songs of how they had suffered in primary health care since the colonial days which was more than 60 years that they had been denied of proper primary health care. It was heart touching as they expressed themselves through these songs.

People in this part of the district have to walk for three to six hours to seek primary health care and treatment at the nearest

health facilities such Torembi HSC, Yangoru Health centre or Naksimigel Health Centre. Only those strong enough to walk the distances to the health centers receive the care they need otherwise many silently suffer of even die back in their villages.

MCH patrol teams do reach them during MCH Clinics at times but it is with sad realisation that people are dying of treatable diseases such as Tuberculosis, Pneumonia and Malaria.

The health facility is staffed with a Nursing Officer and two Community Health Workers providing full primary health care to the people who had expressed themselves as the “forgotten people” of over 60 years who had yet to receive such services such as Primary Health Care.

While the health center is complete, the challenge is now to acquire more beds for inpatient care, incinerator for waste disposal, vaccine fridge to store vaccines and one more staff house.

A vaccine fridge is still needed so health staff currently work with ice packs for the time being to for their immunization programs.

*Words & Pic by Martina Rambusumbie
Health Manager – SDA Health Services, ESP*

SSEC Health Serv ESP: Nungwaia,



CHS in pictures: CHS Day



Feature Article: Wosera three



POOR road conditions is an understatement.

Treacherous would best explain the somewhat impassible roads (usually when it rains) that lead to the Wosera/Gawi area of East Sepik. People from this district will tell you when introducing themselves that they are from Wosera and to clarify it further from “ Front Wosera – front page” or “ Last Wosera – back page”. And there must be a “Middle Wosera” somewhere.

When asking them why they say it this way, they simply explain: Front Wosera is just inland and easily accessible. And last Wosera is right



up high in the mountains. The last of the last where roads go but most often vehicles don't go because when it rains, the roads are bad.

How true this is. Its one thing hearing about it. But actually, travelling that road is an experience you would not forget easily.

In a place where government services are few and local members and politicians more often than not forget the plight of their people, church run health service continues despite the many challenges: Poor roads, whether conditions, lack of medical supplies lack of funds and the list could go on.

Geographical locations place the Wosara district inland and in the mountains bordering between the Sepik River and Ambunti Dreikir district. The vegetation is mostly grassland in the lower to middle Wosara areas while large rainforests, mountains and rivers are the typical vegetation for the upper Wosera.

Food grows well in these areas and the staple food diet grown, consumed and sold at the fresh food markets consists of sago, banana, yam, taro, kaukau and greens.

The actual population is unknown however data suggests more than 12,000 people in the Wosera LLG.

The South Sea Evangelical Church (SSEC) has been operating in East Sepik for about seventy years since the time of the early missionaries. The health service has also been part of this ministry. SSEC Health Services has sixteen health facilities mainly in Maprik, Ambunti/ Dreikir, and Wosera/Gawi Disticts.

And it was the Nungwaia Health Sub Centre high up in the mountains of Wosera that got us from the big city lights travelling the rough



roads, experiencing the rain and the life of the Wosera people. The new labour ward at Nungwaia Health Centre was the combined effort of communities in the Nungwaia SSEC catchment area, SSEC Health Services with support from the local MP Hon. Joseph YopyYopy. Supervised deliveries of

mothers was a growing concern and seen as a priority to be addressed as most deliveries were done at home in the villages often leading to complications and sometimes death.

Now the mothers have a facility where they can deliver their babies and receive the medical care they need. The Health Sub Centre also renovated its general ward with support from their local MP.

There is a sense of ownership. You can feel it. And you can see it. Because the people know that they have contributed to that building and so they have the right to use it and look after it. but getting to to this stage was not easy. There were and will be many challenges still. But good community leaders and dedicated health workers committed to serving the people in the healing ministry are the driving force of all that can be seen and felt.

The opening of the new labour ward was something to look forward to. The Chief Executive Officer of Christian Health Services was there to witness the opening along with representatives of the SSEC Health Services, East Sepik Provincial Health Authority (PHA) and surrounding communities.

Communities had contributed food and had a big feast to celebrate the opening and it was a day to remember despite the hot, humid weather which soon turned to a heavy downpour as the afternoon wore on.

