

# 2011 YWAM Medical Ships Annual Report



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# Introduction to YWAM Medical Ships - Australia

## 1.1 YWAM Medical Ships Australia (YWAM MSA)

YWAM Medical Ships Australia (YWAM MSA), headquartered at Townsville, is part of YWAM International. YWAM MSA is a Christian charity that offers global opportunities for volunteers to **serve, build, care and connect** with individuals and communities. YWAM MSA values individuals' rights to quality of life. The shared motivation is to provide people with:

- Access to good health care
- Food, clean drinking water, and shelter
- Opportunity for education
- Expression of culture, arts and entertainment
- Healthy relationships
- Exposure to Christian faith and values
- Fair and productive government
- Opportunity to work and develop

YWAM MSA is actively developing communities by addressing the health care and training needs in Papua New Guinea (PNG) alongside the priorities of the PNG National Health Plan and AusAID's commitment to the UN's Millennium Development Goals. YWAM MSA is implementing programs with its Medical Ship and land-based teams in rural communities in association with key stakeholders and partners.

## Vision

YWAM MSA's vision is based on the need for a **respectful and collaborative** partnership with the people of PNG and Australia, embracing both PNG's National Health Plan and AusAID's commitment to the Millennium Development Goals. The vision is to see a reduction in poverty, and major, sustainable health improvement in PNG over the next several years while simultaneously seeing relationships strengthened between Australia and PNG.

## Mission

To deliver health, training, and community development services to the people in remote provinces of PNG, while building capacity in Australians through volunteering.

## 1.2 Brief History

YWAM International started 50 years ago and has a long-standing reputation of excellence and integrity with over 30 years of results in the maritime medical field. YWAM International has 18,000 staff in over 180 countries in 1,000 locations with an estimated 5,000,000 alumni. This gives the organisation substantial network capabilities for gathering volunteers for its operations.

YWAM MSA launched its medical ship, the MV Pacific Link, in February 2010 with a 16-port public relations tour throughout Australia. In August 2010, medical and land-based teams delivered services in PNG and facilitated programs, building off of three years of research and assessments by the YWAM Introduction to Primary Health Care (IPHC) teams. By maintaining YWAM MSA's commitment to working with the local authorities and institutions, community development projects and services were delivered throughout the Gulf Province in PNG. In 26 days, 15,000 health outcomes were achieved. In 2011, YWAM MSA provided 36,454 life-sustaining services to individuals from 230 rural villages, including the Western Province.



## Overall Aims

YWAM MSA is helping to improve, transform, and provide quality health services through innovative approaches supporting primary health care, health systems development, and proper governance at all levels, addressing the following areas:

- Improve child survival
- Improve maternal health
- Reduce the burden of communicable diseases
- Promote healthy lifestyles
- Improve health service delivery
- Strengthen partnerships and coordinate with and between stakeholders
- Strengthen health systems
- Improve PNG's preparedness for disease outbreaks and emerging population health issues
- Build capacity in Australians

## YWAM MSA's Strategic Capacity to Help Address Health Concerns in PNG

- Unique ability to overcome isolation and lack of infrastructure by having the capability to access areas inaccessible by roads
- Ability to cover vast remote areas
- Ability to safely transport and store much needed medical supplies
- Mobile, safe, and secure on-board facilities allow for testing equipment to be utilised in multiple locations by trained professionals
- Research and data storage
- Capacity to transport and accommodate medical specialists from all over the world
- Gives opportunity for PNG medical students to fulfill their rural placement alongside international medical professionals, which as a result, exposes them to the need for medical personnel to work in rural areas and gives the students further experience and skills
- On-board water, supplies, and fuel storage provides self-sustenance in remote areas for extended amounts of time
- Capacity to strengthen communities on site
- Train and treat villages in their home environment
- Ability to spend extended periods on the field
- On-board community with many nationalities, cultures and ages to build relationships in villages
- Ability to communicate and overcome isolation
- Substantial network capabilities for operations
- Cost effective delivery of services

# Community Development Model

YWAM MSA utilises unique innovation to initiate holistic community development activities and projects, which empowers communities to take ownership by participating in achieving long-term, sustainable outcomes.

YWAM MSA's community development philosophy is based off the Asset Based Community Development (ABCD) approach. The approach focuses on building relationships, honouring authorities, appreciating and mobilising individual and community talents, skills and assets to help encourage self-mobilisation for change in their own communities. Focusing on the positive assets will help build the community, giving residents hope and a positive vision for themselves. In the Middle Fly, South Fly and Coastal Regions there is great isolation, and YWAM MSA uses its networks to engage partnerships to strengthen PNG communities.

YWAM MSA's holistic community development approach involves engaging all seven spheres of society:

- Family (nuclear and extended)
- Economy (research and development, science and technology, business and healthcare)
- Government (executive, legislative, and judicial)
- Religion (local church and mission)
- Education (preschool, primary secondary, tertiary, and vocational)
- Celebration (arts, entertainment, and sports)
- Media (printed and digital)

YWAM MSA believes this is a key building block in sustainable community revitalisation and development efforts. YWAM MSA actively engages in all spheres, and partners with PNG nationals, passing on skills and experience so that PNG, as a nation, is empowered and able to grow stronger.



# Message from the Chief Executive Officer


As I reflect on 2011, I am amazed at how YWAM Medical Ships has expanded and evolved throughout the year; as we continue to form new partnerships and strengthen our existing ones. Over just 69 clinic days, we were able to continue upskilling nationals and building capacity within the 43 villages visited. We were also pleased to incorporate childhood immunisations as part of our primary health care program this year for the first time, providing 3,778 immunisations to children in the Gulf Province, Western Province and Port Moresby.

2011 has also been another great year of pioneering and discovering new territory. After such a successful pilot program in the Gulf Province last year, we decided to expand into the Western Province, where over 55% of our healthcare outcomes were delivered in 20 villages along the great Fly River. We are looking forward to discovering even more new territory next year when we return!

The challenges Papua New Guineans continue to face on a daily basis have always remained confronting. Currently, PNG ranks the second highest in the world in maternal and infant mortality and one child in every 13 born in PNG will die before the age of five, a rate far greater than any other in the Pacific region.<sup>1</sup> These devastating statistics are evident in remote villages as we meet mothers who have lost a child, or children who have lost their mother. It has simply become a way of life. These realities have sparked us to consider how we can improve and put more of an emphasis on education as we develop our programs.

The need for a new medical ship continues to be more evident as we are faced with the growing healthcare needs and face limitations with our current ship, the MV Pacific Link. Plans and preparations are well under way for purchasing a new vessel. We continue to dream of what could be, as we plan to build a ship that can deliver 400% more than we are currently able to provide.

We are very grateful for our partners and volunteers that continue to make YWAM MSA's outreaches to PNG such a success. We are excited to see what we can achieve in 2012 and beyond together.



Ken Mulligan  
CEO YWAM Medical Ships - Australia



<sup>1</sup> PNG National Health Care Plan 2011 – 2020 Volume 1, 2010

# Executive Summary

## 2.1 What we do

YWAM MSA is focused on overcoming poverty and saving lives through delivering sustainable, capacity building services in Papua New Guinea and providing positive opportunities for young Australians and volunteers from many nations to serve PNG.

Over the years the outreaches have been highly successful; however the health needs and training opportunities significantly exceed the total of all the services provided.

Currently, PNG ranks 137<sup>th</sup> out of 169 countries on the Human Development Index. It is lower than countries such as Ghana and Kenya and it is the lowest ranking country in the entire Asia-Pacific region.<sup>1</sup> This poverty presents itself in numerous ways, including the doubling of HIV in Papua New Guinean adults between 1999 and 2009.

YWAM MSA has a long term partnership with the PNG National Department of Health (NDoH). This partnership also complies with working together towards achieving AusAID's focus on the UN's Millennium Development Goals by engaging Australians of all ages, with a particular focus on youth. YWAM MSA facilitates outreach opportunities, empowering Australians to gain insight and experience that they are able to pass on to their families and local communities.

As a part of this partnership, YWAM MSA presents the need to acquire a new, custom built, medical ship in order to multiply efforts and more effectively deliver much-needed health care.

<sup>1</sup> Human Development Index

# The Team

## YWAM Medical Ships Australia Ltd

YWAM Townsville has been operating for over 20 years with 100+ staff that offer logistical support and administration services to the YWAM Medical Ship's operations in Papua New Guinea.

### Directors

:: David Skeat – Chair  
:: Ken Mulligan – CEO  
:: Steve Aherne – Director  
:: Rebekah Hoover – Director

:: Captain Jesse Misa – Director  
:: David Stephenson – Director  
:: Jeremy Schierer – Director

### Executive Team

#### Ken Mulligan – CEO

Ken has had association and executive leadership within YWAM for 25 years, including building the Townsville centre from the grassroots level, to now operating a Registered Training Organisation and mobilising 100 full-time volunteer staff. As Townsville's 2008 Citizen of the Year, Ken's influence goes deep in the North Queensland region and extends globally through his work with YWAM and beyond.

#### Hannah Peart, RN – Medical Coordinator

Hannah is a registered nurse with experience practising medicine in both developed and developing nations. Hannah engages the medical community toward supporting the disadvantaged and trains primary health care workers for developing nations.

#### Captain Jeremy Schierer – Shore Captain

Captain Jeremy graduated in 1996 from the US Merchant Marine Academy with a degree in Marine Transportation and minor in Marine Engineering. He also has a US Coast Guard license as a Master of Vessels up to 1600 tons and a Second Officer Unlimited. He has spent two years aboard the Pacific Link as Chief Officer and four years as permanent master.

#### Rebekah Hoover – Public Relations Coordinator

While specialising in Public Relations, Rebekah brings experience in working with NGOs, developing collaborative partnership with key stakeholders, and project management and monitoring on the level needed to make this project a long term success.

# Advisory

#### Honourable Mike Reynolds AM

The Hon Mike Reynolds AM is the former Speaker of the Legislative Assembly of Queensland and represented the district of Townsville. He served as the Mayor of Townsville from 1980 to 1989 and helped establish the sister city relationship between Port Moresby and Townsville.

#### Jeffery Wall OBE, CBE

Mr. Jeff Wall, (OBE), is a Political Consultant and has served as Advisor to the PNG Foreign Minister. Jeff is instrumental in offering his services and advice to liaise with key stakeholders in PNG and Australia.

#### Peter Honeycombe

Mr. Peter Honeycombe is the Managing Director of Honeycombes Property Group (HPG), which he started in 1996 after working in Townsville on several tourism and large commercial projects. Peter places huge value on the Townsville community, and plays a pivotal part in establishing a home base for the ship in North Queensland.

#### Dr Daryl Holmes

Dr. Daryl Holmes, is the founder of 1300SMILES Limited and serves as Managing Director and Director. He practiced dentistry as an RAAF Dental Officer, and began private dental practice in 1991. He is a qualified dentist who has volunteered on board the ship, in addition to facilitating the donation of dental equipment and supplies onboard, and recruiting volunteer dental staff to serve.

#### Dr. Jeff Warner, Senior Lecturer, BBSc and BMLSc Academic Advisor

Dr. Jeff Warner is a Senior Lecturer at James Cook University. His research interests include infectious disease epidemiology, developing world health institutional strengthening, particularly PNG, and medical laboratory science professional development. He spent some years working in the Western Province developing labs services and researching.

#### Lloyd Honeycombe

Lloyd Honeycombe is a Mechanical Engineer and a Naval Architect with over 40 years of experience in ship design and ship construction on military and merchant vessels. Lloyd now acts as a marine design consultant and resides in Victoria.

#### Dr Doug Randell

Dr Doug Randall was a doctor in Townsville before joining the Australian Army. Currently, he is an Aviation Medicine Specialist employed through Emirates Airlines. He specialises in international health and travel medicine. His work has included primary health care projects in aboriginal communities, PNG, Indonesia, East Timor, Vanuatu and Afghanistan.

# Advisory cont.

## Reverend Bruce Cornish

Chairman of the Uniting Church in North Queensland, Rev Bruce Cornish has a long association with Papua New Guinea, and a genuine passion for helping people of the nation.

## Professor Wayne Melrose, Dr PH, MPH&TM, BAppSci(Med Tech), DipTh. Senior Lecturer, SPH&TM

Professor Melrose has been involved with ground-breaking parasitology research and public health campaigns in Papua New Guinea, Timor-Leste, and the Pacific Islands. He is Director, World Health Organization Collaborating Center for Control of Lymphatic Filariasis and Soil-Transmitted Nematodes.

## Dr Anthony Radford

Dr Anthony Radford was Foundation Professor of Primary Care and Community Medicine at Flinders University. He has worked as a consultant in international health. He has a general practice in South Australia. He also conducts an annual Summer School for health professionals on furlough or preparing for medical mission in less resourced areas.

## Brett Curtis

Mr. Brett Curtis is the Director of YWAM Ships Orange County. Brett has had extensive experience with operating YWAM Ships throughout the world and is a great source of knowledge in providing services in disadvantaged countries.

## Alice Honjepari

Alice is the Western Province Director of Health and is based in Daru. Alice oversees health activities in the province and has advised YWAM MSA on current health issues in the Western Province and how YWAM could best assist.

## Western Provincial Health Team:

The Western Provincial Health Team is based in Daru and helps facilitate health activities in the province. YWAM MSA seek advice from the team on who to connect with on the ground and where to go in the province. This team offers local extensive experience in healthcare delivery in the western province and consists of healthcare workers, administrators, and capacity building strategic team members.

## Gulf Provincial Health:

The Gulf Provincial team is based in Kerema and helps facilitates health activities in the Gulf Province. YWAM MSA seek advice from the team on who to connect with on the ground and where to go in the province. This team consists of healthcare workers, administrators and capacity building team members and offers local extensive experience in healthcare delivery in the western province.

## Gulf Provincial Government

The Gulf Provincial Government is based in Port Moresby and Kerema and have given advice to YWAM MSA on villages with the most healthcare need and who to connect with on the ground. In addition to this, the Gulf Provincial Government have helped provide fuel for the ship, transport, and local personnel when needed.

# Message from the Patron, Hon Mike Reynolds AM

I'm delighted to commend YWAM Medical Ships – Australia on another outstanding year of success!

I've been working closely with YWAM Medical Ships for over three years and I am astounded at the amount of health service delivery outcomes we have been able to achieve in Papua New Guinea. The many volunteers have continued to address major health concerns affecting the people of PNG and in 2010 and 2011 we have successfully delivered 54,732 health and community outcomes.

PNG is Queensland's nearest international neighbour and there has been a close association between our two nations both in times of war and peace. YWAM Medical Ships is a wonderful example of mate-ship in times of need and I am proud of their commitment to Papua New Guinea.

I am proud to be Patron of such an organization and I commend the work of YWAM Medical Ships and the many key, long-term partnerships with Government agencies, business, the medical community, educational institutions and NGO's.



Honourable Mike Reynolds AM  
Patron YWAM Medical Ship





# 2011 at a Glance

## Papua New Guinea Outreach

The YWAM medical ship traveled to 43 villages completing 69 clinic days in the Gulf Province, Western Province, Central Province and the National Capital District. During the course of the eight outreaches, individuals from 230 villages accessed our clinics.

The following free services were provided:

### Overall Services Provided

Number of Villages Visited	43
Number of Villages Serviced	230
Number of Primary Health Care Services	6,253
Number of Immunisations Given	3,778
Number of Dentistry Procedures	4,303
Number of Optometry Clinic Services	2,614
Number of Ophthalmology Procedures	43
Number of Education Seminars Participants	8,237
Number of Preventative Health Resources Distributed	14,226
<b>TOTAL NUMBER OF SERVICES PROVIDED</b>	<b>39,454</b>

## Australia

YWAM MSA is strengthening our strong relationships with PNG by providing training and volunteer opportunities for Australian youth and professionals. Volunteering has long term benefits for individuals and their communities<sup>1</sup>:

- Increased self esteem
- Personal growth and development; cognitive, academic, social and psychological
- Better life choices, including prevention of negative behaviours
- Career benefits

### During the Past Two Years

- 42,000+ youth attended YWAM MSA presentations on PNG at high school programs
- 12,000+ toured the YWAM medical ship
- 5,500+ participated in online Social Network Campaign "I Want to Live", giving opportunity for participants to connect with the needs in PNG
- 3,000+ youth participated in the Townsville Bulletin Newspapers in Education program weekly, learning about PNG and how to make a difference
- 300+ students and professionals volunteered in PNG through YWAM MSA
- **62,800 TOTAL AUSTRALIANS INVOLVED**

# Strategic Plan

## Goals

### 3.1 Goals

Our strategic plan for 2010 – 2030 sets the following goals:

#### 3.1.1 Improve Child Survival

Objective #1: Increase administration of childhood immunisations

Objective #2: Provide training for local healthcare workers and mothers in antenatal care

Objective #3: Conduct healthy child checks and diagnose childhood illnesses

Objective #4: Promote breast-feeding to help reduce malnutrition

#### 3.1.2 Improve Maternal Health

Objective #5: Provide birthing kits

Objective #6: Educate mothers on family planning

Objective #7: Promote safe sex practices

#### 3.1.3 Reduce the Burden of Communicable Diseases

Objective #8: Strengthen communicable disease monitoring

Objective #9: Refer suspected HIV cases to local hospitals and healthcare centres

Objective #10: Refer tuberculosis patients to appropriate health care centres

Objective #11: Diagnose and treat malaria

#### 3.1.4 Promote Healthy Lifestyles

Objective #12: Facilitate health education seminars

Objective #13: Reduce the number of outbreaks of food and water borne diseases

Objective #14: Provide treatment for soil transmitting helminthes and lymphatic filariasis

#### 3.1.5 Improve Health Service Delivery

Objective #15: Deliver primary health care services

Objective #16: Deliver dentistry services

Objective #17: Deliver optometry services

Objective #18: Deliver ophthalmology services

Objective #19: Provide basic skills training to aid posts, health centres and provincial hospitals

#### 3.1.6 Strengthen Partnerships and Coordinate with and Between Stakeholders

Objective #20: Seek advice and input from key stakeholders in PNG and Australia.

Objective #21: Communicate findings to health authorities and key stakeholders

#### 3.1.7 Strengthen Health Systems

Objective #22: Maintain accurate records of prescriptions and diagnoses'

Objective #23: Offer further training and experience for PNG residents

#### 3.1.8 Improve PNG's Preparedness for Disease Outbreaks and Emerging Population Health Issues

Objective #24: Respond to disease outbreaks such as cholera with land based teams

Objective #25: Increase monitoring through reporting cases to Health Authorities

#### 3.1.9 Build Capacity in Australians

Objective #26: Provide opportunities for Australians to volunteer locally and internationally

Objective #27: Actively present opportunities for young people to be involved in social service

Objective #28: Engage Australian schools and service clubs

Objective #29: Include the Medical Ship in Townsville's Sister City Strategy



### 3.1.1 Improve Child Survival

One child in every 13 born in PNG will die before the age of five years, a rate far greater than any other country of the Pacific Region.<sup>1</sup> Preventable and treatable diseases, including malaria, pneumonia, diarrhea, tuberculosis, HIV, and neonatal sepsis remain the most frequent causes of childhood deaths.

#### Objective #1: Increase administration of childhood immunisations

During 2011, YWAM MSA began offering childhood immunisations. Over the eight outreaches we administered 3,778 childhood immunisations including polio, tetanus, TB, hepatitis B, diphtheria, pertussis, vitamin A, and measles; according to the PNG National Immunisations Schedule.

#### Objective #2: Provide training for local healthcare workers in antenatal care

Our volunteer nurses and midwives provided training to local healthcare workers in antenatal care in each village we visited. The training included safe birth practices, nutrition, and promotion of breastfeeding to help reduce malnutrition. We found this training was highly valued and appreciated from the village health care workers and midwives.

