



# Health Toktok

Official newsletter of the PNG Christian Health Services

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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



## “Back page to front page” Impacts of the EDEN Concept

By Nidra Kewere

**“Before the EDEN program, the village was not like it is now. Houses were crowded and trees were everywhere making the place dark. Four to five houses shared one pit toilet and the sickness and disease pattern was so high people were always going to the health Centre”**

This statement depicts the real time situation of the Butika Dahaibinga villages in the Albiges Mamblep LLG of Maprik District in the East Sepik Province before they were declared healthy villages under the Christian Health Services Effective Development Empowering the Nation (EDEN) program in 2015 also known in government circles as the Healthy Island Concept.

To some, it may seem hard to believe that remote places like Butika and Dahaibinga villages in the Albiges Mamblep LLG of Maprik District in the East Sepik Province have achieved such change and development, which is not only the Physical transformation not only in oneself, but family, community, village and Ward as a whole.

Today, the villages which are located up

on mountainous terrain have permanent houses, well lined streets, village beautification such as well-lined flowers. Although easily accessible by road, constant rains make travelling up and down in the local PMV very hard. Most often when it rains, vehicles cannot pass and people walk up and down the muddy mountain.

In the villages, the houses have been arranged neatly and coconut and betelnut trees that were once planted any old how have long since been cut down. There is a light in the villages and people are healthy and happy. All houses have tap stands and water supply coming from the source high up in the mountains and proper toilet slabs. So how did they get this way? Or perhaps the question should be - were they always like this?

Before the introduction of the EDEN program in Butika and Dahaibinga villages in 2003 by then Health Manager of the SSECH Health Services in East Sepik, Nickson Samblap, the villages looked like any other common village in PNG settings.

Traditional housing with not so adequate ventilation, sleeping area in the same place as the cooking/fire place, washing area

also in the same place, 4-5 houses shared one pit toilet or used the bush and most common was the high numbers of disease patterns in the villages meaning people frequented the health centers often.

The villages fall under the SSECH Health Services catchment areas and it was seen as a need to promote preventative health through the EDEN Program at that time.

Those in the church network will know that the EDEN Program is a core activity of the Health Promotion section at CHS focusing on preventative health measures.

This program uses a wholistic (biblical) approach to health while targeting mindset change and empowering people to recognize their strengths and potential and using their available resources to bring change and development.

Introducing the EDEN program and implementing it was not easy. as it came with its own challenges.

*“When the program came in, the community worked together to clean up the village which meant cut down coconut, tulip and betelnut trees. When we did that, some people did not agree and there was a*

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## From The Chairmans Desk...

The Executive Board greets you all and highly commend every individual Church agency, every health care worker, everyone training schools principal, staff support staff, your individual church health and school administration with Board or committee, the Executive Board thank you for the ever-tireless efforts in providing health care services to our 80% of the bulk rural population and urban disadvantage around our country as well as training of the health care training students per our training schools.

Especially in this trying times as our country faces second wave of COVID-19 and its effects on the country's economy directly affecting many other service providers including Christian Health Services PNG as a major partner to GoPNG and its NDoH in terms of health care service delivery.

Before I proceed to provide you with your executive Boards intentions, vision and directives to the CHS Secretariat at the national level for the entire network of CHS PNG, the Executive Board do take this time to pass condolences and respect to our fallen Health Care Workers because of COVID 19.

For God remembers all their contributions that will not be in vain and praying for peace and understanding with blessings to immediate spouse and families.

It was in God's timing that the executive Board conducted its first 2021 meeting that should have been around March – April 2021.

The issues surrounding COVID 19 and the Government's commitment to health services, Non-Church Health Grants funding coming fort has displaced and interrupted many of our health services programs,

training school programs as well as our provincial, regional and national meeting and events. While the issue on the operational GoPNG Church Health Grant, we do acknowledge GoPNG's commitment to staff salary grants, although not in timely manner but at least forthcoming.

The Board is also highly thanking and acknowledging the development partners who are stepping up and advocating on our behalf and stepping in to fill in the gaps in our various short-falls and provide support opportunities and interventions as they very well understand the scope of health service provision between GoPNG and CHS PNG in our country.

While at the Executive Board Meeting, the board continue to take note of the very common issues that every individual church agency must take heed and simply obey those directives as per the CEO and Deputy regular circular memos.