It was around 6.30pm when we (CHS team) left Nungwaia to make the four-hour drive back to Wewak, my boss - the CEO of CHS (PNG) and first timer in the area (all of us for that matter) driving.

Well that was the time I saw blinking on the dashboard as we drove out of the health facility premises. The Toyota Landcruiser 10 Seater was fully packed with villagers from middle Wosera who had walked up very early that same morning of September 3rd to witness the opening and hopped on with us and would get off at their junction.

The road down was rough and bumpy. It was slippery. Lightning struck and lit up the slowly fading afternoon sky that would soon be enveloped by blackness of the night.

Wind howled all around as we etched our way down the mountain trails sliding, stopping and checking the roads. Bodies being slammed on either sides of the vehicle as we went along and disgruntled cries of pain that escaped our lips. Even a few silent prayers were made.

Two hours after leaving Nungwaia, our passengers got off at their junction and there were four of us left to travel back to Wewak. Bossman, SSEC Health Services Manager Dainit Nalela, Melissa and myself. A good health committee member decided to escort us back to Wewak as we were all new to the area.

We had learned earlier on that because of the heavy rain the previous night and strong winds, the road we had travelled to get to Nungwaia via Iahita had been blocked by a fallen tree

corners “stuck in the mud”

so we had to take a different road. There were three roads. The road we had initially come on would take us to Maprik, the other two would take us to Wambisa where there was a little station and further on to Kunjingini and out to the main highway.

Listening to advise from our friendly locals, we took the Boma Road and got stuck not long after. After all, the PHA team had left before us and on that same road we had taken..their tyre marks still visible.as the rain began to fall.

The first of many “bogged downs” we would encounter that night happened not long after we turned of onto Boma road.

As if on cue, it rained. Really rained. Lightning struck. The wind whipped and whistled all around. The ground became fast sinking mud. It was strangely and eerily quiet and all we could hear was the rain and the car engine as our boss tried to get us out of the dire strait we were in.

Strangely, all our mobile phone batteries were low and would die out later on that night... the last of the battery life left was spent trying to get newtowrk signals to inform our SSEC team. Bossman finally got out to dig the mud. Dainit got out. Melissa got out. I was told to stay in the vehicle and pass various objects that might enable the vehicle to get out of the mud and also shine Melissa’s phone torcch which somehow still had some battery life. And capture the events that would tell this story .

I realized with complete and utter sincerity the challenges of these kinds of places and how vital services sometimes are hard to deliver given such conditions and geographical locations and that this was where and how people out here lived. Not only in Wosera but in other parts of this country.

We did get out of that first bog after forty five minutes (yes i timed it) and got stuck five more times along the way ..even making it across a makeshift bridge over a flooded river. The sixth time we got bogged, we just got stuck forever. Literally in the sense that we slept in the vehicle overnight, in the rain, in a new place. Totally stuck.

Mosquitos buzzed in every corner. our remains of the celebration feast long gone and hunger set in. No one had thought to bring an extra bottle of water and pretty soon we were dehydrated as well as hungry and exhausted from trying all avenues to get out of the mud. The dashboard time flashed 12.30am. I sighed and got out of the car slipping and falling into mud that was knee high...

All thoughts of sleep had evaded me. There was no betelnut to chew to at least keep me awake but that was find by me as that time, i truthfully was not feeling sleepy.

Melissa had had a good mud show spray ealier on. She was covered in mud. I could not help but smile and we both laughed We both walked up up a muddly slippery hill looking for network signals on her phone...the only phone that was still alive (all ours had long since died)...

but were out of luck. There is no such thing as network signal in these parts. Bossman told us solemnly that there was nothing much we could do but to sleep in the vehicle as it was too dark and raining and by morning we could figure something out.

Sleep doesn’t come easily during such times even when your eyes and mind and body are telling you otherwise. Boss turned the engine of and put of the car lights and went to sleep almost imediately sprawled arkwardely in the front seat.

It was eerily quiet. The rain had stopped. And mosquitos came out.

Melissa and I moved and sat, drifting in and out of sleep at times, awake at most The car was stuck in a very arkward position, more lopsided than straight making sitting uncomfortable.