#### Objective #3: Conduct healthy child checks and diagnose childhood illnesses

All the babies and children who came through our primary health care clinics received a healthy child check. This included checking the child's mouth, skin, and ears, and tracking their weight and height on the recommended baby growth chart. Doctors on our primary health care team diagnosed and treated childhood illnesses including but not limited to malaria, skin diseases, TB, and pneumonia. In total 97 child health checks were carried out in 2011.

#### Objective #4: Promote breastfeeding to help reduce malnutrition

The World Health Organisation suggests that mothers breastfeed their babies for two years to help build the child's immune system and combat malnutrition. YWAM included this training to 137 pregnant mothers and mothers with small infants.



### 3.1.2 Improve Maternal Health

“The main health concern in Papua New Guinea is poor maternal health. Maternal deaths have been increasing in the past ten years. The PNG Millennium Development Goals target to decrease maternal deaths to 274 per 100,000 live births by 2015. It is now 733. This ranks PNG as second highest in the world in maternal mortality, outside Sub-Saharan Africa. The main causes of deaths related to pregnancy are prolonged labour and excessive bleeding; a safe and accessible delivery environment could save many lives.”<sup>1</sup>

#### Objective #5: Provide birthing kits

YWAM MSA provided 363 birthing kits to aid mothers in having safe and hygienic births; increasing their chance of survival.

#### Objective #6: Educate mothers on family planning

The risks for maternal deaths have increased due to high fertility levels (many children), and shortened birth intervals.<sup>1</sup> We seek to educate mothers on family planning while also providing birth control and advise on where they can access tubal ligation surgery.

Our volunteer midwives sought out locals who assist with births in the village and provided training on danger signs in pregnancy, safe birthing practices, and hygiene.

#### Objective #7: Promote safe sex practices

Our primary health care team conducted education seminars to 90 individuals promoting safe sex practices.



### 3.1.3 Reduce the Burden of Communicable Diseases

Infectious diseases continue to remain a major health concern for Papua New Guinea.

#### Objective #8: Strengthen communicable disease monitoring

We strengthen communicable disease monitoring following the PNG National Health Standards by using rapid tests, obtaining accurate diagnoses, and sharing the results with the Provincial Health Authorities and the PNG Department of Health. These results were shared at the conclusion of all eight outreaches with the PNG Department of Health.

#### Objective #9: Refer suspected HIV cases to local hospitals and healthcare centres

The past decade has seen the rapid dissemination of HIV throughout the country, reaching into every province, and both rural and urban areas.<sup>1</sup> YWAM MSA refers suspected HIV cases to local hospitals and healthcare centres where the patient can receive confirmed test results and treatment. We also promote safe sex practices as shown in Objective #7.

#### Objective #10: Refer tuberculosis patients to appropriate healthcare centres

Tuberculosis (TB) now consumes 13% of hospital bed days, more than any other illness.<sup>1</sup> We refer tuberculosis patients to appropriate health care centres and hospitals, and educate TB patients on proper treatment.

#### Objective #11: Diagnose and treat malaria

Malaria is the second most common cause of admission to hospital in PNG. It affects all age groups, but is most lethal in children.<sup>1</sup> We distributed 1,524 treated mosquito nets, to 23 villages, to reduce the transmission of the disease, while also treating malaria according to the National Health Standard.



### 3.1.4 Promote Healthy Lifestyles

Ill health is directly or indirectly a result of the physical environment (e.g nutrition, safe water, and proper houses); the social and economic environment; and also education and behavioural choices (e.g smoking, sexual behaviour, diet and physical activity).<sup>1</sup>

#### Objective #12: Facilitate health education seminars

We facilitated education seminars in each village we visited focused on teaching proper oral and general hygiene, malaria prevention, lymphatic filariasis management, physiotherapy, maternal health, and proper nutrition and exercise. In total we were able to facilitate these seminars with 8,237 individuals.

#### Objective #13: Reduce the number of outbreaks of food and water borne diseases

Poor quality water and unhygienic or non-existent toilets increase the risk of illness.<sup>1</sup> We help to reduce the number of outbreaks of food and water borne diseases by teaching safe hygiene practices, and teaching on the importance of safe sewage disposal.

#### Objective #14: Provide treatment for soil transmitting helminthes and lymphatic filariasis

Lymphatic Filariasis and intestinal worms continue to remain one of the most debilitating diseases in the world. It is estimated that one million people in PNG are infected by Lymphatic Filariasis and over 70% of children have chronic infestation of intestinal worms causing stunted growth, breakdown of immune system, malnutrition and learning disabilities.<sup>2</sup> Two drugs can treat these tropical diseases, Albendazole and Diethylcarbamazine. Eighty percent of the population needs one tablet per year for five years to be effective (two tablets per year for children).

In 2011 YWAM MSA aimed to provide treatment for soil transmitting helminths by conducting an annual mass drug administration (MDA) reducing morbidity and mortality rates. The program could not be conducted in 2011, but was implemented by our land-based Primary Health Care team in early 2012.



## 2011 in Review

# 3.1.5 Improve Service Delivery

Health service delivery models differ between affluent developed nations and impoverished underdeveloped nations such as PNG. This produces challenges, but most importantly brings opportunity to have a model of service delivery unique to PNG. YWAM MSA's on board clinic provides services to regions that are inaccessible by roads.

We utilise innovation to deliver culturally relevant health services, materials, drugs, immunisations and other preventative health resources to areas inaccessible to existing provincial health services. YWAM's current vessel, the MV Pacific Link is a 32 year old ship, and has a medical clinic onboard. Volunteers donate their time and provide their experience to assist hundreds of villages for two to three week periods.

### Objective #15: Deliver primary health care services

Our medical volunteers on land-based clinics perform wound care, immunisations, antenatal care, malaria treatment, physiotherapy, and medical examinations. In 2011 we aimed to increase the health of individuals in Papua New Guinea by treating 20-30 patients per day per doctor. This objective was more than met with 6,253 primary health care services provided. In some regions we found it difficult to see that many patients per day per doctor, as tides and distance were not taken into consideration.

### Objective #16: Deliver dentistry services

For the 6.25 million people in Papua New Guinea, there are just 31 dentists. Our onboard clinic can facilitate up to three dentists operating at once. These dentists mostly do extractions as well as some restorations. Our aim was to increase oral health in PNG by treating 10-15 people per day per dentist. With an average of 14 patients per day per dentist, we saw this achieved.

### Objective #17: Deliver optometry services

It is estimated that 175,000 people in PNG have low vision correctable by spectacles.<sup>1</sup> Our optometrists fit prescription, reading glasses, and sunglasses. Our aim for 2011 was to improve vision in PNG by giving out corrective glasses to 50 people per day. During most outreaches this was met, but there were hindrances in some situations. In particular, we were not able to have an optometrist on board for every outreach. This reflected in the amount of corrective glasses given. When an optometrist wasn't available, we were still able to distribute reading glasses to the appropriate patients.

### Objective #18: Deliver ophthalmology services

Our onboard clinic serves has an operating theatre for cataract and pterygium surgeries. Between two surgeons, eight to ten patients can be seen in one day. In two weeks we aimed to improve vision by restoring/enhancing sight to 80 people. With only nine clinic days, poor weather conditions, and lack of transportation resources for villagers to get on board; we did not reach our goal of 80 people. In total we were able to see 43 patients over the nine clinic days.

### Objective #19: Provide basic skills training to the aid posts, health centres and provincial hospitals

Education seminars are conducted where possible for basic skills training to aid posts, health centres and provincial hospitals in accordance with the PNG National Department of Health (NDoH) standard of treatment.

<sup>1</sup> Fred Hollows Foundation



### 3.1.6 Strengthen Partnerships and Coordinate with and between Stakeholders

Objective #20: Seek advice and input from key stakeholders in PNG and Australia

YWAM MSA's model of service works simultaneously from the bottom up (grassroots levels of society) and the top-down (government, NGO's, public and private sectors). Engaging multiple platforms of society creating collaborative efforts and perspectives aiding in the assessments, assistance, and overall effectiveness of the vision.

The model empowers provincial health administrators, health workers, village chiefs, aid post workerd and the people of the provinces to work in partnership with our team. In May 2009, we met with PNG's former Secretary of Health, Dr. Clement Malau. With the closures of 73 aids posts and the extreme health concerns in the Western and Gulf Provinces, it was recommended that that ship's focus begin in these areas, as they are a priority areas of need.

We continue to seek to expand our partnerships with resource developers, private health care providers, churches, and NGO's. Their advice and input at a national, provincial, and local level, both in PNG and Australia helps to provide sustainable solutions in both nations.

Objective #21: Communicate findings to health authorities and key stakeholders

We place a high priority on providing the NDoH, Provincial Health Authorities, and key stakeholders with village assessments and research along with recommendations for health and community development projects.







2011 in Review

## 3.1.7 Strengthen Health Systems

Objective #22: Maintain accurate records of prescriptions and diagnoses'

Each patient who is treated by YWAM MSA is registered. The patient's prescription and diagnosis is accurately recorded, and statistics are measured at the conclusion of each outreach.

We communicate our findings to key stakeholders, and collaborate toward on-going solutions with the NDoH and Health Authorities.

Objective #23: Offer further training and experience for PNG residents

We place a high value on providing training and work experience for PNG medical professionals and students. In 2011 we had eight PNG National volunteers on board who served as dental assistants, doctors, primary health care workers, and general volunteers. On board seven PNG Nationals served as crew. We are moving toward offering nationally recognised Primary Health Care training to help up skill rural healthcare workers.

## 3.1.8 Improve PNG's Preparedness for Disease Outbreaks and Emerging Population Health Issues

Objective #24: Respond to disease outbreaks such as cholera with land based teams

In January 2011, we sent a land based Primary Health Care Team to the Western Province. The team worked in partnership with the Cholera Teams being sent from Daru Hospital. Together we visited villages, and set up a clinics to assess cholera patients as well as provide basic primary health care services. The team facilitated clinics, and conducted village assessments in 30 villages.

Objective #25: Increase prevention through reporting cases to Health Authorities

We increase monitoring through reporting cases to the Provincial Government and the NDoH, teaching health education, and resource distribution in accordance with the PNG NDoH regulations.

## 2011 in Review

### 3.1.9 Build Capacity for Australians

Objective #26: Provide opportunities for Australians to volunteer locally and internationally

YWAM MSA provided training and volunteer opportunities for approximately 77 Australian youth and professionals. In addition to volunteering on board, a Youth Outreach Team of eight staff and students served in the Port Moresby area. Volunteering has long-term benefits for individuals and their communities:

- Increased self esteem
- Personal growth and development, cognitive, academic, social and psychological
- Better life choices, including prevention of negative behaviours
- Career benefits

Objective #27: Actively present opportunities for young people to be involved in social service

Our teams actively present opportunities for young people to be involved in advocating for the less fortunate through "I WANT TO LIVE" Seminars and leadership forums where students are presented with the challenge to make a difference at home and abroad. These fast paced programs create social awareness and promote volunteerism.

Australians are also given simple ways to support YWAM MSA through donating toothbrushes, toothpaste, spectacles, sunglasses, soap and finances towards our work in PNG.

Objective #28: Engage Australian schools and service clubs

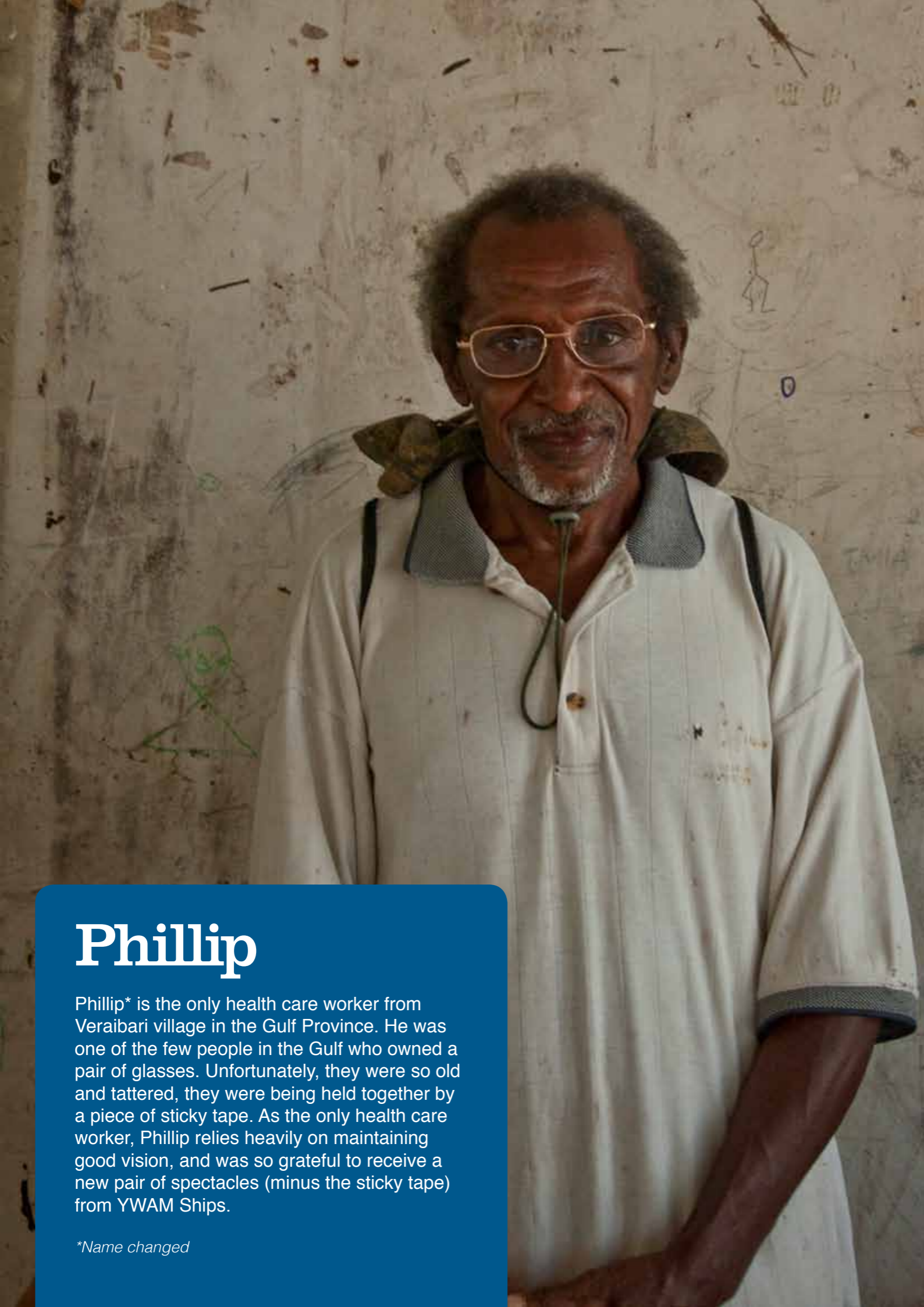
YWAM's school programs and service club presentations are one of the most important ways to activate Australians. Partnerships with Townsville Bulletin's Newspapers in Education program, Lions Australia and Rotary International help to make these opportunities a reality.

Objective #29: Include the YWAM Medical Ship in Townsville's Sister City Strategy

Townsville has a sister city relationship with Port Moresby. We aim to create a sense of partnership between Townsville residents and Papua New Guinea by establishing the YWAM medical ship in Townsville on a long-term basis.

Townsville Bulletin's Newspaper In Education program has also made an active focus on Papua New Guinea, the Millennium Development Goals, and YWAM's medical ship, delivering information to 3,000+ Townsville students on a regular basis, and garnering support from over 25 local schools.





## Phillip

Phillip\* is the only health care worker from Veraibari village in the Gulf Province. He was one of the few people in the Gulf who owned a pair of glasses. Unfortunately, they were so old and tattered, they were being held together by a piece of sticky tape. As the only health care worker, Phillip relies heavily on maintaining good vision, and was so grateful to receive a new pair of spectacles (minus the sticky tape) from YWAM Ships.

*\*Name changed*

# Outreach 1 Summary: Gulf Province

Outreach Dates: 31 March – 17 April

Clinics: Primary Health Care, Dentistry

Villages visited: Gauri, Veraibari, Mirimairu, Kiwaumai, Kinomere

Villages serviced: Gouri, Veraibari, Mirimairu, Kiwaumai, Kinomere, Mailipepea, Paia, Aibigai, Taii, Tovei, Kapuna, Kibeni, Ibegaura

For our first outreach of 2011, we found ourselves in some amazing places. Though the villages were smaller than we anticipated, we were able to treat everyone who came to us for basic health care.

It was important that we worked with local health care workers, as we found that their involvement directly affected how many people we were able to see and treat. During some of the more complicated cases, local doctors were able to sit in with our volunteers to build on their knowledge. In the village of Kiwaumai, our teams went through the medicine storerooms to label medications unknown to the local staff.

One of the highlights for us was the ability to visit a village that had requested aid in 2010. The people were incredibly grateful for our visit, and the clinics were very busy each day.

We were encouraged to hear that the organisation, Rotarians Against Malaria, are doing an excellent job in distributing mosquito nets. This has influenced our decision to re-evaluate how many nets we will need to distribute in the Gulf Region in 2012.

Conclusions: Though the number of people seen per village was less than expected due to population, the response was encouraging. It was great to connect with local stakeholders in every village, knowing that their involvement greatly increased the number of people seen.



## Joshua

Joshua is six years old and had complications due to meningitis. Last year his parents brought him to Kikori Hospital in the Gulf Province to see whether they could help. When the Medical Ship arrived in the village, a nurse on board, Angelique visited the hospital where Joshua was, and saw that he was making slow progress. Her background had trained her that fitting Joshua with splints, and treating him with some simple physiotherapy techniques would greatly improve his condition. She also taught his parents how to care for Joshua, and trained a local nurse in assisting patients with meningitis.

# Outreach 2 Summary: Gulf Province

Outreach Dates: 25 April – 5 May

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Kikori, Babaguna, Tovei, Wowobo, Mairipepea

Villages serviced: Ero, Kikori, Wowo, Somoa, Kopi, Duibo, Babaguna, Tovei, Oumaumere, Wowobo, Naharo, Mairipepea, Gauri, Lese

During this outreach, most of the villages visited had no health care workers or aid posts, except the hospital in Kikori and a few villages with retired health workers. While in Kikori, we worked with the local hospital and continued to partner with the staff.

Due to the lack of local health workers in the surrounding villages, the need for aid was great, and our clinics saw a larger number of patients than expected. We were also able to offer immunisations and family planning for the first time, which proved to greatly benefit the people that were seen.

Our dentistry team was truly successful, as the dentist was highly qualified and the dental assistant had previous volunteer experience with us. The dedicated team worked long hours, making sure to see as many patients as possible. We also worked with local contacts, including a dentist from Kikori who helped in our clinics seeing patients of his own.

In the optometry clinics, our busiest time was during our days in Kikori. The local staff found those with existing conditions who could be seen by our volunteers. We also trained many staff on how to conduct visual activity and reading glasses tests. In other villages where no aid workers were present, the optometry team connected with local leaders who took strong initiative to bring patients to our clinics.

Conclusions: Outreach 2 proved to be a success, thanks to hard working volunteers and local contacts. We trained local dentists and other health workers, leaving them better equipped to serve their villages. We also scouted out unknown river ways, expanding the area in which we can take medical teams. We will continue to improve our preparation for weather conditions, environmental factors, and the ability to communicate with the varied amount of languages.