The concerns are very crucial as it paints the kind of image you individual health manager, secretary, board of management or governance or committee, whatever your structure is within your church authority are contributing to the rise or fall of the potential CHS PNG has as a major health partner to the government. Let me remind all of us that we are govern by CHS PNG Constitutions, CHS PNG Act 2007 with bylaws now in draft and your own biblical base guidelines.

If you are not performing to the standards or If any individual secretary or church authority not adhering to the provisions of these constitution and Act, then a change must take place to uphold the Christian biblical principles you as a church stand on to provide additional social services such as in health service delivery and the Vision, Mission statement of CHS PNG.

The Executive Board has given directives under the current Chairman and the Executive members with the CEO, Deputy with the Secretariat to work on bylaws per the Constitution and Act 2007 to give appropriate

authority to penalise unperforming health managers and their agencies. And please allow me to remind all of us cordially that while we are a constituted and enacted organization, as a major partner to GoPNG Church Health Grants recipient, other related GoPNG appropriate policies and directions such as PFMA, PSMA and others do fall on us for compliances. In that way, our testimonies in social services such as health gives glory and honour to God in the faith we believe.

The executive board stands alone in the decision to ensure CEO, his Deputy and the Secretariat for compliances of functions to enable CHS PNG ability continue provide services, it does stand strongly behind the inter circulars and weekly memos for every Health managers and agencies to comply and provide information needed.

I strongly support the members of the board and the secretariat for all agencies to attend to resolution by decisions of the Board despite No GoPNG Church Health for operations to acquit and report monthly this year including 2019, 2020 and 2021. Other agendas must be looked at per the directives sent.

Due to the unforeseen circumstances in the second wave of COVID 19, the annual general meeting has been again differed to next year 2022 and the Secretariat will inform you all accordingly.

The board will still continue to function to monitor the work of the secretariat under certain decisions of the Board in relation to COVID 19 and ensure support to secretariat until such time situation allows formal appointments of Executive Board at formal meetings. Once again, a big salute to you all both the training schools and service delivery while we humble request compliances to directives as serious as it matters. Many God's blessings and protection.

**Japalis Kaiok**  
**Chairman**  
**Executive Board, CHS PNG**

# HEALTH PROMOTION

*continued on from page 1*

*big fight because they did not understand the benefits of this program and also they did not want to give up their way of life that they had been so used to."*

*For change to happen, you must give up some things or ways of living that you are used to for this to happen. Yes, there was a big fight because certain people did not agree with this new concept but after seeing that benefits of this program, they too made the decision to change.*

## **-Male spokesperson, Butika Village**

Mindset change is a key element in the EDEN program. And change is not only mentally but spiritually, socially and physically. Once the people of Butika/Dahaibinga had grasped this and had changed their mindsets from being treatment focused and preventing sickness, they fully understood the benefits of the EDEN program.

The EDEN program links the community to existing legitimate systems and in this case would be the ward and local level government (LLG).

Under the leadership and support of Mr Samblap, through SSEC Health Services and the EDEN program, Butika and Dahaibinga village were able to realize their potential and use their available resources to bring development through community projects and initiatives by recognizing the Ward as the legitimate system and working closely with the Ward member to bring about these changes.

These projects included a water supply, tap stands and toilets. Not only that but community raised money through selling their cash crop vanilla beans to buy materials to build permanent housing for all the villagers.

*"It is a good program. It really targets mindset change and enables people to realize who they are and recognize their full potential. It helps people to also recognize their available resources and use them for long term sustainable development,"*



## **-Former Ward Member for Albiges Mablep LLG Mr Martin Etepina**

Physical changes are visible and so are the spiritual changes.

A woman from Butika said: "Before EDEN, there was a darkness in the village. Customs, beliefs and traditions were part of our way of life. When EDEN came in there was a spiritual battle between darkness and light, good and evil. We prayed a lot and ask God to help all of us to accept change and be ready to change.

Now people have changed, they respect one another, have changed spiritually and have good attitudes and behaviors unlike before."

And its statements like these that really make us understand the beauty of the EDEN program and the long-lasting impacts it has on individuals, families and communities.

Although Butika Dahaibinga is remotely located, the impacts of the EDEN program have drawn many partners and stakeholders to their area from Provincial Government, NGOs, Church and others from outside East Sepik.