Dainit sat towards the corner of the vehicle. Melissa and I watched him stand outside for abit before we told him to sit down and just try and rest for abit. We joked and laughed and told stories of other such incidents to make the time move faster.

Around three in the morning, i saw a flash light flicker at the back of us..i shook Melissa who was asleep sitting up .Dainit also woke up. We stayed silent and waited as the light grew closer. It was villagers from where we had come from walking on the way to the market with their bilums of garden food. A woman carried a baby on her neck. They told us they were going to Wambisa to the market and said they were sorry we had got stuck.Time moved on ever so slowly. 5:00am came at last and the first light of dawn seeped though the tree tops.

The health committee member who had come with us set of to the nearest village to find help. And help did come with youths from the village and a gentleman named Frank.

Frank was from the nearby village Nungwaico and had worked for a well-known international NGO in the province for a long time and the Wosera/Gawi LLG before retiring. He had travelled the same roads many times and knew the roads like the back of his hand...where it was really bad, where to turn and where to go. Frank with the youths were able to pull the vehicle out using local resources of large trees, kanda (cane) all in under fifteen minutes and they were able to take us as far as the elementary school.

And so we finally made it out of the mountains and down to Wambisa which was was a welcome sight and down to Kunjingini, a sure sign that we were heading back home.

Sometimes, it takes such experiences to be thankful for what we have and where we live and where we come from. There are people who have a harder life than we do. Its not only in Wosera/Gawi..but all around this beautifully country.

So we must appreciate what we have, learn new things and ways of doing things and do what we can to help others in such places is our common goal at the end of the day



Completion of Awaba Health Centre and opening



(top & far right) ECPNG South Fly Health Manager Hector Morris at the opening of Awaba Health Centre

The Awaba project commenced in 2018 and was left half completed by the contractor. The Health Service together with the Gogodala Aremia LLG contributed 20,000 (9,000 ECPNG & LLG 11,000) to give a complete facelift to the facility. The Governor for Western was to cut the ribbon but unfortunately he was unable to come. The committee decided to let the Health Secretary, Mr. Hector Morris cut the ribbon to mark the facility open to seeing patients. Mothers can now deliver and a two bed for inpatient has been set up to cater for critically ill patients. There is an outpatient and separate room for TB management.



Solar Satellite to boost broad band service

ECPNG Health Services acknowledged the partnership of SDP in the province in the installation of a solar satellite booster system that will provide broad band internet to the facility and the community for the access of vital information and communication via web based applications for both smart phones, laptops and desktop computers.

Positives

- 1 Access to internet for training, communication and correspondences
- 2 Solar system installed and lights up during the night without Genset
- 3 means of generating income through sale of internet prepaid cards





Covid 19 Training

ECPNG staff were able to have a joint Covid-19 training by use of the newly installed satellite booster system where a medical officer from Australia conducted the training. All staff were very happy as participants comprised of SDP, Middle Fly Health Services and ECPNG at the Hospital. With the new Genset, we were able to run power day and night according to the Genset Schedule.

Water Well solves Balimo Hospital water problems



Water is one of the essential requirements in a Health Facility. The Balimo Hospital struggles during dry the season in terms of water. When dry season comes, the lagoon and all water well dries up leaving the facility, staff and families and the community struggling with where to look for water. ECPNG Health Services were lucky to meet Sermon Sangadi an Indonesian expert in bore water drilling. His team were terrific and it took them two weeks to complete the whole process. Now there is fresh water 44m deep in the ground which will never run out and the hospital now has a permanent solution to its water problem.

Wawoi Falls HSC undergoes Maintenance

• ECPNG Health Service committed K2,000 cash plus paint tins, floor mats, mattress, pillows, nails plus fuel for the Health Sub Center amounting to almost K6,000. for maintenance of the facility. Wawoi Falls has also been out of the network coverage area thus no tablet had been given to them for reporting purposes. Reports are done manually and brought to Balimo and sent to Port Moresby for entry, verified by the Provincial Health Informations Officer. On the 2nd of October, Wawoi Falls was able to access internet coverage through broad band installation by PNG SDP so they now have a tablet for eNHIS data entry straight from Wawoi Falls. "We would like to extend our gratitude to SDP for this very important asset worth thousands being established through facilities in the Western Province where there is no Digicel Network Coverage," said ECPNG Health Manager Hector Morris.