## Kiovi

Even as a hospital worker from Baimaru village, Kiovi did not have access to necessary health care services. Kiovi had a molar in his mouth that had been decaying for 12 years. He had stopped chewing food on that side of his mouth, and was in much pain. The dentists onboard the medical ship removed his tooth, and relieved his pain. Kiovi's wife Elizabeth also received dental treatment onboard the ship.

# Outreach 3 Summary: Gulf & Central Province

Outreach Dates: 13 May – 29 May

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Porabada, Baimuru, Kapuna, Koravake, Mapaio

Villages serviced: Akoma, Aimei, Ara ava, Baimuru, Era Goerae, Evara, Harevavo, Ihu, Ikiru, Ikinu, Ipiko, Iuku, Kaimai, Kairi Mai, Kaiva, Kairimai, Kamiri, Kapai, Karavake, Kaurua, Kenipo, Kerema, Kikori, Kirima, Kirini Kiwaumai, Korouaki, Lai, Laramai, Madang, Maipenaru, Maipaio, Mapaio, Mareke, Mariki, Morobe, Orokololo, Paia, Porabada, Sangaro, Upaia, Vailala, Varai, Varia, Wowobo, Yu Island

During Outreach 3, we were based in Kapuna and reached nearby villages such as Koravake and Mapaio for the first time. They were very grateful to be seen by us and the clinics in these villages were filled. As with our previous outreaches, we connected with local leaders and health workers who learnt from our team.

The dentistry clinics exceeded the number of procedures they expected to deliver. One dentist in particular, focused on extractions that took less time than surgical extractions, allowing the team to see more people per day. We were also fortunate to have a second dentist join the team in the last few days, enabling us to further increase our capacity.

While in Kapuna station, we worked with local dentist Morea, who joined our dental team last year. On this outreach in particular, we noticed that the standard of dental health was much higher than in other regions. This was in part due to local workers and educators who teach people how to clean their teeth. Thus, there was less intervention needed by the medical team.

Conclusions: The villages that were seen on this outreach left our volunteers and medical teams with encouraging reports. It is wonderful to see how health has improved in places previously visited, and to see that local leaders are always pleased to connect with our teams.



## Morovi

Morovi is a canoe maker from Mairipepea Village, Gulf Province. Over the past number of years, Morovi had grown blind, his eyes covered by cataracts, making his job very difficult and slow.

At a previous optometry clinic, one of the health care workers identified Morovi as a candidate for cataract surgery onboard the YWAM Medical Ship. The quick, 40-minute procedure went brilliantly, and the next day, Morovi was able to see again.

Morovi could not hide the smile on his face. He recounted the details to his friends, and excitedly shared how he would be able to easily make canoes again, even mentioning that he would begin training the younger men in his village this skill.

# Outreach 4 Summary: Gulf Province

Outreach Dates: 1 June – 19 June

Clinics: Primary Health Care, Dentistry, Optometry, Ophthalmology

Villages visited: Karate, Teredau Saw Mill, Waitari, Epegau

Villages serviced: Karati (Meagoma, Gibi), Bavi, Mairipepea, Goilavi, Mapaio, Baimuru, Kapai, Kikori, Kinomere, Tovei, Omaimere, Buri, Wouobo, Erimaibua, Teridau Saw Mill, Ubuoo, Epegau, Mirimairau, Paia, Aimai, Balimo, Baui, Bavi, Belobie, Bobi, Boori, Boua, Buri, Cobo, Gabi, Gauri, Gauru, Gigori, Goairami, Gobo, Goilavi, Goiravi, Kamusi, Karursia, Kiaori, Kikori, Kinipo, Kinomere, Koravake, Mairivebe, Mariata, Migoilavi, Miragoma, Mobo, Santa, Sotau, Taradal, Tereau, Titihui, Totuei, Waitari, Wataiti, Wortori, Wouobo, Wouwobo

On this outreach, we had an incredible opportunity to work very closely with a few doctors in the region. Because we had no doctors on our Primary Health Care team, the individuals who worked with us were a huge asset. They helped with administration and diagnoses. They also educated our team on treatments for ailments unknown to us in Australia. We were extremely grateful for their encouragement and invaluable advice.

The dentistry clinics were held on land during this outreach, staying in one location for two weeks. Though it was a slow start, our teams were very busy over that time. Patients who had their teeth checked spread the word through their villages, encouraging others to participate. A highlight for our team was seeing an entire school on the last day of outreach, checking over 200 children's teeth!

Our optometry and ophthalmology teams were also fortunate to work with some amazing local health workers. While in Karati, the local villagers were more than happy to help feed and provide a long house for those patients who were required to stay overnight for surgery. We were so grateful to the local leaders' hospitality and partnership.

Conclusions: Though we faced several communication and technical challenges, our teams were pleased with the results of our clinics. Not only did we build partnerships with local health workers, but we also gained knowledge and experience through these new friendships.



## Albert

Albert is a 42 year old man from Daru, the capital of the Western Province. A large tumour and infection from a wisdom tooth in Albert's mouth had caused him much pain and problems. It was eating away at his jaw and cheek, growing for about a decade with no options available for relief. When the Medical Ship arrived, the dentists onboard removed the tumour, and Albert began the healing process.

# Outreach 5 Summary: Port Moresby and Western Province

Outreach Dates: 22 June – 10 July

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Hogwa/Honubada, Tatana Western Province: Daru, Dorogori Fishing Village, Abam

Villages serviced: Abam, Aberagerema, Aberagermo, Aparua, Arehava, Auti, Baimim, Balimo, Bensbach, Bensback, Bimadeben, Biture, Boroka, Boze, Buakap, Bugume, Camorom, Chimbu, Damero, Daru, Dimisisi, Dorogori, Doumori, Fiji, Gabi, Garaith, Gereho, Girigarede, Goroko, Gulf Lese, Hagwa, Harevaro, Ino-onzka, Ipsid, Irupei, Kadawa, Kairon, Katatai, Katkat, Kibul, Kimbi, Kingan, Kipo Kipo, Kiunga, Kiwu Island, Kondobol, Korota, Kumimi, Kunini, Kupere, Kuru, Kurunti, Kwiwang, Lae, Lairuhairu, Lewada, Mabudawan, Madama, Madiawa, Maduduro, Maipai, Maipenairu, Malam, Mangety, Masimgana, Masingara, Mekeo, Mibini, Mohed, Mokaka, Morehand, Mou, Ngao Orimo, Woigio, Pagona, Papondetta, Parema, Perg, Poruma, Rabaul, Rekut, Samari, Sauna, Sebe, Sevetimabu, Sui, Suki, Tapila, Tatana, Tokwa, Tozo, Tubusereia, Tufi, Tugaturi, Ture Ture, Ume, Vada Vada, Wadori, Waidaro, Wando, Wapim, Warehaire, Wasua, Wipi, Wonborodo, Wonie

As this was our first time taking the Medical Ship into the Western Province, it was important for us to build key relationships with local administrators and government officials. Before taking the ship into the villages, we met with the Provincial Director of Health, the Director for the District and Technical Health Services, and leaders from Family Health. These critical relationships were not only effective in helping us navigate the area, but helped us to prepare for future outreaches.

In PNG, many suffer from musculoskeletal injuries and pain, due to the hardworking nature of the people. On Outreach 5, we were lucky enough to not only have two general practitioners on board, but a physiotherapist as well. It was amazing to serve in this regard, as so many people need relief from the effects of their daily life.

While in the village of Daru, our dental team worked closely with the local hospital and in particular, the local dental therapist. The therapist was so grateful for help in some difficult cases and also took our team throughout their clinic, seeking ideas for improvement. In this same village, we worked with the hospital's eye doctor and Catholic Cullen's Eye and Ear Clinic.

Conclusions:

We completed our first outreach in the Western Province with great success! We confirmed several endorsements by official letters from local stakeholders, and learned much about this incredible region.



## Monica

Monica\*, a recent widow and mother of seven, was worried about the pain two of her children were experiencing, due to lack of oral care.

Without the knowledge to help alleviate their symptoms, she became desperate for help for her children. A neighbour arrived to tell people in Monica's village that the YWAM Medical Ship was anchored nearby, and anyone with pain in their mouth should go for treatment.

Monica was quick to bring her two children. One was treated for an abscess and the other for broken teeth. In addition, Monica and her kids were provided with oral health education and supplies to help prevent future infection.

*\*Name changed*

# Outreach 6 Summary: Western Province

Outreach Dates: 13 July – 31 July

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Teapopo, Wariobodoro, Damera, Segera, Kouwavisi, Amoga, Maduduwo.

Villages serviced: Abam, Abatori, Aberagama, Amogoa, Arato, Asaramio, Audiro, Buyang, Damera, Darna, Daru, Dorogori, Doumori, Etere, Elutupan, Gaima, Goroka, Hisiu, Honubada, Iyamiri, Kabaturi, Kaiub, Kanemei, Kea, Kengarina, Kibo, Kipo Kipo, Kivori, Kaneme, Kenedibi, Lake Murray, Luta, Lyamiri, Maduduwo, Maduo, Milne Bay, Monitaka, Motai, Murr, Oouri, Pagona One, Parama, Port Moresby, Pawaya, Segera, Sewirimabu, Tatana, Teapopo, Urio, Uru, U'uwo, Vada Vada, Wabeg, Waigi Waliyama, Wariobodoro, Yameri.

As this continued to be our introduction to the Western Province, all of the villages that we visited were seeing the Medical Ship and receiving treatment for the first time. In one village, we worked with a local health care worker who we were later able to refer a patient to who had encountered an obstetric emergency.

The dental clinics were successful, and there was a lot of interest in the surrounding villages. It was wonderful to teach the people about oral hygiene, which we hope will allow them to educate their own families, friends, and peers. Though some of our equipment was a challenge, the experience of the dentists on board allowed us to continue to work well and be successful.

Conclusions: The interest and need in the Western Province will continue to grow and it is satisfying to know that we can meet many of the needs. Even with physical, environmental, and practical trials faced along the way, our teams pushed through and covered new ground for the Medical Ship.



A woman with dark skin and short hair is shown in profile, looking towards the right. She is holding a young child with dark skin and short hair. The child is looking towards the camera. There are several colorful bubbles floating around them. The background is a solid blue color.

# Albert

Basic immunisations are unfortunately not nearly as accessible to children in PNG as they are in more developed nations. The health care team on the Medical Ship met little Albert and his mum while visiting their village and they were able to provide him with immunisations to avoid easily preventable diseases. Albert was just one of hundreds of children who received this potentially life-saving service.

## Outreach 7 Summary: Western Province

Outreach Dates: 1 August – 21 August

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Madiri, Tapila, Suame, Lawade

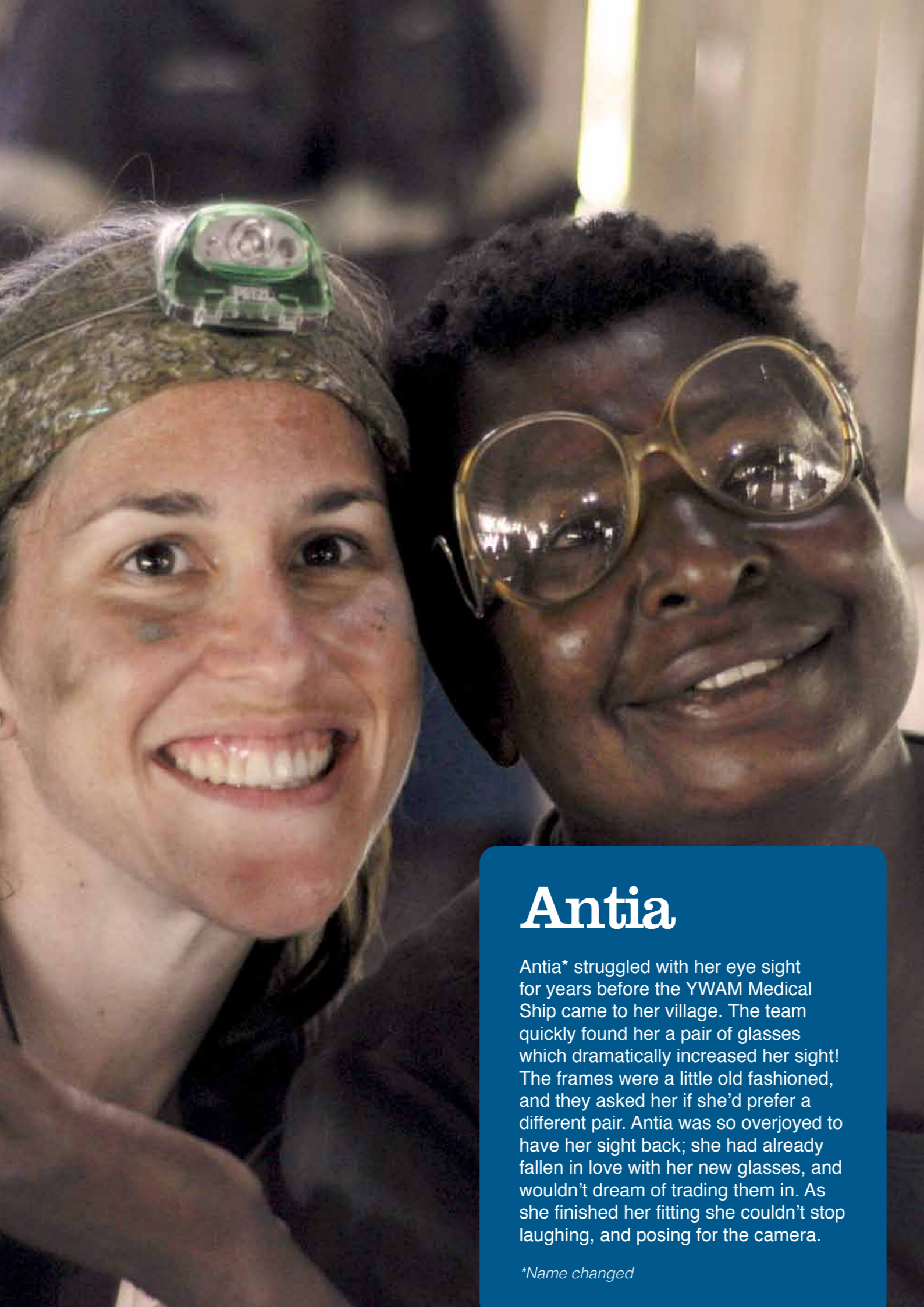
Villages serviced: Wederehaimo, Baramura, Katatai, Mutam, Koabu, Bugumo, Dewara, Aduro, Kawayapo

On every outreach there is incredible value in meeting with locals and key stakeholders in the villages. Our midwives consulted local health workers in each location, and not only provided them with birthing kits, but assisted them in their understanding and delivery of antenatal care. They were warmly received, and we anticipate that it will make a difference in the statistics on birth in PNG.

We also found the local teachers to be an invaluable help to us. There's no way we could have rounded up the hundreds of children who needed immunisations without these educators. When the teachers and parents are educated, they encourage and teach the next generation good habits on nutrition, hygiene, and general care for health.

Our optometry team was very busy during this outreach, never without a patient in the clinic. There weren't enough hours in the day to see everyone who requested aid, though we were able to send volunteers throughout the villages to distribute reading and sunglasses.

Conclusions: Our teams worked exceptionally well together during this outreach. When our team is unified, it makes for a positive working environment where everyone is encouraged and morale is high.



# Outreach 8 Summary: Western Province

Outreach Dates: 24 August – 11 September

Clinics: Primary Health Care, Dentistry, Optometry

Villages visited: Doumori, Pagona 1, Pagona 2, Pedaya 1, Wasua, and Aduru

Villages serviced: Awaba, Balimo, Duawaba, Isago, Kenewa, Pede, Somogi, Suki, Togowa, Waliyama, Waribodoro, Aduru, Arato, Awi, Dede, Doumori, Frog Town, Gaima, Jew, Kawayapo, Kawayato, Kerema, Medame, Momana, Pagona 1, Pagona 2, Pedaya 1, Pedaya 2, Wasua, Baidowe,

In our last outreach to the Western Province, the Wasua village was the only area with local health workers, most of who were on patrol when we arrived. The day we left Wasua, we trained some of the workers who'd returned, and left them with a few basic medications they needed. The local workers also referred several medical emergencies to our team, saving them the difficult journey to Daru.

When possible, the dental team went to land to triage and run fluoride checks before each day started. This was very effective, and will be continued next year. It allowed our dentists to visit the villages, and to make sure that they took the cases of highest need. The fluoride checks provided a way to quickly access all the children in the village, and provide oral education.

Conclusions: Through every outreach, our teams and crew have had to learn about each area's tides and environment, making every journey a learning experience. The teams worked and communicated very well with one another, which made for yet another very successful outreach in the Western Province.

## Antia

Antia\* struggled with her eye sight for years before the YWAM Medical Ship came to her village. The team quickly found her a pair of glasses which dramatically increased her sight! The frames were a little old fashioned, and they asked her if she'd prefer a different pair. Antia was so overjoyed to have her sight back; she had already fallen in love with her new glasses, and wouldn't dream of trading them in. As she finished her fitting she couldn't stop laughing, and posing for the camera.

*\*Name changed*

# Province Evaluation Report: Gulf Province

Outreach Dates: 31 March - 19 June, 2011

Clinics: Primary Health Care, Dentistry, Optometry, Ophthalmology

We as YWAM Medical Ships have been pursuing admittance in the Gulf Region since late last year. We had hoped that our time would be well spent and that we might see results in this high-need area. Our wish came true as we connected with many local health workers, pastors, village leaders, government workers and other professionals to help lift the standard of health in this region.

Our teams faced various challenges, but constantly overcame them for the sake of the people. Our clinics were busy and though some took a while to warm up to the idea of dental work or eye care, those who received service were incredibly grateful.

We look forward to going back to the villages we visited. Now that we have built trust with so many leaders and individuals, we know that our next journey will be even more successful. We are encouraged by the results and believe this is just the beginning of a wonderful partnership.