It was once referred to as "back page" area because of its geographic locality and lifestyle of people but today through the impacts of EDEN it is known as the "front page"



Butika /Daihabinga now has better housing, improved village settings, a water supply and improved toilets

## Emergency in Yambaitok

Permission for this story given by MAF PNG  
Taken from MAF Papua New Guinea  
- Facebook Social Media Page  
April, 5 2021

When pilot Corné Noordhoek started his flying on Thursday morning, he had no idea of the impact that his full day would have. At mid-day, he was called and told of a medical evacuation that was needed out of Yambaitok. The Yambaitok based ethnos360 (NTM) missionary was reporting a man in his mid-20s that was very sick and they didn't know what to do. Corné returned to Mt. Hagen, re-configured the plane, and headed to pick up the patient. Upon arrival at Yambaitok, the young man was loaded into the plane and then Corné departed for Yenkisa, to pick up Dr. David Mills (who MAF had dropped off the day before so that Dr. Mills and his medical team could conduct a remote medical clinic as part of our Kompiam Aerial Health Patrols). It should be mentioned here that while Dr. Mills and his team were in Yenkisa for their Aerial Health Patrol, they saw 63 medical patients, 32 dental patients and had an evening showing of the Jesus Film - all in just 24 hours!!! - That's living life to the full!!

Corné, Dr. Mills, the medical team, and the patient departed Yenkisa for Kompiam, the site of Kompiam District Hospital. Dr. Mills later relayed the following. "This young man was really, really sick! He had a strangulated hernia [a condition where the hernia cuts off the blood supply to the intestines and tissues in the abdomen].

His bowel was completely obstructed [blocked] and if MAF hadn't got him out when they did, he would have died a horribly agonizing death! I have to say - we are so very thankful for MAF. This wasn't a case where this man had days, it was truly a case of hours!"

Such an incredible reminder of the Reality of the Resurrection!

We are here to be Christ's ambassadors of hope, healing, care, compassion, and the message of the Cross!! Abundant Life!

Thank you to each of you, from every part of the ministry who together help to bring the Reality of the Resurrection to the remote communities of PNG! From those in offices around the world, to those in engineering, on the ramp, raising funds, telling the stories, maintaining the records and on and on.

Together as one united team, we are living life to the full and taking the message of the Cross to those in need!



## CHS Secretariat farewells colleague

IT was a sad gathering when the Christian Health Services Secretariat farewelled a friend, brother and colleague in March this year.

Mr Elias Namosha who was the Monitoring & Evaluation Officer has now left CHS in pursuit of other career opportunities.

Namosha joined the CHS family in 2017 and had contributed a lot in terms of monitoring and reporting of NHIS data, research and project activities.

Mr Namosha stated that he had enjoyed the last three years of his employment with CHS and had come to see the work

of CHS as truly remarkable especially as CHS through health service delivery reaches the rural majority of the population in the country.

Furthermore, he added that being a part of the CHS family and being able to serve others in the health sector was a unique part of what CHS does and he was grateful for the opportunity to have worked in such an organisation.

Deputy Executive Officer at the Secretariat Mr Bernard Rutmat said Namosha was a unique person in that he was humble, soft spoken and always willing to work with others.

“I have come to know Elias very well during his time at CHS. He is a great person to work with and though I am sad to see him go, I know he will do well wherever he has chosen to go from here,” Rutmat said.

While the Secretariat is happy that Namosha has moved on to brighter career paths, this also leaves a gap in the monitoring and evaluation section as it means health reporting and data analysis will be delayed.

The Secretariat wished him all the best in his future endeavors.

## Water restored and women encouraged to venture into local SME

A BROKEN pipe at the main water source has seen people of Kem village, Wantrifu in the lower Asaro LLG of Daulo District in the Eastern Highlands go without water for the last four years.

And water as we all know is an essential part of daily living. Now, many walk miles to the nearby river to fetch water for their daily activities and when it rains the rivers flood and there is no other way to get clean water.

The water project was a project funded by the European Union in 2016 and not only Kem village but other villages in the Wantrifu area have benefited.

But due to vandalism and fighting between tribes which, is common in the Highland's region a main pipe was broken thus stopping the flow of water altogether to Kem Village which is located at the base of the mountain.

However, during a recent research activity in March at Kem Village, this need was identified by the Christian Health Services Project team and a replacement pipe and connector were purchased and presented to the Kem Village Council.