Aidiba HSC undergoes major transformation

Adiba Health Sub Center is also another facility that underwent major maintenance in 2018 where the entire structure was pulled down and redone with newly sawn timbers. The Health Service Sawmill was used at Adiba with the community providing logs for the building. The Health Service contributed K50,000 while the LLG contributed K 50,000, totalling K100,000 and the project was awarded to an individual through the Councillor's discretion. However, the maintenance project is yet to be completed. A recent visit two weeks ago saw that the facility needed, a tank for water, plumbing works and new buildings for staff houses. There are two staff houses but the structures have greatly deteriorated. Because the staff are locals, they are living in their own accommodation. The old vaccine fridge which was gas powered had an empty gas cylinder that was installed in 2010. The gas ran out in 2014 and so immunisation patrols could not be done. It was a surprise for the health centre when a week after the visit, a 9000ltr water tank, a lawn mower, gas for the vaccine fridge and materials for the completion of the plumbing works was supplied. Work is expected to be completed soon.

Mapodo HSC faces land challenges

Mapodo Health Sub Center is also another facility which had a maintenance project awarded to another contractor funded by the Middle Fly District Development Authority (DDA). The building was initially constructed in the wrong location (right in front of Mapodo Bible College Staffing Residence). The current ECPNG Health Service land was overlooked by a few individuals without consultation with the Health Secretary thus resulting in this situation. There have been positive talks with the Gogodala-Aremia LLG President, Mr Mabuli Sala in regards to relocation of the facility to the rightful location and as such, the health services has drafted a maternity wing and outpatient proposal to be funded by SDP. The idea is to get a facility up at the rightful location which has the essential services and later do the relocation of the other facility built on Mapodo Bible College Land. ECPNG Health Service has upcoming scheduled visitations of Wasua, Suki, Upiara, Wawoi Falls HSC and all its Aidposts.



Notice Board

FINANCE

1. Non-Compliance of Monthly Reports: A kind reminder to agencies to continue sending in your monthly finance reports in a timely manner. Please send your reports in the first week of the new month (not at the end). This is public money and should be accounted for.
2. The Goods & Services component of the 2021 CHS budget submission has been submitted, however without input from the agencies regardless of the reminders sent to do this. Please note that next year, all agencies will submit their own G&S component to the CHS Finance team so that it will accurately reflect in the overall CHS budget submission.
3. Finance Management Evaluation: The CHS Projects team will be making random agency visits to those agencies who took part in the Finance Management training in 2018 in Port Moresby to evaluate the training outcomes. Again, please make sure all your finance and accounting systems and books are in order.
4. Alesco Payroll requirements: As part of the Finance and HR process, ALL agencies must provide required documents that were outlined in the last Annual Conference in preparation for the centralised payroll. Please consider organisations: Tax Identification Number (TIN) and Nasfund Employer and Employee numbers.

HUMAN RESOURCE

1. New Hire Process: All training institutions on Alesco Payroll must provide the necessary requirement needed that goes with new hires. This will greatly reduce workload, minimise delays and frustration. Checklists are provided, please adhere to them before sending new hires to the CHS HR section.
2. Maintain Routine Processes: Time & Attendance Register (Training Schools) must be sent by Friday of the loose week.
3. Quarterly Finance Reports (Training Schools) must be sent at the end of each quarter and must also include staff and students' establishments. This includes Training School reports. Also, payroll reports and updated staff establishments for each agency to be included and sent with monthly finance report.
4. NID Requirements are **compulsory**. This is a requirement of the PNG government for all public servants and government agencies on the centralised payroll system. For CHS, it's the Training Schools. Please organise for your NID if you do not have one yet or confirm your NID # with CHS HR. if you do .

TRAINING SCHOOLS

1. Training Schools Information: ALL CHW, General Nursing schools and tertiary institutions in the CHS health training sector are required to provide this information to CHS Training Section: (a) Basic School Profile (b) Courses offered (c) Entry Requirements (d) Student & staff information (d) Contact Information. All information will be featured on the CHS website so please comply with this request.

HEALTH PROMOTION

Agencies who want to have the full EDEN TOT training must liaise with CHS Health Promotion section to arrange this.