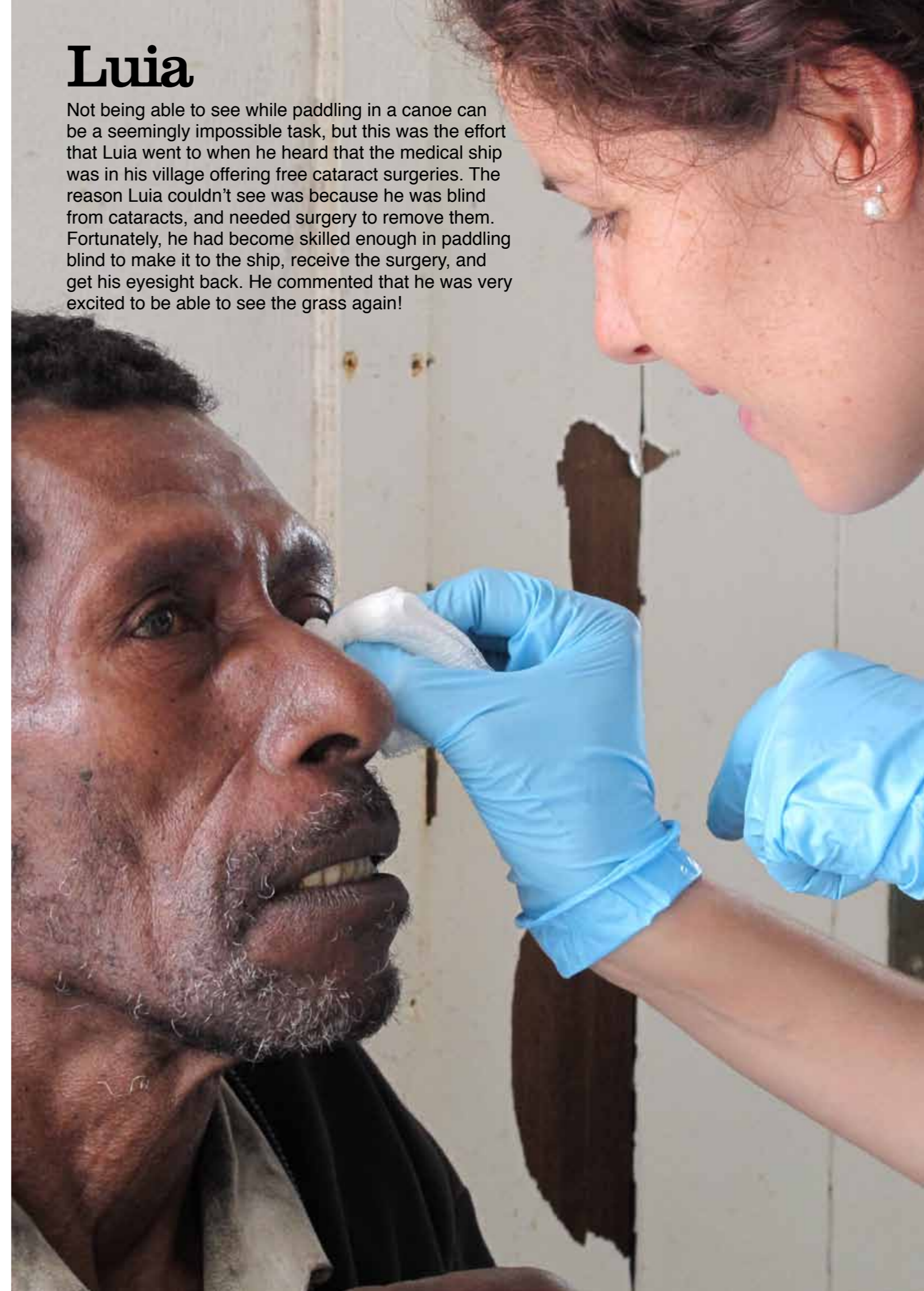
## Overall Statistics for Gulf Province

Over 32 clinic days:

Number of Primary Health Care Services	2,498
Number of Immunisations Given	1,650
Number of Dentistry Procedures	1,894
Number of Optometry Clinic Services	989
Number of Ophthalmology Procedures	43
Number of Education Seminars	2,708
Number of Preventative Health Resources Distributed	3,814
<b>TOTAL NUMBER OF SERVICES PROVIDED</b>	<b>13,596</b>

## Luia

Not being able to see while paddling in a canoe can be a seemingly impossible task, but this was the effort that Luia went to when he heard that the medical ship was in his village offering free cataract surgeries. The reason Luia couldn't see was because he was blind from cataracts, and needed surgery to remove them. Fortunately, he had become skilled enough in paddling blind to make it to the ship, receive the surgery, and get his eyesight back. He commented that he was very excited to be able to see the grass again!



# Province Evaluation Report: Central Province

Outreach Dates: 31 March – 19 June, 2011

Clinics: Primary Health Care, Dentistry, Optometry, Ophthalmology

At the beginning of outreach three we faced challenges of having adequate crew and fuel for the medical ship to sail to the Gulf Province. This gave us the opportunity to assist with the needs in the Central Province before we were able to sail. Over the two days that we were in the village of Parabada, we saw a large number of people. Due to the hardworking nature of the PNG people, we saw many with back and knee complaints. We worked with the local community health worker to educate the people on exercises they could do to prevent further injury. Not only did we build great relationship in Parabada, but we relieved the health workers from the steady stream of patients they see every day.

As Parabada is on the outskirts of Port Moresby, the standard of living is higher than in more remote villages. This was clearly evident in the level of care people took with their teeth, and also the need for eye glasses. Though both clinics were busy, it was encouraging to see the care given and taken by the local people.

## Overall Statistics for Central Province

Over 2 clinic days:	
Number of Primary Health Care Services	295
Number of Immunisations Given	25
Number of Dentistry Procedures	86
Number of Optometry Clinic Services	181
Number of Education Seminars	177
Number of Preventative Health Resources Distributed	150
<b>TOTAL NUMBER OF SERVICES PROVIDED</b>	<b>914</b>

# Province Evaluation Report: National Capital District

Outreach Dates: 26 June – 3 July, 2011

Clinics: Primary Health Care, Optometry, Dental

We worked with many locals in these villages, some who had partnered with us on previous outreaches. We also spent time with a group called the Children's Fund, who operate clinics in the area. The group does not employ a full time doctor, so our ability to assist in the more difficult cases proved invaluable.

We found that though many of the villages were close in proximity to Port Moresby, the poverty level proved to be the biggest barrier in receiving proper health. Thankfully, the villages were close together, and it allowed our teams to see as many in need as possible in the shortest amount of time.

## Overall Statistics for National Capital District

Over 2 clinic days:	
Number of Primary Health Care Services	383
Number of Immunisations Given	82
Number of Dentistry Procedures	351
Number of Optometry Clinic Services	243
Number of Education Seminars	207
Number of Preventative Health Resources Distributed	224
<b>TOTAL NUMBER OF SERVICES PROVIDED</b>	<b>1,490</b>

# Province Evaluation Report: Western Province

Outreach Dates: 22 June – 11 September, 2011

Clinics: Primary Health Care, Dentistry, Optometry

In the Western Province, we formed many partnerships with both local and professionals in the region. We found this vital for bringing in patients, as trust was already built with the permanent health workers. It also proved valuable to have these doctors working alongside our team, allowing the locals to further their own education and industry experience.

It is crucial for us as a medical ship to have the support and understanding from local organisations. We can not do what we do on our own. For that reason, we are so grateful for the relationships we have built. We connected with the Deputy Director of District and Technical Health Services, the Western Provincial Director of Health, Daru Hospital and the South Fly District Family Health Coordinator, to name a few. We believe these relationships are critical for empowering the PNG people to live well.

Overall, we found the area of the Western Province to be incredibly welcoming, and more than happy to work with us in the future. We scouted new territory and rivers, pushing ourselves to find the most isolated of areas. We anticipate this is just the beginning of our work in the Western Province.

## Overall Statistics for Western Province

Over 36 clinic days:

Number of Primary Health Care Services	3,077
Number of Immunisations Given	2,021
Number of Dentistry Procedures	1,972
Number of Optometry Clinic Services	1,201
Number of Education Seminars	5,145
Number of Preventative Health Resources Distributed	10,038
<b>TOTAL NUMBER OF SERVICES PROVIDED</b>	<b>23,454</b>

## Maira

Maira has had breathing problems since 1990. This was a major problem for Maira when having to paddle eight hours in her canoe to buy food and supplies. It also causes difficulty in making sago, an activity that took up much of her time. When she came to see the doctor on the medical ship, she was diagnosed with asthma. Megan, the doctor on board, made her an asthma pump kit with a few ordinary supplies, which will help Maira to function in her day-to-day life, despite the challenges of asthma.





# Villages Serviced

Patients came from the following villages, cities, and towns throughout the NCD, Gulf, Central, and Western Province:

- |                |                       |                |                |                  |                         |                       |                        |
|----------------|-----------------------|----------------|----------------|------------------|-------------------------|-----------------------|------------------------|
| 1. Abam        | 28. Bimadeben         | 54. Erimaibua  | 81. Kairimai   | 108. Kivaumai    | 141. Mariki             | 173. Pedaya Two       | 205. Ume               |
| 2. Abatori     | 29. Biture            | 55. Ero        | 82. Kairon     | 109. Kivori      | 142. Masimgana          | 174. Pede             | 206. Urio              |
| 3. Aberagerema | 30. Boroka            | 56. Etere      | 83. Kaiub      | 110. Kiwu Island | 143. Masingara          | 175. Perg             | 207. Uru               |
| 4. Aberagermo  | 31. Boze              | 57. Fiji       | 84. Kaneme     | 111. Koabu       | 144. Medame             | 176. Port Moresby     | 208. Vada Vada         |
| 5. Aduru       | 32. Buakap            | 58. Gabi       | 85. Kapai      | 112. Kondobol    | 145. Mekeo              | 177. Porumal          | 209. Vailal            |
| 6. Aibigai     | 33. Bugume            | 59. Gaima      | 86. Kapuna     | 113. Kopi        | 146. Mibini             | 178. Rabaul           | 210. Varai             |
| 7. Aimei       | 34. Buri              | 60. Garaith    | 87. Karati     | 114. Korota      | 147. Migoilavi          | 179. Rekut            | 211. Veraibari         |
| 8. Akoma       | 35. Buyang            | 61. Gauri      | 88. Karavake   | 115. Kumimi      | 148. Milne Bay Province | 180. Samao            | 212. Wabeg             |
| 9. Amogoa      | 36. Camorom           | 62. Gereho     | 89. Katatai    | 116. Kunini      | 149. Mirimairau         | 181. Samari           | 213. Wadori            |
| 10. Aparua     | 37. Chimbu            | 63. Girigarede | 90. Katkat     | 117. Kupere      | 150. Mohed              | 182. Sauna            | 214. Waidaro           |
| 11. Ara ava    | 38. Damera            | 64. Goilavi    | 91. Kaviam     | 118. Kuru        | 151. Mokaka             | 183. Sebe             | 215. Waigi             |
| 12. Arato      | 39. Darna             | 65. Goroka     | 92. Kawiyapo   | 119. Kurunti     | 152. Momana             | 184. Segera           | 216. Waitari           |
| 13. Arehava    | 40. Daru              | 66. Gulf Lese  | 93. Kea        | 120. Kwiwang     | 153. Monitaka           | 185. Sevetimabu       | 217. Waliyama          |
| 14. Asaramio   | 41. Dede              | 67. Hagwa      | 94. Kenedibi   | 121. Lae         | 154. Morehand           | 186. Sewirimabu       | 218. Wando             |
| 15. Audiuro    | 42. Deverh            | 68. Harevaro   | 95. Kenewa     | 122. Lairuhairu  | 155. Morobe             | 187. Somogi           | 219. Wapim             |
| 16. Auti       | 43. Dewara            | 69. Hisiu      | 96. Kengaringa | 123. Lake Murray | 156. Motai              | 188. Sui              | 220. Warehaire         |
| 17. Awaba      | 44. Dimisisi          | 70. Honubada   | 97. Kerema     | 124. Laramai     | 157. Mou                | 189. Suki             | 221. Waribodoro        |
| 18. Awi        | 45. Doibo             | 71. Ibegaura   | 98. Kibeni     | 125. Lese        | 158. Murr               | 190. Tapila           | 222. Wasua             |
| 19. Babaguna   | 46. Dorogori          | 72. Ikinu      | 99. Kibo       | 126. Lewada      | 159. Mutam              | 191. Tatana           | 223. Wederehaimo       |
| 20. Baimim     | 47. Doumori           | 73. Ino-onzka  | 100. Kibul     | 127. Luta        | 160. Nahor              | 192. Tau              | 224. Western Highlands |
| 21. Baimuru    | 48. Duawaba           | 74. Ipsid      | 101. Kikori    | 128. Lyamiri     | 161. Ngao Orimo         | 193. Teapopo          | 225. Wipi              |
| 22. Balimo     | 49. East New Britain  | 75. Irupei     | 102. Kimbi     | 129. Mabudawan   | 162. Omairere           | 194. Teredau Saw Mill | 226. Wonborodo         |
| 23. Baramura   | 50. East Sepic        | 76. Isago      | 103. Kingan    | 130. Madama      | 163. Orokolo            | 195. Togowa           | 227. Wonie             |
| 24. Bavi       | 51. Eastern Highlands | 77. Iyamiri    | 104. Kinipo    | 131. Madang      | 164. Ouuri              | 196. Tokwa            | 228. Wowo              |
| 25. Belobi     |                       | 78. Jew        | 105. Kinomere  | 132. Madiawa     | 165. Pagona One         | 197. Tovei            | 229. Wowobo            |
| 26. Bensbach   | 52. Elutupan          | 79. Kabaturi   | 106. Kiop Kipo | 133. Maduduro    | 166. Pagona Two         | 198. Tozo             | 230. Yameri            |
| 27. Bensback   | 53. Epegau            | 80. Kadawa     | 107. Kiunga    | 134. Maduduwo    | 167. Paia               | 199. Tubusereia       |                        |
|                |                       |                |                | 135. Maduo       | 168. Papondetta         | 200. Tufi             |                        |
|                |                       |                |                | 136. Maipai      | 169. Parabada           | 201. Tugaturi         |                        |
|                |                       |                |                | 137. Maipenairu  | 170. Parama             | 202. Ture Ture        |                        |
|                |                       |                |                | 138. Malam       | 171. Pawaya             | 203. U'uwo            |                        |
|                |                       |                |                | 139. Mangety     | 172. Pedaya One         | 204. Ubuoo            |                        |
|                |                       |                |                | 140. Mapaio      |                         |                       |                        |

# 2011 Financial Report

## YWAM Medical Ships - Australia LTD Profit and Loss

### Income

Volunteer - Labour in Kind.....	\$1,866,145
Donations .....	\$186,768
Donations - Care Trust Fund .....	\$72,852
Gifts in Kind.....	\$686,115
Volunteer Contributions.....	\$136,557
Grants & Sponsors .....	\$108,121
Miscellaneous.....	\$8,151
<b>Total Income.....</b>	<b>\$3,143,708</b>

### Expenses

Volunteer Labour Value .....	\$1,866,145
Administration .....	\$73,736
Program Support Costs .....	\$161,716
Ship Operations.....	\$489,949
Medical Supplies.....	\$116,549
Other Expenses.....	\$114,945
<b>Total .....</b>	<b>\$2,823,041</b>

**Net Surplus .....\$320,667**

# Key Partners for 2011

## 3.6 Key Partners for 2011

### Steamships

Steamships 90 years of experience in PNG's Western Province, and the shipping industry has made them an ideal partner for YWAM to expand to this new region. They have offered financial contribution, in-kind services, and valuable insights regarding the operation of a ship in PNG.

### Ok Tedi Mining Limited & The Ok Tedi Fly River Development Program

The Ok Tedi Fly River Development Program's (OTFRDP) vision is to ensure self-sustainability and improve the quality of life of all Western Province Communities. As the YWAM medical ship continues to deliver services to the Western Province, OTFRDP have been a support by supplying the fuel for the YWAM medical ship to complete its final outreach in the Western Province in 2011. The OTFRDP network is an essential partner to liaise with all key stakeholders providing health care in the region.

### PNG Sustainable Development Fund

PNG Sustainable Development Program Ltd (PNGSDP) aims to improve the well-being and self-determination of local communities in the Western Province. Their desire to produce sustainable outcomes in the Western Province have made them a great partner for YWAM MSA as we deliver services and training to remote communities in the Province. PNGSDP provided fuel for the YWAM medical ship to visit isolated communities in the Western Province for Outreach #7 in 2011.

### Curtain Brothers

Major civil construction company, Curtain Brothers, have had a long history working in PNG and Australia. Their experience and expertise in shipping in PNG has been of great value to us. In between it's two week outreaches, the YWAM medical ship is docked in Port Moresby to collect volunteers, medical supplies and food for the following outreach. Curtain Brothers have generously provided YWAM MSA with a wide range of logistical support at their shipyard on Motukea Island to use in between outreaches.

### Papua New Guinea Department of Health

The PNG Department of Health has formed a partnership with YWAM MSA to provide healthcare services and training in some of the most remote regions in PNG. We have been deliberate in tying in with their National Health Care Plan and have received strong support through the provision of all medications and childhood immunisations for our clinics in 2011. The PNG Department of Health has also been a key source of information and advice in working in rural regions of PNG.

### Gulf Province of Papua New Guinea

The Gulf Provincial Governor, Honourable Havila Kavov, invited YWAM MSA to provide medical services to the people of the Gulf Province in 2009. Since then, we have been able to provide much needed services to the Gulf Province and have formed a strong partnership. The Gulf Provincial Government have helped supply much of the fuel for the YWAM medical ship's outreaches, and have been instrumental in connecting us with village leaders on the ground.

# Key Partners for 2011 cont.

## Rotarians Against Malaria

Rotarians Against Malaria's (RAM) objective is to improve and strengthen the local and national capabilities in malaria control. With malaria now affecting over 90% of the PNG population, YWAM MSA has partnered with RAM through distributing their supplied mosquito nets in remote villages.

## United Church for Papua New Guinea

The United Church is one of the key health services providers in PNG's Gulf Province. By working with their community health workers on the ground, YWAM maximises the amount of people reached through their services. YWAM is also committed to building capacity in these workers. The Uniting Church in Australia also facilitated the donation of 1000 Bibles to distribute in PNG in 2011.

## Honeycombes Property Group

Honeycombes Property Group's focus on regional growth has made them a strong advocate for the YWAM Medical Ship to be based in Townsville. They have been instrumental in making the YWAM Medical Ship a Townsville venture and have helped create ownership for PNG in the Townsville community through their networking and influence.

## 1300SMILES

1300 SMILES is one of the largest dental service providers in Australia. They have been a key partner for our dental program by providing dental personnel, funding, and advocating among their network to facilitate the donation of dental supplies and equipment onboard the ship.

## Henry Schein Halas

Henry Schein Halas (HSH) is one of Australia's largest providers of health care products and has a priority to take social global responsibility in disadvantaged communities. HSH provides much of the consumables and equipment needed to operate YWAM MSA's dental clinics in PNG.

## Lions Australia

The Lions Club's long history of community service have made them an ideal partner to promote volunteerism and help the disadvantaged. They have facilitated the delivery of donated spectacles to their facility in Redland Bay where they are sorted, cleaned, tagged and repackaged for distribution in PNG. The Lions Club also donated a new Zodiac to YWAM MSA this year, enabling us to better transport our teams and dental patients to and from the ship.

## City of Townsville

Townsville is the capital of North Queensland and remains one of the fastest growing cities in the state with a population surpassing 170,000. The city has embraced the YWAM Medical Ship as it's own. There has been great community support from schools, service clubs, businesses and individuals. The Townsville City Council donates a berth for the ship to use during it's stays in Townsville.

## Port of Townsville

Port of Townsville is a cornerstone of North Queensland's economy and has been a generous supporter of YWAM MSA by providing in-kind services to berth the ship in Townsville.

## Surgical Eye Expeditions International

Surgical Eye Expeditions (SEE) International's primary objective is to restore sight to disadvantaged blind individuals worldwide. SEE International has partnered with our ophthalmology program through providing all of YWAM MSA's ophthalmology consumables in 2011, helping us to carry out 43 ophthalmology procedures.

## Townsville Bulletin

The Townsville Bulletin has given strong support to YWAM MSA, and has partnered with YWAM's vision to encourage Australian youth to volunteer. The Bulletin's weekly Newspapers in Education (NIE) devotes a page of their program to educating over 3,000 students on PNG and the YWAM Ship, offering practical ways for them to engage locally and abroad.

## YWAM Institute for the Nations

YWAM's Institute for the Nations offers a number of accredited and non-accredited training programs. YWAM's training has been a valuable part of our program and enables us to multiply the "train the trainer" approach. The YWAM Introduction to Primary Health Care for Developing Nations (IPHC) training program, for example, enables us to have trained Primary Health Care workers in PNG who can then train local healthcare workers.

## North Queensland Cowboys

The Cowboys have a strong influence in PNG. Cowboys players, Matty Bowen and James Segeyaro, are current spokesmen for YWAM MSA's education programs in PNG, helping to promote the use of mosquito nets to prevent malaria and regularly doing exercises to help with knee and back pain. Their high profiles help us get the message across in a relevant way.

## Australian Relief and Mercy Services

Australian Relief and Mercy Services (ARMS) is uniquely placed to serve those in need both in Australia and other countries. ARMS helps to research grants and funding opportunities for YWAM Medical Ships.