Village spokesperson Emmanuel said it would greatly help the Kem community and thanked CHS for their support in



*Mr Samblap and Mr Namosha from CHS (PNG) presenting the needed pipe fitting to community leader Jacob Liu for the water supply at Kem village*

seeing their need and assisting adding that it would boost the morale of the community to take ownership and maintain this service.

On another note, twelve sewing machines were presented to the women of Kem village to enable them to sew and enter small to medium enterprises (SME) to raise money to sustain themselves through the office of the Governor of Easter Highlands Province.

Tefato Health Worker and Kem Village representative Agnes Gamba said the presentation of sewing machines was done two weeks after the CHS team had

gone to carry out the EDEN research at Kem.

Ms Gamba said: “Through the EDEN program, our village has changed and people from the provincial government came to visit our village and were impressed with the change in lifestyle and village settings. They went back and later returned with the donation of sewing machines to start the women of with sewing meri blouses so they can sell and earn money.”

She added that the women were very happy with the sewing machines and are ready to start using them.

## “Prevention is better than cure” Taking a look at the EDEN Concept

PREVENTATIVE health measures at church run health facilities and in communities around the country continues to remain stagnant with little to no effort being put into it.

This is especially true for Church Health Agencies in different provinces in the country where health workers have admitted that more focus is given to curative (treatment) health rather than preventative health.

A health worker said in a recent interview: “We health workers are so much focused on treatment of patients or curative health. We are not doing enough for preventive health. Health workers are overworked with the high number of sick people at the health facilities every day,” This health worker had given the general observation of many church health workers across the country where they are overworked and overwhelmed with the high number of sick patients a day at health facilities and health workers mindset being so used to giving treatment to the sick rather than preventing people from getting sick.

In addition, this brings us to the challenge of not enough effort by health officials being put into Preventative Health measures at church run health facilities and communities.

For one thing, there is not enough support from the Managing Health Agency in terms of manpower and logistical support which has seen preventive health measures falter.

And in the communities, there seems to be no follow up supervisory visits from health workers or health promotions officers who had given the EDEN Training at the community level to really boost motivation and corporation of the people. Solutions such as more coordination between the Health Agency and health workers in implementing the EDEN training and supporting them when going out to the communities could ease the decline in Preventative Health measures. With this understanding, preventative health now stands as the key focus of Christian Health Services Health

Promotion Program through the Effective Empowerment Developing the Nation (EDEN) concept otherwise known as the ‘Healthy Island Concept’ in government circles.

The EDEN Program uses a wholistic approach targeting mindset change and development, empowering people to realize their full potential and using available resources to bring long lasting sustainable development to individuals, families and communities.

EDENs objectives are aligned to the National Health Plan - KRA 7: Promoting Healthy Lifestyles and PNGs Vision 2050 plan.

While the main focus of CHS is on the Provision of Health Care Services (clinical/curative) through its health agencies and health training, the EDEN concept under the Health Promotion Program targets health prevention.

CHS in partnership with international NGO Bread for the World recently conducted an in-depth research activity gathering findings on its Health Promotion Program, specifically the EDEN program conducted in Eastern Highlands and East Sepik respectively.

The selected provinces were identified as having implemented the EDEN program in villages and communities through their church health agencies over a long period of time and thus had seen some impacts of the program.

Selected sites in Eastern Highlands were Kem Village, in the lower Asaro area in the Daulo District, a catchment area of the Catholic Health Services, who had been implementing EDEN using the original lessons of the Community Health Education (CHE) Program since 2008.

They had seen significant change in reduction of sickness, improved standard of living in health and wellbeing not only of individuals but of family and community.

In East Sepik, the EDEN program was most successful in Butika /Dahaibinga villages in Ward 11, Albiges Mamblep LLG of the Maprik District under the catchment area of the South Sea Evangelical Church Health Services (SSEC).

The EDEN Program was implemented in 2003 and since then, a significant amount of change has taken place.

This include mindset change and the spiritual transformation – people started changing their behavior’s, respecting one another, helping each other and going to church.

And the physical transformation – people changed in appearance as they took care of themselves and looked neat and presentable, they practiced safe hygiene practices and healthy living and change in the village setting was hard not to miss, beautification, cleanliness, improved toilets, water supply and housing.

The community all worked together and supported their ward member to see the change that is visible today.