The Annual EDEN Conference 2020 has been deferred to next year due to Covid-19. Dates will be confirmed and sent to all recipients at a later date.

INFORMATION, COMMUNICATION TECHNOLOGY

1. All agencies which have been identified to roll out the Kacific VSAT Satellite Project must please contact CHS IT Section for more information pertaining to this. The IT Project team will also be contacting the agencies for further updates.
2. Other interested agencies who would like to be a recipient and fit the requirements can also contact CHS IT team for further discussion.
3. Continue to send all stories and photographs you wish to share in the CHS Newsletter to the CHS Media unit. Remember to send all photos as separate files and not in a document form.

CONTACTS

For the different sections, you can contact:

- **FINANCE** | Mr David Langer: dlanger@chspng.org.pg
- **HR** | Ms Emily Kari: ekari@chspng.org.pg
- **TRAINING** | Mr Lengi Derring: lderring@chspng.org.pg
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Third quarter updates...

Hi Everyone!!

As we approach the home straight to end the most tumultuous year for a while let me take this time to congratulate you all for the patience and understanding you continue to show in leaps and bounds despite the many challenges that we all have had to grapple with in 2020.

The destabilizing effect of the Co-Vid19 Pandemic which dictated how we must live our lives, do business, where we must go and where not to go culminating in the whole set of "new normal" that has left us to ponder when this is going to end.

The Second Quarter feature story was the funding issue and in to the third Quarter the patterns of funding challenges continues to challenge our patience at times but we praise and thank God for his providence at the critical times of this year.

As November is almost in to its mid cycle, we are still yet to receive funding for October and we are hoping that funding for the rest of the year will be as per the expected cash flow.

Unfortunately for us the information on the Grants for the training Schools still remains patchy to say the least. Several Attempts were made to get information on the status of the Training School grants continues to remain the same.

It was during this quarter that we had the Project Team from CHS visit selected Agencies to evaluate the implementation of the Basic Financial Management Training which was held in April 2019.

Fully funded by the Church Partnership Program (CPP), the team has visited selected agencies in the Highlands Momase, New Guinea Islands.

Currently as we go to print the team is in Rabaul. (Feature stores will be covered in the 4th Quarter issue of the News Letter)

As we provided in one of our weekly updates in September, the Government announced the appointment of a new Health Secretary for the Department of Health.

He is Dr. Osborne Liko; the former Chief Surgeon of PNG and the former chairperson of the PNG Medical Board. The CHS executive Board held its final meeting for the year in this quarter as well. It was good to see the Board Members again in persons after the COVID-19 19 shut down reduced the 2020 scheduled board meetings to virtual (zoom) meetings.

Information for the Kacific Internet Broad Band Satellite dish roll out has been circulated to Agencies.

Subsequent to the information sent only a few agencies have shown interest in the internet project. If Agencies are still interested please contact the CHS Office for further information and updates.

Due to the nature of the current environment we are operating under at the moment the Board has tentatively earmarked months for the Regional General Assemblies and the National General Assemblies to be held in 2021. Due to the nature of co-vid 19 no set dates were announced for these events.

Tentatively the Regionals are to take place in May 2021.

Wishing you ALL Happy READING



Bernard Rutmat, Deputy Executive Officer

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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ANNOUNCEMENTS

1. Further information regarding the regional meetings for 2021 will be sent early next year. This also applies to the annual general assembly. Make sure you keep a look out for that.

2. Keep reading the CHS newsletters as information regarding the different Training Schools, courses and requirements will be featured in the coming issues of this newsletter. We now have a Training School Coordinator who is basically in charge everything to do with health training.

3. Make sure to send in your monthly reports to the Secretariat. This is a continuous reminder and is also an important process for the CHS Secretariat as well the agencies/

4. Please make sure to send in any news worthy stories or photos of work that you may have done at the agency or facility level. It is always good to share these stories with the CHS network. Contact Nidra on: nkewere@chspng.org.pg or nrkewere@gmail.com

5. CHS Merchandise in conjunction with the 50th anniversary is available. If you wish to purchase any items, please contact Winnie on: wgeorge@chspng.org.pg or info@chspng.org.pg for items in stock and pricing.

Editors:

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