## BUZZ-OFF Malaria Campaign

BUZZ-OFF Malaria Campaign has acquired funding to help strengthen YWAM MSA's malaria program in PNG.





# Moving Forward

## 4.1 Phase I - 2012

During our discussions with the PNG Department of Health, it has been recommended that priority should be given to the Gulf and Western Provinces of PNG. Our medical ship, the *MV Pacific Link*, has access to areas of the greatest health need in remote regions of these provinces.

In our strategic planning with the PNG Department of Health, we have acknowledged that the work we will be doing in PNG will be based on respect for the people of PNG and on collaborative and cooperative partnerships that would be established between ourselves and key stakeholders. We have been very intentional to ensure that our medical work compliments the PNG National Health Plan.

Our pilot program to the Gulf Province in 2010 was a huge success. Because of the successful work achieved in the Gulf, we decided to expand our services to the Western Province.

With 153 villages along the Fly River alone, we will continue to service as many villages as possible in the remote regions of the Gulf and Western Province in 2012. We also plan to do an outreach in Port Moresby for one week in the middle of our outreaches, with the goal of engaging all sectors in our program.

## 4.2 2012 Proposed Outreach Dates and Locations

Outreach	Dates	Location	PHC*	DEN*	OPT*	OPH*
1	10 May - 27 May	Gulf Province	√	√	√	
2	31 May - 17 June	Gulf Province	√	√	√	
3	21 June - 8 July	Gulf Province	√	√	√	√
4	21 July - 29 July	Port Moresby	√	√	√	
5	2 Aug - 19 Aug	Western Province	√	√	√	
6	23 Aug - 9 Sep	Western Province	√	√	√	
7	13 Sep - 30 Sep	Western Province	√	√	√	√

\*PHC - Primary Health Care

\*DEN - Dentistry

\*OPT - Optometry

\*OPH - Ophthalmology



### 4.3 2012 Proposed Budget

*Revised September 2011*

#### Projected Income 2012

In Kind Gifts.....	\$ 465,000
Volunteer Contributions.....	\$ 45,000
Donated Labour.....	\$ 1,975,000
<b>Total.....</b>	<b>\$ 2,485,000</b>

#### Projected Expenses 2012

Financial and Legal.....	\$ 90,000
Office Operations.....	\$ 60,000
Program Operations – PNG.....	\$ 80,000
Ship Operations.....	\$ 405,000
Marketing & Communications.....	\$ 210,000
Medical.....	\$ 695,000
Staff & Personnel.....	\$ 2,185,000
<b>Total.....</b>	<b>\$ 3,725,000</b>

**Outstanding Balance (to be fundraised) \$1,240,000**

## 4.4 2012 Goals

2011 was our second year using the YWAM medical ship as a means to reach Australia and Papua New Guinea. While we achieved good results in the past year, we aim to build on the experience and lessons learned to achieve even better results in 2012.

In order to track and report on our performance in 2012, we have developed the following goals, which align with the new PNG National Health Plan 2011-2020:

### Primary Health Care

Goal 1: Decrease the burden of illness and injury.

#### A. Management of Illness & Disease Programs

**Aim:** Decrease the burden of illness.

The people of Papua New Guinea (PNG) generally have poor health status. This is reflected in life expectancy, and maternal and child mortality rates. Although there have been some improvements, these rates are still below the average for lower, middle-income countries. One in 13 children born in PNG will die before the age of five; this rate is far greater than any other country in the Pacific Region.<sup>1</sup> With the life expectancy of males in PNG being 53 years and female life expectancy being 55 years, these statistics reflect the state of PNG's health and the need for intervention.

The goal of the PNG National Health Plan is to strengthen primary health care for all, and to improve service delivery to the rural majority and the urban disadvantaged. The priority strategy of the plan is to go "back to basics". This will help improve PNG's deterioration health indicators.<sup>2</sup> YWAM MSA has a focus on the treatment of illness and primary health care as a result of this.

**Target:** Decrease the burden of illness and disease by treating 50 people per day.

**Measure:** To ensure we are reaching these objectives, clinic leaders will track the number of patients treated on a daily basis from patient registration forms.

**Aim:** Decrease the burden of musculoskeletal pain/injury.

People in PNG have been found to be hard working, particularly in rural communities.<sup>3</sup> Some believe their hard manual labour in their gardens can lead to negative health status.<sup>4</sup> Repetitive strain injury occurs over time as a result of repetitive, forceful body movements. This can affect the wrist, hand, shoulder, elbow, back, knee and ankle. It can cause pain, swelling & inflammation, numbness and altered sensation, decreased range of movement and stiffness.<sup>5</sup>

**Target:** Decrease the burden of musculoskeletal pain/injury through physiotherapy treatment (when a physiotherapist is present) for 20 patients per day presenting with musculoskeletal complaints or injuries.

**Measure:** To ensure this target is met, clinic leaders will track the number of patients seen by the physiotherapist on a daily basis from patient registration forms.

1 PNG National Health Plan 2011 - 2020 Volume 1, 2010

2 Independent State of Papua New Guinea: Ministry of Health National Health Plan 2001- 2010 Program Policies and Strategies Volume I

3 <http://afmw.org.au/news/725-star-mountains-dropped-by-chopper-to-one-of-the-remotest-parts-of-the-world>

4 [http://www.wrm.org.uy/bulletin/140/Papua\\_New\\_Guinea.html](http://www.wrm.org.uy/bulletin/140/Papua_New_Guinea.html)

5 [http://www.mflohc.mb.ca/fact\\_sheets\\_folder/repetitive\\_strain\\_injury.html](http://www.mflohc.mb.ca/fact_sheets_folder/repetitive_strain_injury.html)



#### B. Capacity Building Programs

**Aim:** To improve health and decrease the risk of illness.

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Papua New Guinea faces critical constraints to health development and has some of the worst health and education outcomes in the Asia-Pacific region driven by high levels of poverty and a large rural population, often living in extremely remote locations.<sup>1</sup>

**Target:** To decrease the risk of illness/disease through delivery of basic primary health care education to 200 people per outreach.

**Measure:** Clinic leaders will track the number of men, women and children educated per outreach through education tally forms.

**Aim:** To increase knowledge and skill level of local community health workers in the area of primary health care.

New and continually changing health care environments, epidemiological and demographic shifts and technological advances require the preparation and regulation of qualified health personnel and the continued professional development of deployed and experienced personnel. Issues concerning the education and training of health workers in the Western Pacific Region include:

- Lack of clear linkages between health-service needs and health-professional education and training-leading to inappropriate educational content and training outcomes;
- Lagging behind of educational and curricular change during times of scientific and technological advances, epidemiological and social transitions and health care changes;
- Low student intake into some training programs--particularly in nursing and midwifery and other allied health disciplines
- Poor quality of training and teaching, and learning content.<sup>2</sup>

**Target:** Increase the primary health care knowledge and skill level of local community health workers through delivery of a 2-day primary health care seminar, targeting 2-4 community healthcare workers per outreach.

**Measure:** Trainers will track the number of community health worker's (CHW) educated per outreach through education evaluations completed by each trainee.

1 Australian Government AusAID. Retrieved 21 February 2012 from <http://ausaid.gov.au/country/papua.cfm>.

2 Education and training. World Health Organization Western Pacific Region. Retrieved 21 February 2012 from [http://www.wpro.who.int/health\\_topics/education\\_and\\_training/](http://www.wpro.who.int/health_topics/education_and_training/)

## Dentistry

### Goal 2: Improve Oral Health

#### A. Management of Illness & Disease Programs

**Aim:** Provide oral care.

The incidence of oral disease in PNG remains unacceptably high, and is worsening. According to the PNG National Health Plan 2001- 2010, a large percentage of teenage children in PNG have dental caries, which can be prevented but currently are not. PNG has a shortage of dentists and a lack of job opportunities for those who go through dental training. This coupled with lack of education, lack of awareness, and lack of access to oral health care increases the incidence of oral disease.<sup>1</sup>

Regular dental exams with good oral care from a dental professional can help maintain adequate oral hygiene. Dental examinations allow for early detection of dental disease. Ideally a dental exam is needed every 6 months.<sup>2</sup>

**Target:** Increase the level of oral health by treating 13 dental patients per dentist per clinic day.

**Measure:** Clinic leaders will track the number of patients treated per dentist per day on a daily basis based on patient registration forms.

#### B. Preventative Health Programs

**Aim:** Provide toothbrushes and toothpaste.

The incidence of oral disease in PNG remains unacceptably high, and is worsening. Lack of access to oral health care contributes to the increased incidence of oral disease.<sup>3</sup> According to the World Health Organisation, a low level of fluoride that is constantly maintained in the oral cavity can prevent dental cavities. This can be achieved with by brushing with toothpaste. Therefore, the distribution of toothbrushes and toothpaste will help improve oral hygiene.<sup>4</sup>

**Target:** Improve oral health through the provision of toothbrushes and toothpaste to 13 patients per dentist, per clinic day.

**Measure:** Clinic leaders will track the number of toothbrushes and toothpaste distributed per day as per the patient registration forms.

#### C. Capacity Building Programs

**Aim:** To provide oral health education.

Lack of education and lack of awareness contribute to the incidence unacceptably high levels of oral disease seen in PNG. The WHO recommends building healthy communities and to combat ill health through four strategic directions including promoting healthy lifestyles and reducing risk factors to oral health that arise from environmental, economic, social and behavioural causes.<sup>5</sup> This can partly be accomplished in the remote areas of the Gulf and Western Provinces through delivery of oral health education.

1 Independent State of Papua New Guinea: Ministry of Health National Health Plan 2001- 2010 Program Polices and Strategies Volume II)

2 Canadian Dental Association

3 Independent State of Papua New Guinea: Ministry of Health National Health Plan 2001- 2010 Program Polices and Strategies Volume II.

4 <http://www.who.int/mediacentre/factsheets/fs318/en/index.html>

5 [http://www.who.int/oral\\_health/strategies/en/](http://www.who.int/oral_health/strategies/en/)

**Target:** To decrease the risk of illness/disease through delivery of basic oral health education to 200 people per outreach.

**Measure:** Clinic leaders will track the number of men, women and children educated per outreach through education tally forms and patient registration forms.

## Optometry

### Goal 3: Reduce low vision and prevent the risk of avoidable blindness.

#### A. Management of Illness & Disease Programs

**Aim:** Provide corrective glasses.

Refractive errors (myopia, hypermetropia, astigmatism presbyopia) result in an unfocused image falling on the retina. Uncorrected refractive errors, which affect persons of all ages and ethnic groups, are the main cause of visual impairment. The most frequently used options for correcting refractive errors are: spectacles, the simplest, cheapest and most widely used method.<sup>1</sup> In PNG 175,000 people are estimated to have low vision, which can be corrected with spectacles.<sup>2</sup>

**Target:** Provide corrective glasses for every individual identified with low vision, targeting 30 patients per day.

**Means of verification/reporting:** To ensure we are reaching these objectives, clinic leaders will collate daily statistics from patient registration forms.

#### B. Preventative Health Programs

**Aim:** Provide sunglasses to decrease the risk of damage or further deterioration to the eyes from UV radiation.

Acute effects of UV radiation or sun damage include photokeratitis and photoconjunctivitis and can lead to cataract and other preventable eye disease and damage. In PNG due the fact that many live on the water and in a tropical climate, sun exposure is high.<sup>3</sup> Some of and effects associated with UV radiation or sun damage are reversible, or preventable by protective eyewear such as sunglasses.<sup>4</sup>

**Target:** Provide 100 pairs of sunglasses per outreach to decrease the risk of damage or further deterioration to the eyes from UV radiation.

**Measure:** Clinic leaders will track the number of pairs of sunglasses distributed per outreach through patient registration forms.

**Aim:** Provide vision assessments.

The leading causes of blindness and low vision are usually treatable, yet most people do not have access to treatment either due to geographical isolation, lack of funds or lack of knowledge about treatment. Vision assessment will allow early detection of blindness and low vision.<sup>5</sup>

**Target:** Reduce the risk of avoidable blindness by conducting 40 vision assessments per clinic day.

**Measure:** Clinic leaders will track the number of vision assessments per clinic day through patient registration forms.

1 [http://www.who.int/blindness/Vision2020\\_report.pdf](http://www.who.int/blindness/Vision2020_report.pdf)

2 <http://www.hollows.org/PNG>

3 <http://www.who.int/mediacentre/factsheets/fs305/en/index.html> In

4 <http://www.who.int/mediacentre/factsheets/fs305/en/index.html>.

5 <http://www.hollows.org/PNG>

## Ophthalmology

### Goal 4: Restore/enhance sight.

#### A. Management of Illness & Disease Programs

**Aim:** Provide cataract and pterygium surgery.

Cataracts are by far the main cause of readily curable blindness. As there are no known effective means of preventing the commonest forms of cataract, surgery should be provided to all those in need.<sup>1</sup>

Cataract surgery has virtually eliminated cataract blindness in the developed world. However, in the economically developing areas of the world it is a staggering and escalating problem where it is the leading cause of blindness affecting 16-20 million people. Outcomes research has clearly shown that modern cataract surgery with intraocular lens implantation is a safe and effective means of restoring visual function and improving vision-related quality of life.<sup>2</sup>

**Target:** Restore/enhance sight to seven individuals per operative day through cataract/pterygium surgery.

**Measure:** The clinic leader will track the number of surgical patients per day through patient registration forms.

## Maternal Health

### Goal 5: Decrease the risk and incidence of maternal mortality.

#### A. Management of Illness & Disease Programs

**Aim:** Provide antenatal checks.

Maternal deaths in PNG have been increasing in the past ten years. Currently the maternal death rate is 733 deaths per 100,000 live births. This ranks PNG as second highest in the world in maternal mortality, outside Sub-Saharan Africa. The main causes of deaths related to pregnancy are prolonged labour and excessive bleeding.<sup>3</sup>

**Target:** Decrease maternal deaths by performing complete, comprehensive antenatal checks, targeting every pregnant woman presenting to the PHC clinic.

**Measure:** To ensure we are reaching these objectives, clinic leaders will track the number of antenatal check completed per day through antenatal registration forms. This form will have a comprehensive checklist, to ensure all antenatal checks are complete.

**Aim:** Provide methods for family planning for women.

According to the National Statistical Office of Papua New Guinea, 78.9% of women have knowledge of any family planning method. Only 38.7% of women and 42.9% of men have ever used any family planning method. Currently, only 32.4% of married women and 38.5% of married men are using and family planning method.<sup>4</sup>

Family planning is closely linked with maternal mortality. To avoid maternal deaths, all women need access to family planning.<sup>5</sup>

**Target:** Decrease maternal and infant mortality by providing family planning methods to 10 women per outreach.

**Means of verification/reporting:** Clinic leaders will track the number of women who were provided with family planning methods per outreach through patient registration forms.

#### B. Preventative Health Programs

**Aim:** Distribute birth kits.

Maternal deaths have been increasing in PNG over the last ten years. Currently PNG is ranked second highest in the world in maternal mortality, outside Sub-Saharan Africa.<sup>1</sup>

Birth kits help reduce the risk of infections, which lead to maternal mortality.<sup>2</sup> An essential intervention listed in the WHO 'Essential interventions Commodities and Guidelines for Reproductive, Newborn and Child Health' is hygienic cord and skin care for the newborn infant. Correct use of birth kits make this possible. This helps reduce the incidence of maternal mortality.<sup>3</sup>

**Target:** Provide 100 birth kits per outreach to decrease the incidence of maternal mortality by decreasing the risk of infection during childbirth.

**Measure:** Clinic leaders will track the number of birth kits distributed through village materials distribution forms for each outreach.

#### C. Capacity Building Programs

**Aim:** Provide antenatal education.

Maternal deaths have been increasing in the past ten years. Currently the maternal death rate is 733 deaths per 100,000 live births. This ranks PNG as second highest in the world in maternal mortality, outside Sub-Saharan Africa. The main causes of deaths related to pregnancy are prolonged labor and excessive bleeding.<sup>4</sup> UNICEF states that maternal mortality in PNG is as high as 1 in 55 women.<sup>5</sup>

**Target:** To reduce complications and risk factors in pregnancy by providing antenatal education to all presenting pregnant women.

**Measure:** Clinic leaders will track the number of women receiving antenatal education per day through antenatal registration forms.

**Aim:** Increase the knowledge and skill level of local midwives.

According to World Health Organization (WHO), most maternal deaths are avoidable. Women need access to antenatal care, skilled care during childbirth and support in the weeks after delivery. Only 66% of women in developing countries benefit from skilled care during childbirth.<sup>6</sup>

**Target:** To increase knowledge and skill level of local midwives and community health workers through training and education by a skilled midwife (when present on an outreach), targeting 2-4 midwives/ community health workers per village per outreach.

**Measure:** Clinic leaders will track the number of midwives/community health workers educated through education evaluations completed by each trainee.

1 PNG National Health Plan 2011 - 2020 Volume 1, 2010

2 <http://www.birthingkitfoundation.org.au/aboutus/issues.aspx>

3 [http://www.who.int/pmnch/topics/part\\_publications/essentialinterventions14\\_12\\_2011low.pdf](http://www.who.int/pmnch/topics/part_publications/essentialinterventions14_12_2011low.pdf)

4 Government of Papua New Guinea. (June 2010). PNG National Health Plan 2011 - 2020 Volume 1, 2010.

5 Maternal Mortality in 2005. (2007). Retrieved 21 February 2012 from [http://www.who.int/whosis/mme\\_2005.pdf](http://www.who.int/whosis/mme_2005.pdf).

6 Maternal Mortality Fact Sheet No. 348. (November 2010). Retrieved 21 February 2012 from <http://www.who.int/mediacentre/factsheets/fs348/en/index.html>

1 [http://www.who.int/blindness/Vision2020\\_report.pdf](http://www.who.int/blindness/Vision2020_report.pdf)

2 <http://www.ncbi.nlm.nih.gov/pubmed/10563277>

3 PNG National Health Plan 2011 - 2020 Volume 1, 2010

4 Health Indicators, Demographic & Health Survey National Report, 2011

5 WHO, Media Centre, Fact Sheet No. 345, Nov 2010

## Child Health

### Goal 6: Decrease infant and child mortality.

#### A. Preventative Health Programs

**Aim:** Administer scheduled childhood immunisations and decrease the incidence of malnutrition through growth charting.

The World Bank states that globally, there has been a 25% drop in child mortality. One of the contributors of seeing this drop is through increasing immunisation coverage. For this reason, YWAM MSA has a focus on prevention of preventable diseases through immunisations.<sup>1</sup>

Routine immunisations have been shown to be effective in reducing child mortality in PNG. Data collected from Tari in the Southern Highlands Province of PNG has shown that the percentage of children dying between that ages of 29 days and 24 months was significantly less when at least one vaccine had been given compared to those who had never received a vaccination.<sup>2</sup>

**Target:** Decrease infant and child mortality through administration of scheduled childhood immunisations by vaccinating 35 children per day.

**Measure:** Clinic leaders will track the number of children vaccinated per day through the child immunisation registration forms.

**Aim:** Growth chart children.

In Papua New Guinea, one in 13 children will die before the age of five. This is a rate far greater than any other country of the Pacific Region.<sup>3</sup> Malnutrition is one of the contributing factors to child mortality with 28% of children considered moderately to severely malnourished.<sup>4</sup>

Childhood growth monitoring is an important part of health in PNG and is a valuable tool that allows for early detection of health and nutrition problems in children.<sup>5</sup>

**Target:** Decrease the risk of malnutrition through childhood growth monitoring/charting 35 children per clinic day.

**Measure:** Clinic leaders will track the number of children who are growth charted through child immunisation registration forms and patient registration forms.