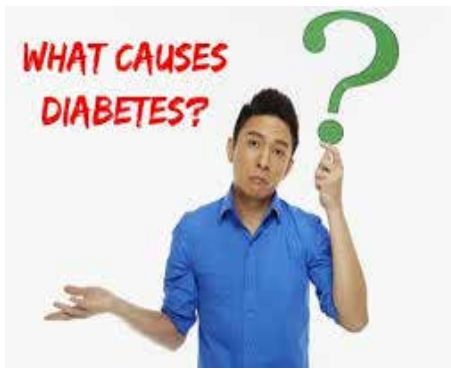
Non active sites in Eastern Highlands were in Kainantu and identified as having started implementing EDEN and stopped due to various factors. These villages were Timuza and Kazokite Villages in ward 1, Kamano 1 LLG, Kainantu District and Bobonabe Village in ward 2, Kamano 1 LLG, Kainantu.

The program had been introduced and implemented but due to unforeseen circumstances, had not been fully utilised. However, people’s minds had already been opened to the program and its benefits and expressed the need for EDEN trainings so that they could be able to fully implement the program.

In East Sepik, Passam 3 in Ward 5, Wewak Rural LLG and a catchment area of the Catholic Health Services was identified as having started the EDEN Program but had stopped due to community disputes.

Despite this, villagers said they had seen great change when the program was first introduced mainly the reduction in sickness and disease trends. They also expressed the need for more EDEN trainings to motivate them to continue the work they had started.

The CHS project team Nickson Samblap, Elias Namosha and Nidra Kewere gathered all findings from the research and evaluation and will present at a later date to stakeholders in the two provinces.



This quarter our health watch feature is on Diabetes. You may think you are ok with your health, but just OK is not good enough. Do a mental check on your own health. Stay hydrated with good beverages, exercise often and eat healthy. You are in control of your body and your health.

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat.

Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy.

Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy.

If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should.

When there isn't enough insulin or the cells stop responding to insulin, too much blood sugar stays in your bloodstream.

Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. (Kidney Failure)

## Types of Diabetes

- Type 2 Diabetes is far more common than type 1.

It makes up most of diabetes cases.

It usually occurs in adulthood, but young people are increasingly being diagnosed with this disease

In type 2 diabetes, the pancreas still makes insulin, but the tissues do not respond effectively to normal levels of insulin, a condition termed insulin resistance.

Many people with type 2 diabetes do not know they have it, although it is a serious condition.

Type 2 Diabetes is becoming more common due to increasing obesity and failure to exercise, both of which contribute to insulin resistance.

Type 2 Diabetes: Overweight: Stress and

other things can elevate BSL.Gestational (Pregnancy Induced) Diabetes

- Gestational diabetes develops in pregnant women who have never had diabetes.

If you have gestational diabetes, your baby could be at higher risk for health problems. Gestational diabetes usually goes away after your baby is born but increases your risk for type 2 diabetes later in life.

Your baby is more likely to have obesity as a child or teen, and more likely to develop type 2 diabetes later in life too.

## How to prevent Diabetes

### 1. Cut Sugar and Refined Carbs From Your Diet

- Eating foods high in refined carbs and sugar increases blood sugar and insulin levels, which may lead to diabetes over time. Avoiding these foods may help reduce your risk

### 2. Work Out Regularly( Physical Activity)

- Performing physical activity on a regular basis can increase insulin secretion and



sensitivity, which may help prevent the progression from prediabetes to diabetes.

### 3. Drink Water as Your Primary Beverage

- Drinking water instead of other beverages may help control blood sugar and insulin levels, thereby reducing the risk of diabetes.

### 4. Lose Weight If You're Overweight or Obese

- Carrying excess weight, particularly in the abdominal area, increases the likelihood of developing diabetes. Losing weight may significantly reduce the risk of diabetes.

### 5. Quit Smoking

- Smoking is strongly linked to the risk of diabetes, especially in heavy smokers. Quitting has been shown to reduce this risk over time.

### 6. Follow a Very-Low-Carb Diet

- Following a ketogenic or very-low-carb diet can help keep blood sugar and insulin levels under control, which may protect against diabetes.

### 7. Watch Portion Sizes (Portion Control)

- Avoiding large portion sizes can help reduce insulin and blood sugar levels and decrease the risk of diabetes.

### 8. Avoid Sedentary Behaviors

- Avoiding sedentary behaviors like excessive sitting has been shown to reduce



your risk of getting diabetes.