## Malaria, Tuberculosis & Lymphatic Filariasis

### Goal 7: Decrease the burden and the risk of communicable disease.

#### A. Management of Illness & Disease Programs

**Aim:** Treat individuals with malaria.

Malaria is one of the single most, important public health problems in Papua New Guinea, with it affecting over 90% of the population. Each year an average of 1.7 million cases (outpatient and inpatient cases) of clinical malaria cases are recorded through the National Health Information system (NHIS). The NHIS only accounts for information coming from the health centre level, which indicates a large proportion of cases, are not reported.<sup>6</sup>

1 <http://data.worldbank.org/news/developing-countries-child-mortality-declines>, and [http://www.worldbank.org/mdgs/child\\_mortality.html](http://www.worldbank.org/mdgs/child_mortality.html)

2 <http://www.ncbi.nlm.nih.gov/pubmed/15561755>

3 PNG National Health Plan 2011 - 2020 Volume 1, 2010

4 <http://www.wpro.who.int/NR/rdonlyres/764EA005-06E5-4A34-B75B-23FC3EA6D47C/0/29finalPNGpro2010.pdf>

5 [http://www.adi.org.au/upload/PNG\\_Child\\_Health\\_Plan\\_2008-2015.pdf](http://www.adi.org.au/upload/PNG_Child_Health_Plan_2008-2015.pdf), <http://www.unsystem.org/scn/archives/npp07/ch08.htm>

6 Papua New Guinea, Department of Health, national Malaria, Treatment Policy, September 2009

Early diagnosis and prompt treatment are the key components of malaria control. This prevents deterioration and severe life-threatening complications (e.g. severe malaria), helps return the patient quickly to health, and reduces malaria transmission. Drug resistance is also becoming a major concern; effective treatment and diagnoses will help reduce the amount of drug resistance.<sup>1</sup>

**Target:** Decrease the burden of communicable disease by treating all individuals presenting with malaria as indicated by malaria rapid diagnostic tests.

**Measure:** Clinic leaders will track the number of patients treated for malaria per day through patient registration forms.

**Aim:** Provide testing for Tuberculosis and Multiple Drug Resistant Tuberculosis.

Tuberculosis (TB) is a lethal, but treatable, infectious disease, spread by inhalation of air-borne droplets. TB usually affects the lungs but can also affect other parts of the body such as the lymph nodes, kidney, bones, and joints. TB is a very real threat in PNG, and according to the National Department of Health, PNG has the highest TB rate in the Pacific. There are 16,000 new, recorded cases a year and someone dies from TB every two hours in PNG.<sup>2</sup> The WHO have also characterised Multiple Drug Resistant Tuberculosis (MDR-TB) as an emerging 'health emergency in PNG'.<sup>3</sup>

Currently in the Gulf and Western Province there is very limited ability to diagnose TB, and no access in either provinces to diagnose MDR-TB. Currently to test for MDR-TB, samples need to be flown to Australia resulting in a process that can take months, leaving unsuspecting MDR-TB patients at risk of infecting others. By establishing an on-board testing facility on the YWAM Medical Ship, YWAM MSA will be able to assist in the diagnosis of TB and MDR-TB, providing results in just a few hours of the initial test.

**Target:** Establish an on-board tuberculosis testing facility with the implementation of the Xpert MDR/RIF diagnostic testing unit, helping to combat the TB and MDR-TB diagnosis challenges.

**Measure:** Registration documents of Xpert MDG/RIF testing unit and photos of on-board TB testing facility will be submitted to PNG Department of Health and any oversight organisations, such as WHO.

**Aim:** Facilitate lymphatic filariasis mass drug administration.

Lymphatic filariasis (LF) is listed as a neglected tropical disease that affects more than 1.3 billion people in the world. It is a parasite disease that is transmitted to humans through mosquitoes.<sup>4</sup> Although this disease does not directly result in death, after mental illness it is ranked as the second most common cause of long-term disability.

Within in Papua New Guinea LF is endemic with the greatest amount of LF within the Western Pacific region.<sup>5</sup> Papua New Guinea is also the only endemic country within the Western Pacific Region that does not have a countryside program to help eliminate LF.<sup>6</sup>

LF is treated through the administration of two separate medications. To eradicate LF, WHO recommends the mass drug administration (MDA) needs to reach 80% of a population group. This must be accomplished once per year over a 5-year period.<sup>7</sup>

The PNG National Health Plan states, "Mass drug administration (MDA) for LF control shall be adopted and focused on endemic areas."<sup>8</sup>

1 Papua New Guinea, Department of Health, national Malaria, Treatment Policy, September 2009

2 National Health Plan 2011-2020: Volume 1 Policies and Strategies, Government of Papua New Guinea, June 2010.

3 Irian News: Humanitarian News And Analysis Papua New Guinea: MDR-TB an emerging "health emergency", 2010.

4 <http://www.who.int/mediacentre/factsheets/fs102/en/>

5 <http://www.biomedcentral.com/1475-2883/6/3#B4>

6 <http://www.filarijournal.com/content/6/1/3#B2>

7 <http://www.who.int/mediacentre/factsheets/fs102/en/>

8 National Health Plan 2011-2020: Volume 1 Policies and Strategies, Government of Papua New Guinea, June 2010.

**Target:** YWAM MSA will facilitate mass drug administration to 80% of the population of the villages where the YWAM MSA clinics are based.

**Measure:** Clinic leaders will register each patient in the MDA registration books provided by the PNG Elimination of Lymphatic Filariasis Program and provide this information to the PNG National Department of Health on an annual basis.

#### B. Preventative Health Programs

**Aim:** Distribute mosquito nets.

The distribution of mosquito nets helps to combat the risk malaria. The WHO recommends Long Life Insecticide Treated Nets (LLIN). YWAM MSA distributes, helping to decrease the incidence of malarial infection.<sup>1</sup>

**Target:** Decrease the incidence of malarial infection through the distribution of mosquito nets, providing 200 mosquito nets to remote villages per outreach.

**Measure:** Clinic leaders will track the number of mosquito nets distributed through village materials distribution forms for each outreach.

#### C. Capacity Building Programs

**Aim:** To provide malaria prevention education.

Malaria is one of the single most important public health problems in Papua New Guinea with it affecting over 90% of the population. There are four strategies when done together which are having success in the worlds poorest and most malaria-endemic regions, especially in decreasing the number of malaria deaths in these regions. Education with a focus on transmission, prevention and treatment was one of the four strategies recognized.<sup>2</sup>

**Target:** Decrease the risk and transmission of malaria, by providing malaria prevention education to 200 people per outreach.

**Measure:** Clinic leaders will track the number of men, women and children receiving malaria prevention education through education tally forms and patient registration forms.

**Aim:** To distribute malaria rapid diagnostic test kits.

Each year between 600 and 700 people are reported to die from malaria alone in PNG health facilities. The population at risk is increasing due to issues such as drug resistance. Currently malaria diagnosis is based mostly on clinical signs and symptoms resulting in over-diagnosis and over-treating. PNG has been moving to a change in treatment policy and a model where all suspected malaria cases will be confirmed by microscopy or where there is no microscopy, using the Rapid Diagnostic Test (RDT).<sup>2</sup> The World Health Organization currently recommends that everyone suspected of malaria be tested prior to treatment. RDT's are accurate, relatively inexpensive and can be used in field conditions make this possible.<sup>3</sup>

**Target:** To increase access to accurate malaria testing by RDT kits to community health centres, coupled with education to all present community health workers within these centres. One thousand RDTs will be provided per outreach.

**Measure:** Clinic leaders will track the number of RDTs distributed through village material distribution forms for each outreach.

<sup>1</sup> <http://buzz-off.org/mosquito-nets/>

<sup>2</sup> <http://www.malaria.com/questions/how-control-malaria-2>

<sup>3</sup> Rapid Diagnostic Test. TDR Research on diseases of poverty. Retrieved 21 February 2012 from [http://www.who.int/tdr/research/malaria/rapid\\_diagnostics/en/](http://www.who.int/tdr/research/malaria/rapid_diagnostics/en/).

**Aim:** Train TB support workers.

In most settings, patients with symptoms suggestive of TB seek care from a wide array of health care providers, including private clinics, operated by formal and informal practitioners. These practitioners many not always apply the recommended TB management practices or report their cases to the appropriate authorities. Evidence suggests that failure to involve all care providers used by TB suspects and patients hampers case detection, delays diagnosis, and causes improper diagnosis as well as inappropriate and incomplete treatment.<sup>1</sup>

Progress on TB control depends substantially on the strengthening of health systems. If access to good-quality health services can be increased and sustained, this should have major benefits on TB control.<sup>2</sup> YWAM MSA will train TB support workers to help address the need for consistent TB management practices.

**Target:** Facilitate the WHO approved TB Treatment Supporters training to 10 individuals to become TB treatment supporters, addressing the issue of insufficient training resulting in incorrect drug use.

**Measure:** Clinic leaders will track the number of individuals that are trained to become TB treatment support workers through education evaluations completed by each trainee.

**Aim:** Deliver anti-TB medication to remote areas.

As observed by YWAM MSA's field workers, Daru Hospital's challenges with isolation and lack of infrastructure result in a struggle to have correct medication required for MDR-TB patients once their medication requirements are identified. Health care workers in Balimo have commented that they have been sending TB patients back to their village without treatment, as they did not have the medication to treat them.

**Target:** Transport and deliver anti-TB drugs to provincial health workers currently distributing TB treatment in the Gulf and Western Province to help combat TB drug supply shortages.

**Measure:** Clinic leaders will track the amount of anti-TB drugs distributed through village material distribution forms for each outreach. These statistics will be reported back to PNG National Department of Health annually via their tally sheets, and TB reporting processes.

<sup>1</sup> The Stop TB Strategy: Engage all care providers, 2006

<sup>2</sup> The Stop TB Strategy: Contribute to health system Strengthening, 2006

# Phase II: A new vessel

Due to the high level of need in PNG and the success of the current operations, YWAM MSA has recognised the need to upgrade its' current vessel, which is well past the optimal lifespan of a ship. Preliminary plans for a new ship would increase effectiveness by 1000%, offer quicker speeds, access areas with more shallow waters, and have a better impact on the environment.

## Medical & Training Facilities:

- Primary health care clinic with eight beds
- Dental theatre with seven dental chairs
- Laboratory
- Ophthalmology clinic with two surgical beds
- Optometry cataloguing, storage, retrieval and prescription capabilities
- Medical supplies transport, and storage
- Vaccination storage
- Medical equipment sterilisation and re-use facilities
- Medical and other waste incinerator
- General anaesthetic capabilities
- Neglected Tropical Diseases treatment and education
- Specialised surgeries
- Maternal and child healthcare

## Mobile Health Facilities:

- Mother ship with the ability to expand services into hinterland regions
- Accommodation for 200 people + 15 Crew
- Six 8-man medical launches to service smaller, more remote villages
- Two 12-man Zodiacs for transporting patients
- One Jetski for emergency transport
- One Helicopter for long-distance emergency transfers and service delivery

## Design:

- Under 6,000 tonnes
- Less than 4 metre draft
- Manoeuvrability in tight areas
- Capable of 48 knots
- Onboard water, supplies, and fuel storage, providing self-sustenance in remote areas for extended lengths of time

## Training Facility

The onboard and mobile training facilities, which “train the trainers,” will equip village leaders, rural healthcare workers, medical professionals, maritime professionals, and students to develop their communities.

## Smart Ship Technology

Using “smart” innovations, the ship will have automated reporting and inventory capabilities which will strengthen the overall effectiveness, maintenance, and operations. These “smart” technologies will maximise onboard power distribution and consumption, reducing the ship’s environmental impact.

## Communications

The new ship will feature state of the art communications equipment to provide essential services and specialist assistance in very remote areas of PNG, and will include a media centre.

## Environmentally Friendly

Education and protection of the environment is key to the future development of the communities. The new ship will capitalise on eco-friendly technologies, and serve as a platform to demonstrate and educate natural resource stewardship.

## Mother Ship

PNG has as coastline of 5,400km, 600 islands, and 40% of its 7 million population living in poverty. A ‘Mother Ship’ with multiple small vessels on board will see a radical reduction in poverty, and major, sustainable health improvement in PNG.

## Disaster Response Capability

Every year the coastal regions of PNG and the Pacific Islands are at risk of being hit by cyclones or tsunamis.

Violent storms characterised by high winds cause extensive damage to property, and turn debris into dangerous missiles.

Cyclones can bring extensive flooding and property damage, cut off evacuation routes, and be the cause of injuries and death.

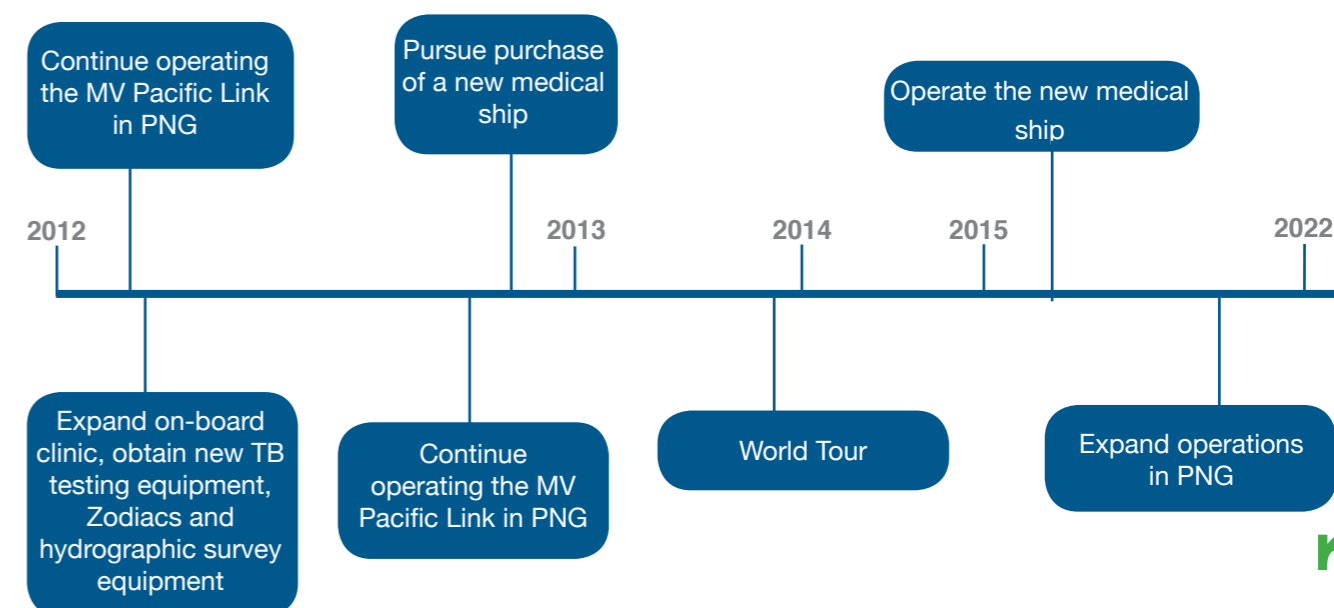
The new ship will offer disaster response capabilities in PNG and the Pacific, delivering medical facilities and assistance within a 1500km range in 24 hours.

The design of the new ship has a shallow draft, a mother ship concept with multiple launches, onboard communications, manoeuvrability, and resources.

## Project Cost

- \$25 million for a new ship
- \$4.4 million per annum to operate
- Volunteers to staff ship - keeps operating costs very low, maximising value for dollar

## Projected Timing





# Appendix

# Appendix A: Millennium Development Goals

## Goal 1: Eradicate extreme poverty and hunger

- Halve, between 1990 and 2015, the proportion of people whose income is less than \$1/day
- Achieve full and productive employment and decent work for all, including women and young people
- Halve between 1990 and 2015, the proportion of people who suffer from hunger

## Goal 2: Achieve universal primary education

- Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

## Goal 3: Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

## Goal 4: Reduce child mortality

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

## Goal 5: Improve maternal healthy

- Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- Achieve universal access to reproductive health

## Goal 6: Combat HIV/AIDS, malaria and other diseases

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

## Goal 7: Ensure environmental sustainability

- Integrate the principles of sustainable development into country policies and program and reverse the loss of environmental resources
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

## Goal 8: Develop a global partnership for development

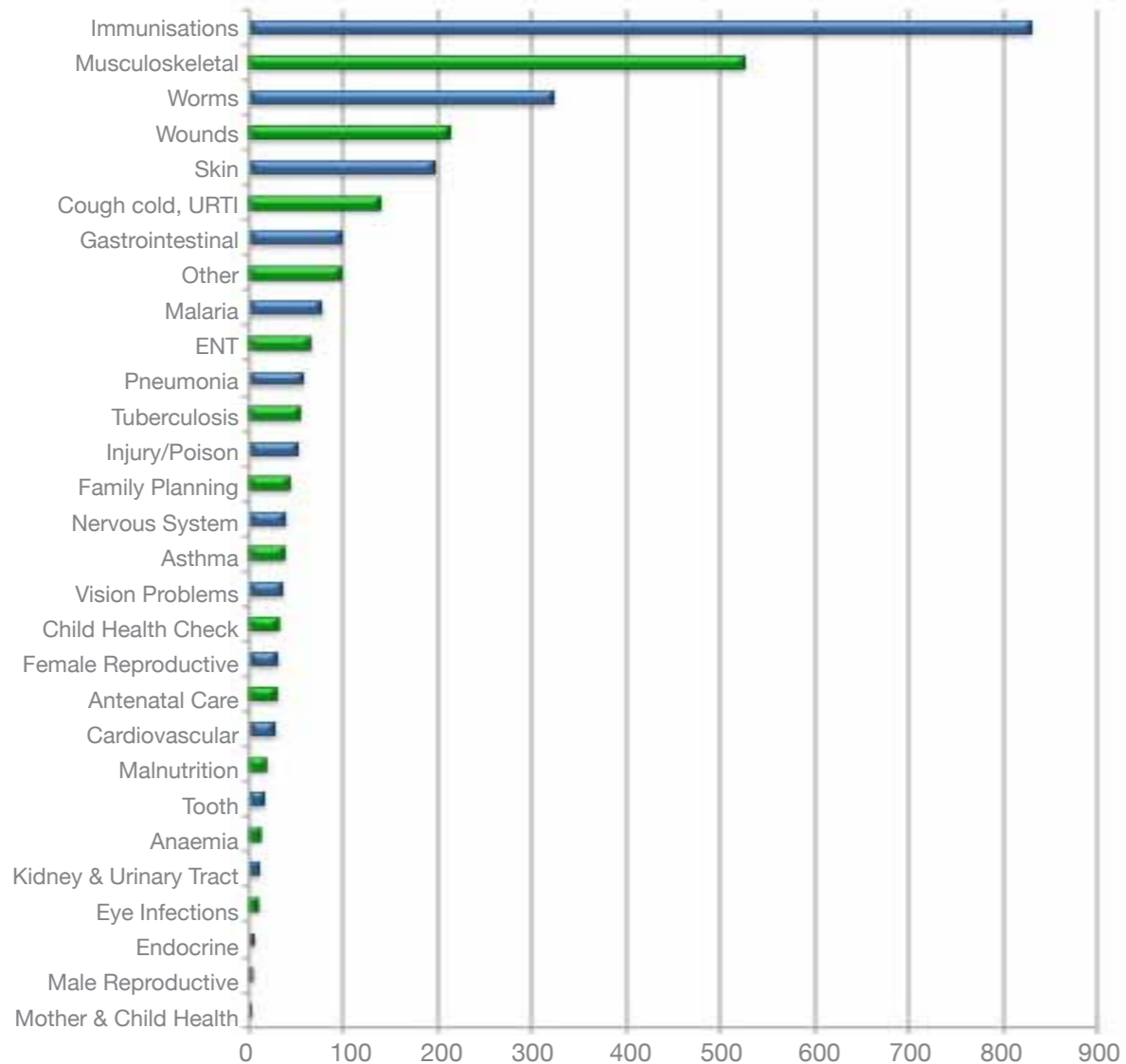
- Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system
- Address the special needs of least developed countries, landlocked countries and small island developing states
- Deal comprehensively with developing countries' debt
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications



# Appendix B: Gulf Province Clinic Data

31 March to 19 June 2011

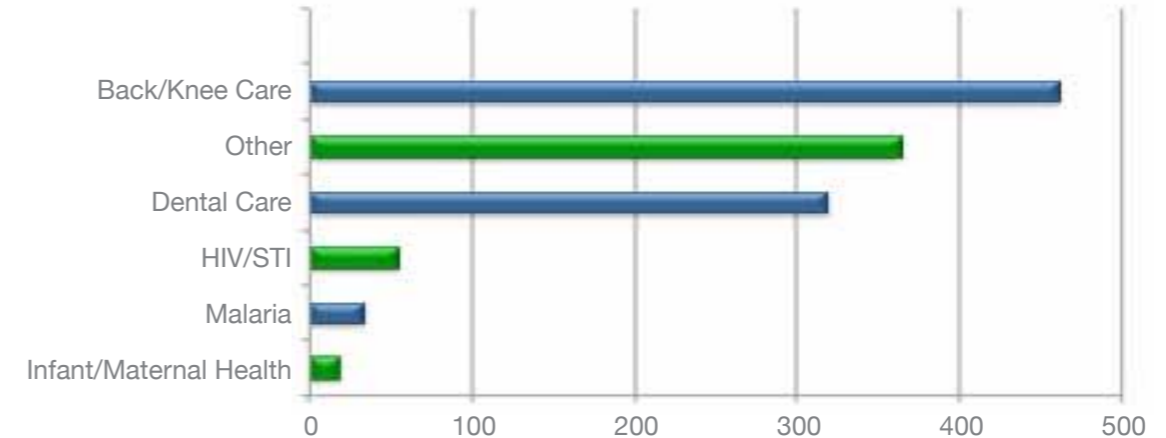
## Primary Health Care Diagnoses



Immunisations	830	Asthma	38
Musculoskeletal	526	Vision Problems	36
Worms	323	Child Health Care	31
Wounds	212	Female Reproductive	31
Skin	197	Antenatal Care	30
Cough , Cold, URTI	140	Cardiovascular	29
Gastrointestinal	99	Malnutrition	19
Other	97	Tooth	16
Malaria	78	Anaemia	12
ENT	66	Kidney & Urinary Tract	11
Pneumonia	58	Eye Infection	10
Tuberculosis	54	Endocrine	6
Injury/Poison	51	Male Reproductive	4
Family Planning	43	Mother & Child Health	3
Nervous System	40		

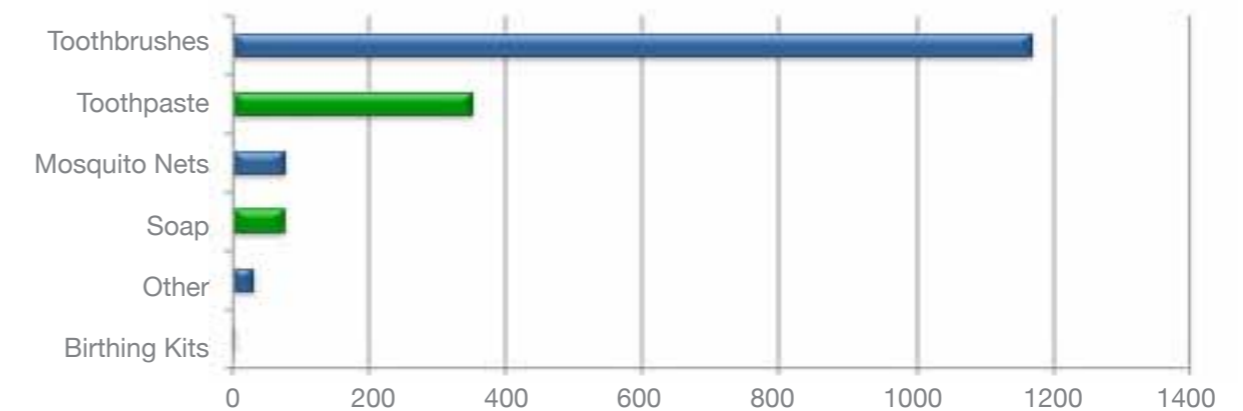


## Health Education Seminars Participants



Back/Knee Care	462
Other	364
Dental Care	320
HIV/STI	55
Malaria	34
Infant/Maternal Health	19

## Preventative Health Resources Distributed

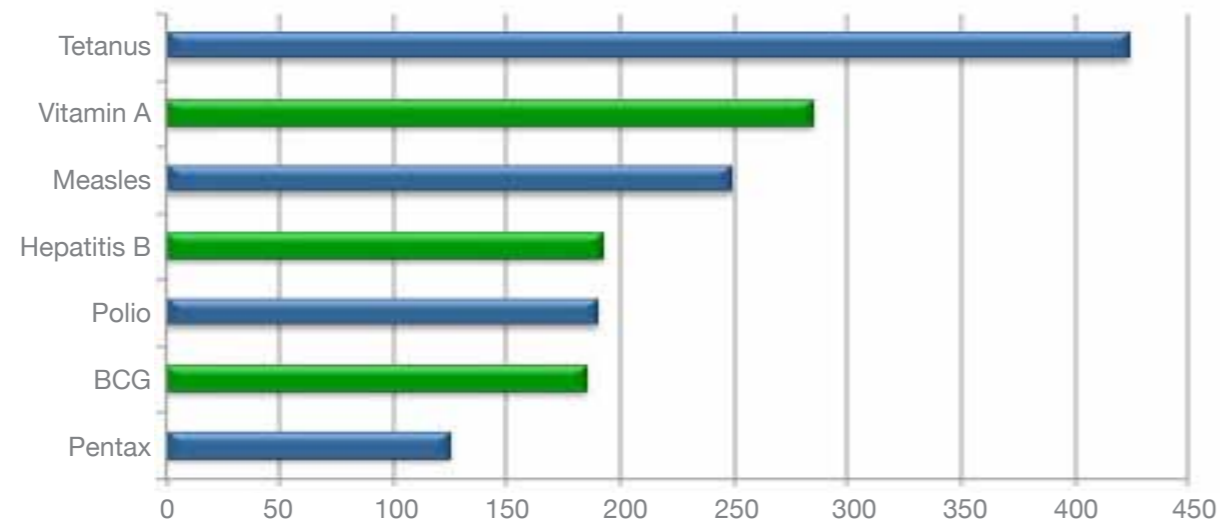


Toothbrushes	1170
Toothpaste	351
Mosquito Nets	76
Soap	74
Other	32
Birthing Kits	4

# Appendix B: Gulf Province Clinic Data cont.

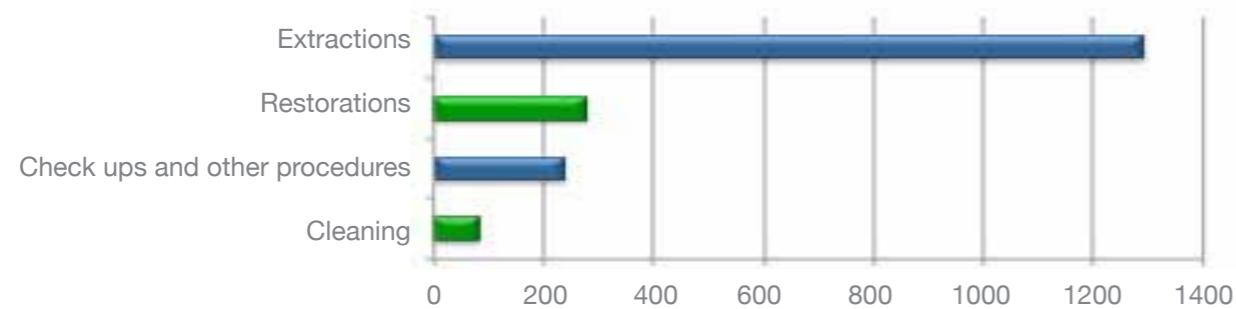
31 March to 19 June 2011

## Immunisations Distributed



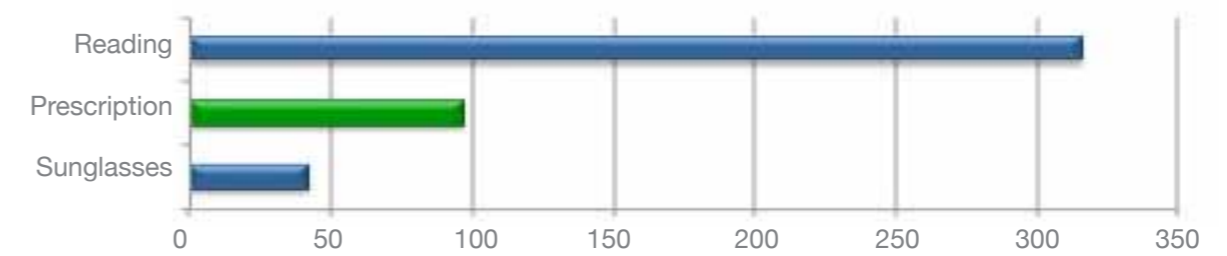
Tetanus	424
Vitamin A	185
Measles	190
Hepatitis B	192
Polio	249
BCG	285
Pentax	125

## Dental Procedures



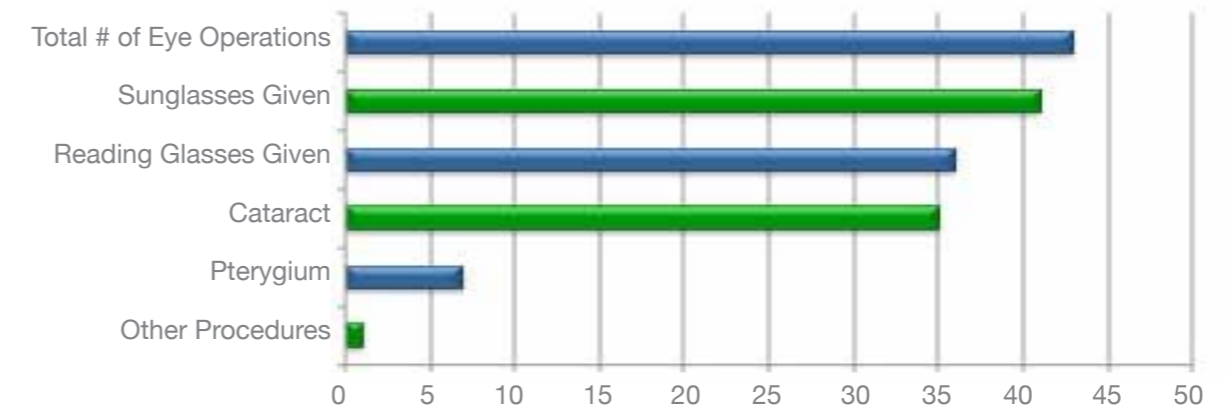
Extractions	1294
Restorations	279
Check ups and other procedures	239
Cleaning	82

## Optometry Clinic Services



Reading	316
Prescription	97
Sunglasses	42

## Ophthalmology Clinic

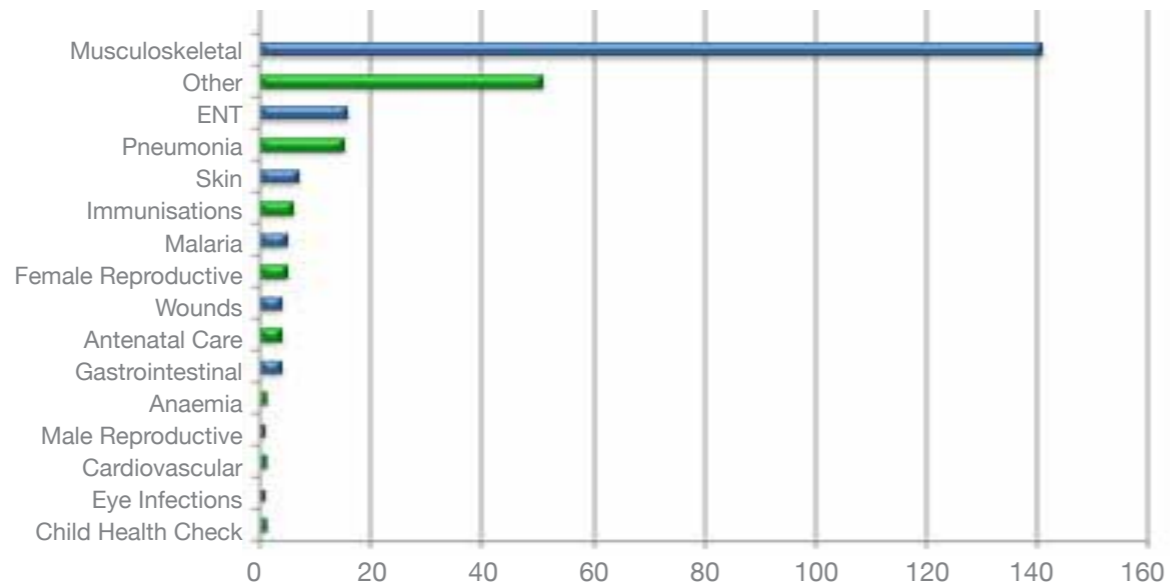


Total # of Eye Operations	43
Sunglasses Given	41
Reading Glasses Given	36
Cataract	35
Pterygium	7
Other Procedures	1

# Appendix C: Central Province Clinic Data

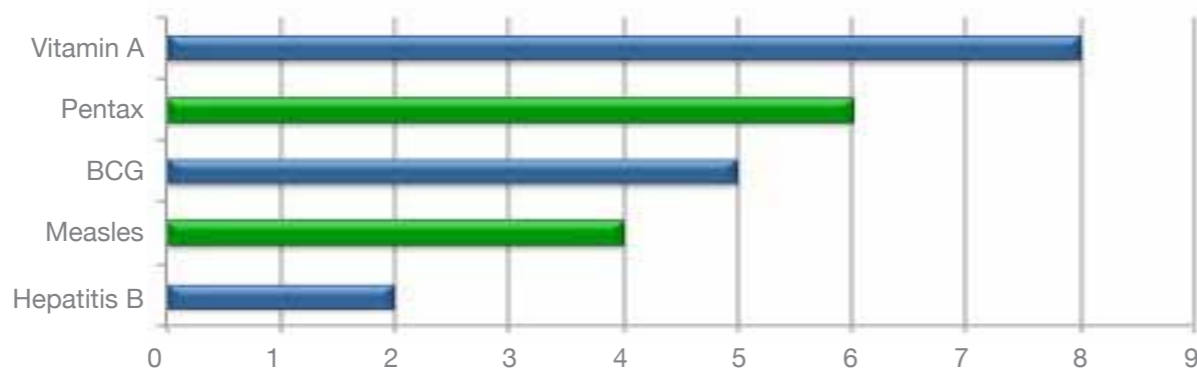
16 & 17 May 2011

## Primary Health Care Diagnoses



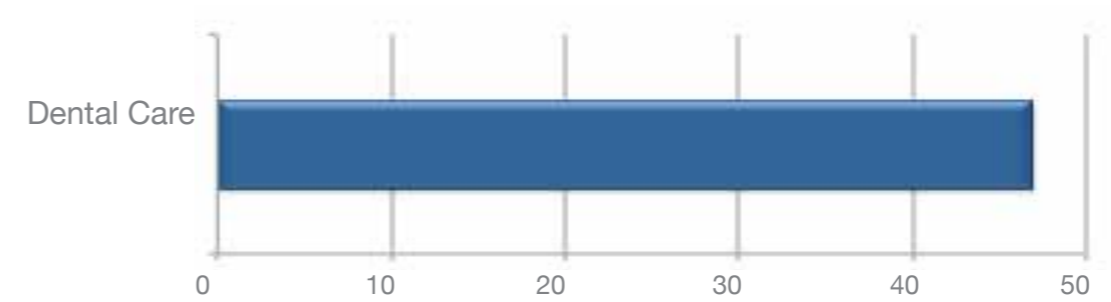
Musculoskeletal	141	Wounds	4
Other	51	Antenatal Care	4
ENT	16	Gastrointestinal	4
Pneumonia	15	Anaemia	1
Skin	7	Male Reproductive	1
Immunisations	6	Cardiovascular	1
Malaria	5	Eye Infections	1
Female Reproductive	5	Child Health Check	1

## Immunisations Distributed



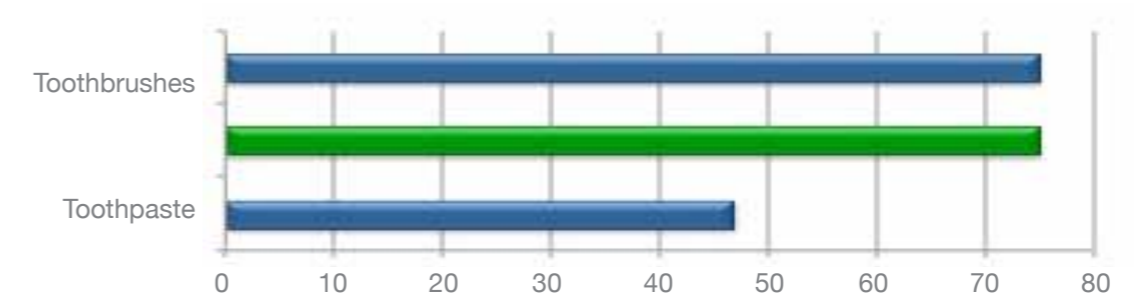
Vitamin A	8
Pentax	6
BCG	5
Measles	4
Hepatitis B	2