### 9. Eat a High-Fiber Diet

- Consuming a good fiber source at each meal can help prevent spikes in blood sugar and insulin levels, which may help reduce your risk of developing diabetes.

### 10. Optimize Vitamin D Levels

- Consuming foods high in vitamin D or taking supplements can help optimize vitamin D blood levels, which can reduce your risk of diabetes.

### 11. Minimize Your Intake of Processed Foods

- Minimizing processed foods and focusing on whole grain foods with protective effects on health may help decrease the risk of diabetes.

### 12. Drink Coffee or Tea (Controversial)

What do you take with the tea or coffee?

- Drinking coffee or tea may help reduce blood sugar levels, increase insulin sensitivity and reduce the risk of diabetes.



# Quarter One updates...

## Hi Everyone!

A very belated Happy New Year to everyone of our Health Workers serving all over the 22 provinces and districts of the country.

As we just completed the Easter story much of the pain and suffering, we endure due to situations and circumstances that may cross our paths on a day-to-day basis.

Well, the first Quarter of the year has come and gone.

We are in to the second quarter of the Year already.

As the year progresses further more and more challenges come to the fore and we seek the prayers of all our health workers and Agencies for all the negative information and vibes that may be filtering through all our communication channels.

## Corona Virus:

The upsurge in the number of new cases for the Corona Virus (Co-Vid19) in the country in the recent weeks has led to newer challenges that we need to focus on apart from the other challenges we are struggling to contain within the limited resources which we have.

Despite the amount of information on social media in relation to the Co-vid 19 upsurge and now a court challenge being taken to stop the roll out of the immunization program against C-19. This will definitely have an impact on the vaccination program against Covid -19 in the country.

## Funding Delays!

The continuous funding delays for the Church Health Grants to CHS continues to affect everyone at every level of the Health system of the country.

The situation does not look too promising as we go in to the second Quarter of the Year.

We are in to April now and funds for **April & May** are yet to be received at our level of the Secretariat.

Funds for the month of January and February for salaries have been sent to all agencies.

As information sent earlier via the

updates the funds remitted were for Salaries only.

Operational Grants for January were not dispatched due to the meagre amount received which is grossly insufficient to be equitably shared amongst the Agencies as per the cash flow.

As the Newsletter goes to print, we are still yet to receive clarity on the status of the **April & May** Grants.

We truly admire the resilience demonstrated by you all during these trying times.

## Training Schools:

No information on funding for Training Schools as of (16th April 2021).

## Updates

The continuity of the weekly updates will continue despite the outrage from 2 people from 2 Agencies who claimed we were not "providing the right" information to you all. Despite that setback we will continue to provide regular updates to you all where information is available for us to share as well. Your understanding and patience are needed here.

**1. Receipt for payments Received.** All Agencies are hereby requested to provide to CHS office a receipt of Payment for the Monthly Grant received at the Agency level. This is important for the Audits of the CHS Books by External Auditors, tracking of the grants disbursed and confirmation of the receiving of the same.

**2. Acquittal Reports:** All Agencies are also reminded again to provide acquittals for the funding received. This is an area that remains a challenge for us moving forward. It seems this information falls on deaf ears every time.

**3. Reporting Templates:** Single reporting Templates (Operational & Salary) will be sent to all agencies soon. These are being developed and will be sent out to all CHS Agencies for your use for the acquittal of the funding received from the GoPNG.

**4. Newsletter Contribution:** All Agencies please take note of this request. Please send us news on events and happenings at the Agency level for inclusion in our QTRLY Newsletter. Send stories to [nkewere@chspng.org.pg](mailto:nkewere@chspng.org.pg)

**5. CHS Website:** Please be informed that the CHS Website is up and running already. This was brought on stream and was witnessed by the Chairman and the Board Members last week. You Can visit us on [www.chspng.org.pg](http://www.chspng.org.pg) and see for yourself and also make comments for improvements.

**6. Board Meeting** of CHS Board. The Board had its first meeting for 2021 last week. Information that may be of concern to the Agency will be sent to you in due course.

**7. April Grants.** Claims have been raised and are now with the Health Secretary for signatures and later for the process of cheques. We will keep you all informed as information becomes available to us.



**Bernard Rutmat, Deputy Executive Officer, CHS (PNG)**

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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