## Health Education Seminars Participants



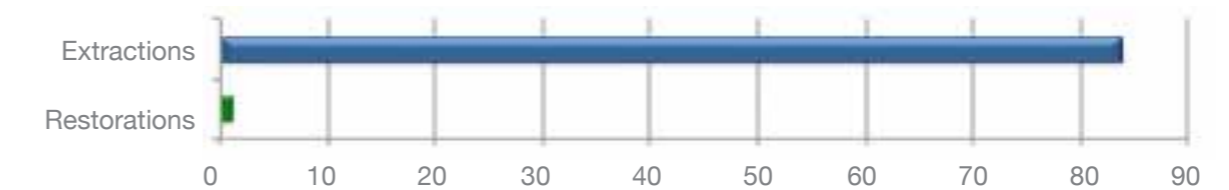
Dental Care 47

## Preventative Health Resources Distributed



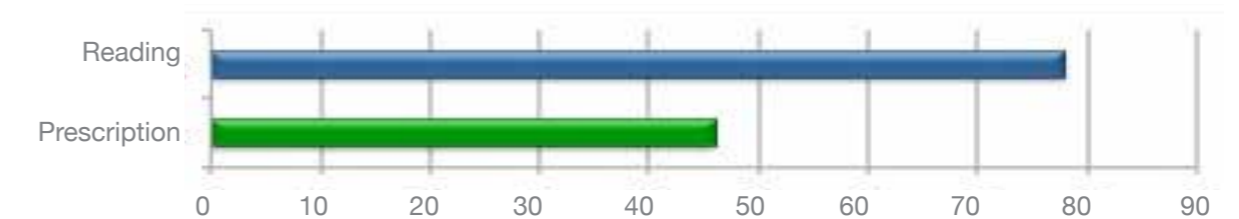
Toothbrushes 75  
Toothpaste 75

## Dental Procedures



Extractions 84  
Restorations 1

## Optometry Clinic Services

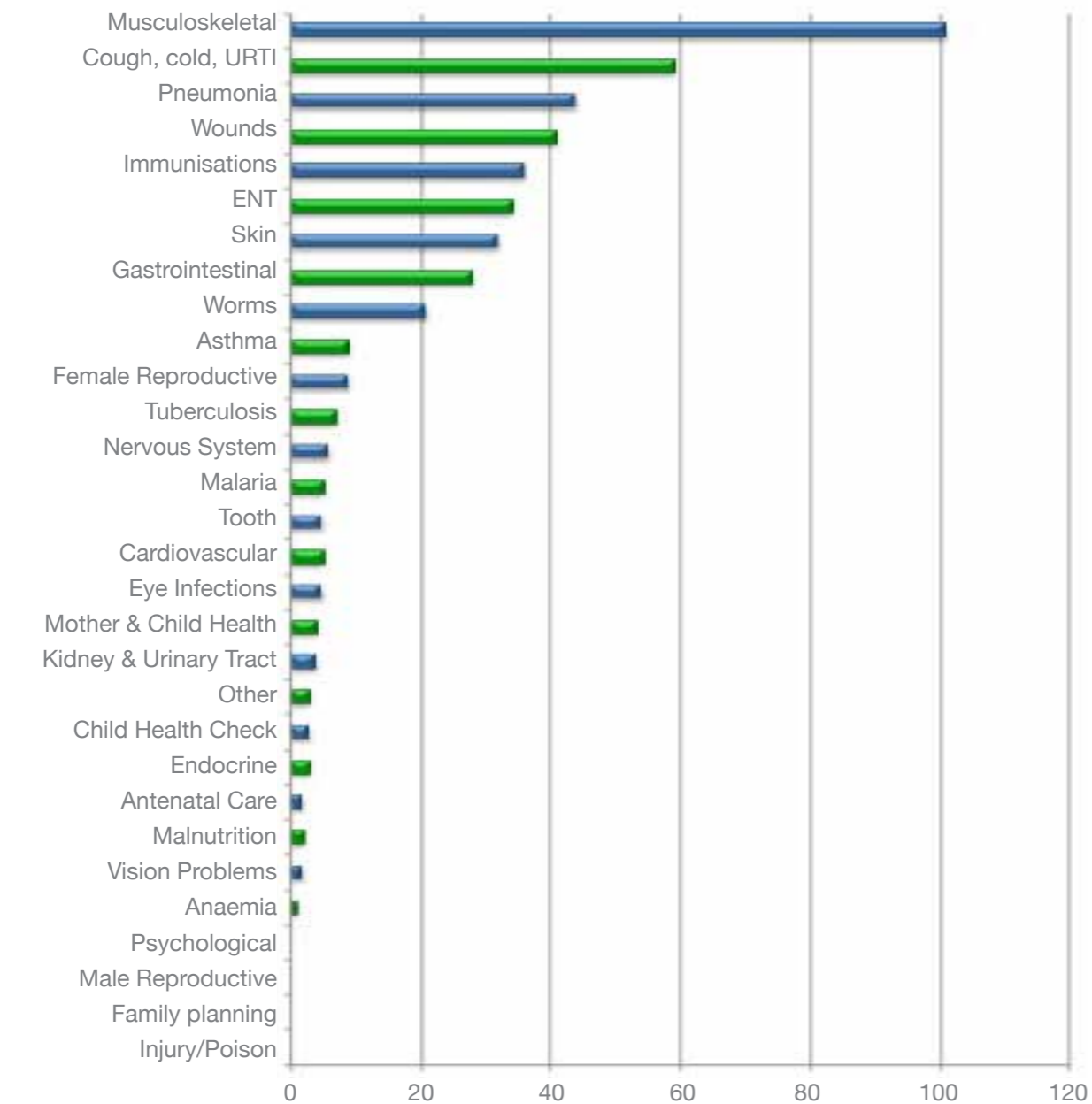


Reading 78  
Prescription 46

# Appendix D: National Capital District Clinic Data

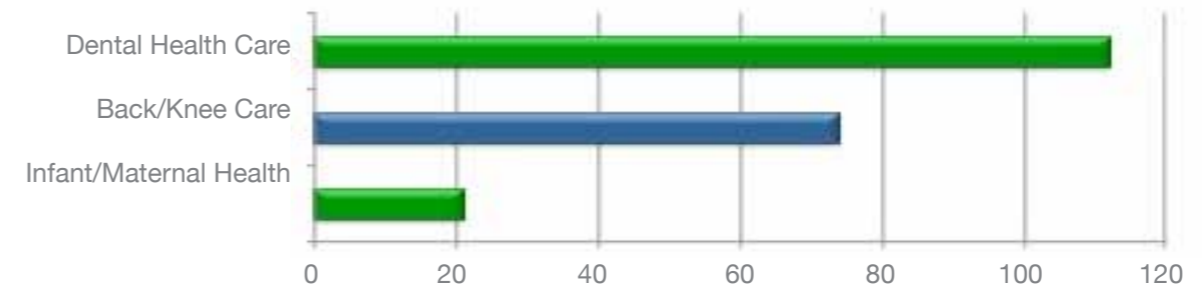
26 June to 3 July 2011

## Primary Health Care Diagnoses



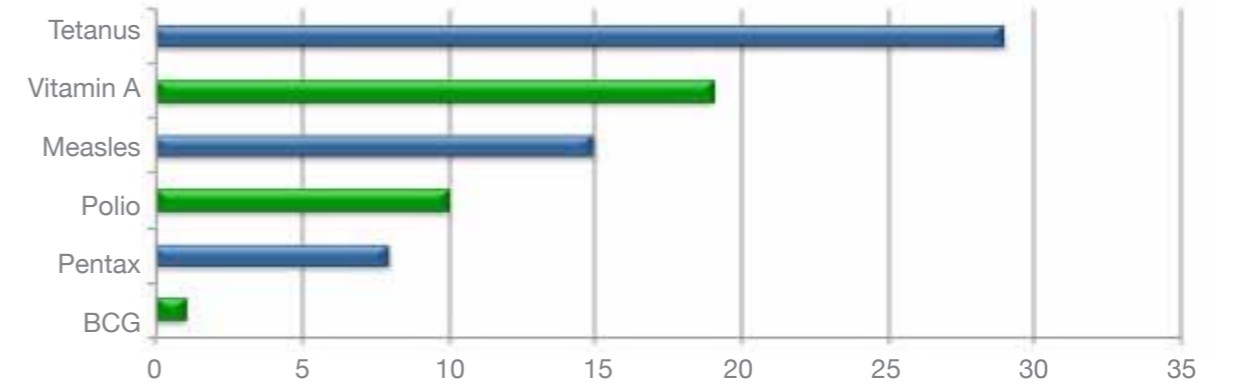
Musculoskeletal	101	Female Reproductive	9	Child Health Check	3
Cough, cold, URTI	59	Tuberculosis	7	Endocrine	3
Pneumonia	44	Nervous System	6	Antenatal Care	2
Wounds	41	Malaria	5	Malnutrition	2
Immunisations	36	Tooth	5	Vision Problems	2
ENT	34	Cardiovascular	5	Anaemia	1
Skin	32	Eye Infections	5	Psychological	0
Gastrointestinal	28	Mother & Child Health	4	Male Reproductive	0
Worms	21	Kidney & Urinary Tract	4	Family planning	0
Asthma	9	Other	3	Injury/Poison	0

## Health Education Seminars Participants



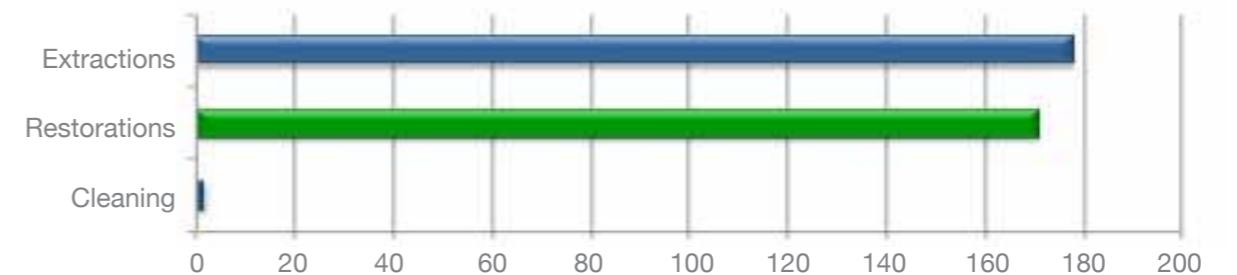
Dental Health Care	112
Back/Knee Care	74
Infant/Maternal Health	21

## Immunisations Distributed



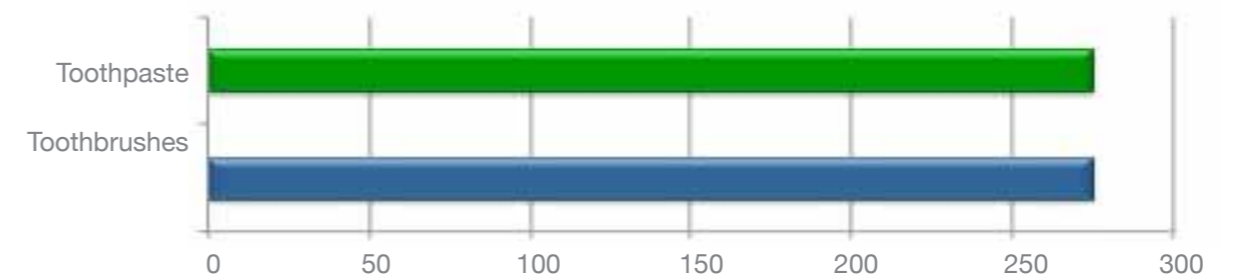
Tetanus	29	Polio	10
Vitamin A	19	Pentax	8
Measles	15	BCG	1

## Dental Procedures



Extractions	178
Restorations	171
Cleaning	2

## Preventative Health Resources Distributed

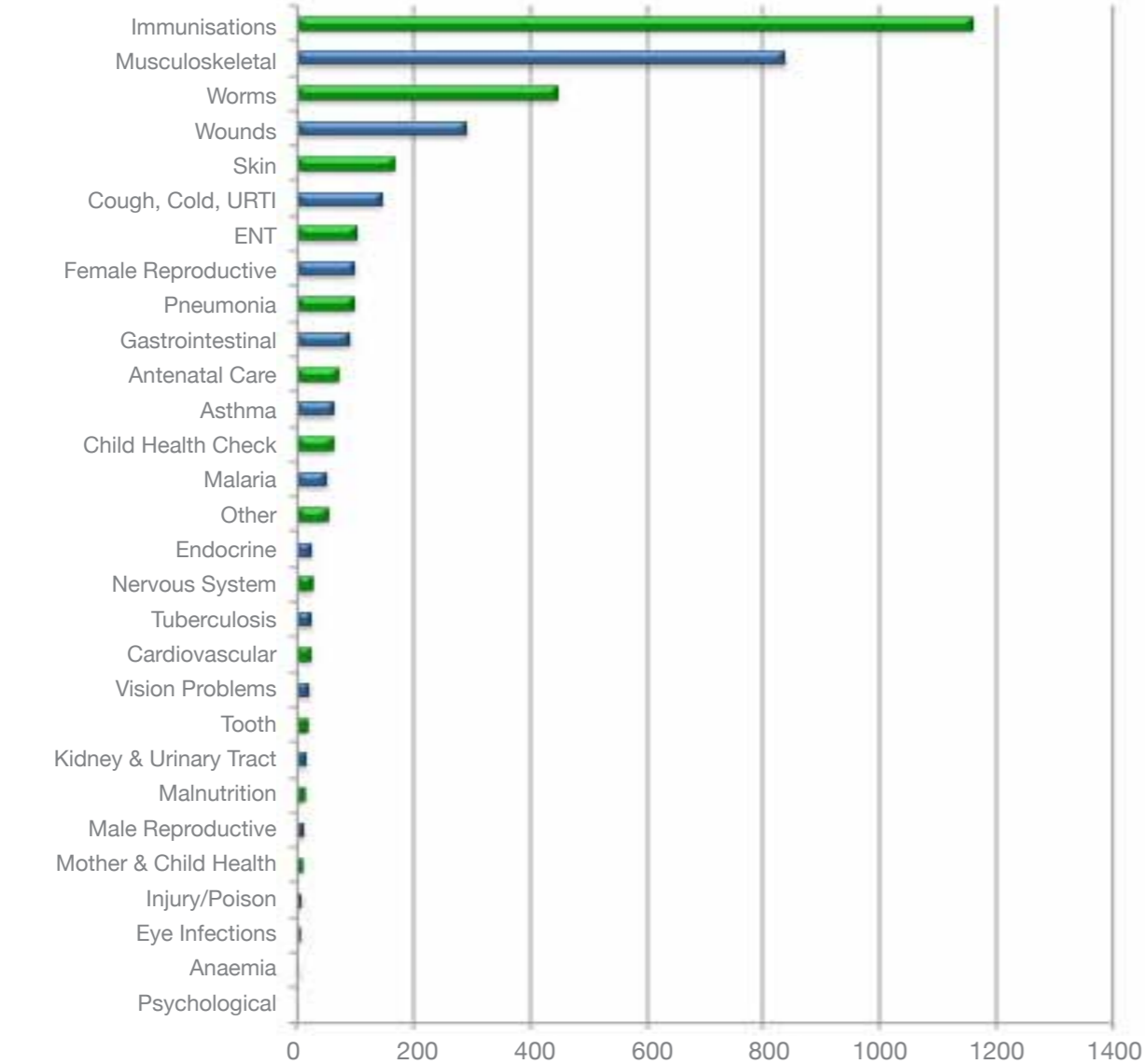


Toothpaste	275
Toothbrushes	275

# Appendix E: Western Province Clinic Data

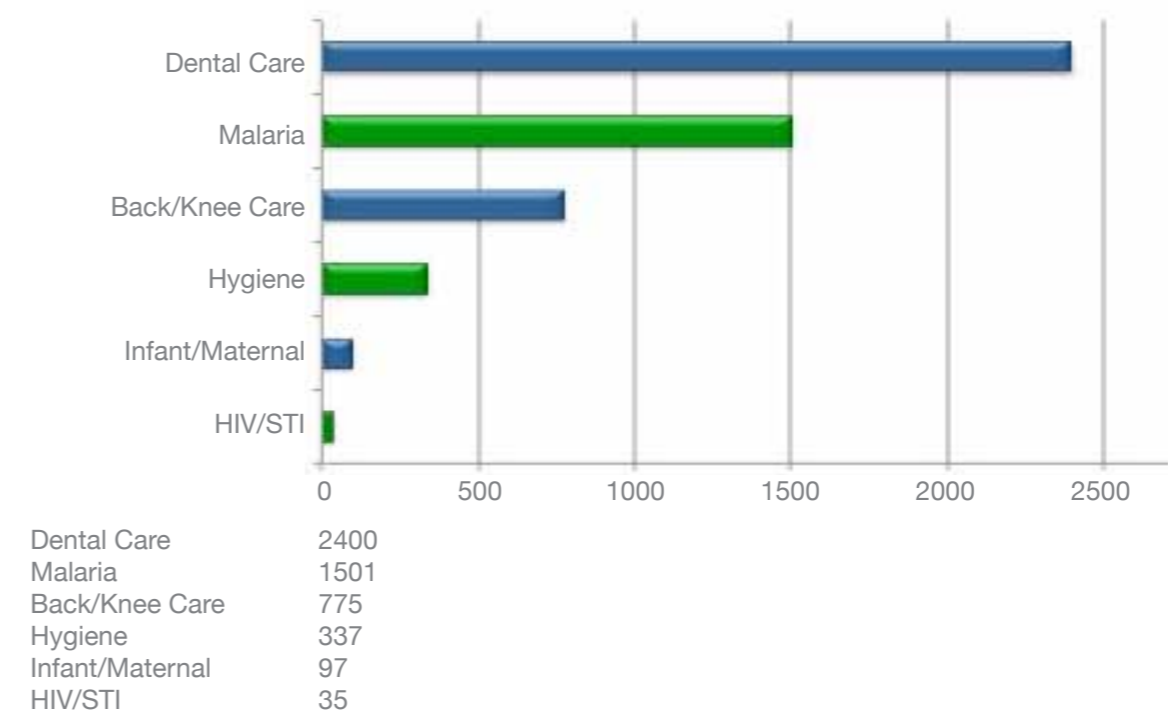
22 June to 11 September 2011

Primary Health Care Diagnoses

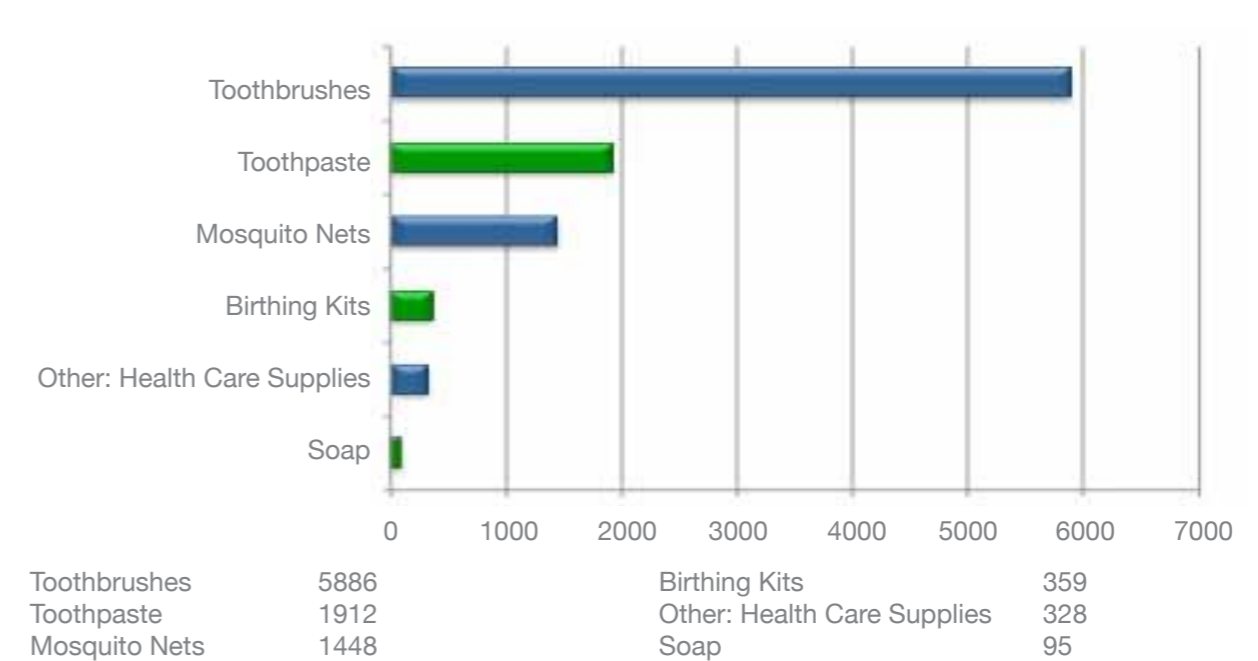


Immunisations	1159	Endocrine	26
Musculoskeletal	839	Nervous System	25
Worms	446	Tuberculosis	24
Wounds	292	Cardiovascular	23
Skin	165	Vision Problems	22
Cough, Cold, URTI	145	Tooth	18
ENT	103	Kidney & Urinary Tract	15
Female Reproductive	99	Malnutrition	12
Pneumonia	98	Male Reproductive	12
Gastrointestinal	92	Mother & Child Health	9
Antenatal Care	70	Injury/Poison	8
Asthma	62	Eye Infections	6
Child Health Check	62	Anaemia	4
Malaria	52	Psychological	0
Other	52		

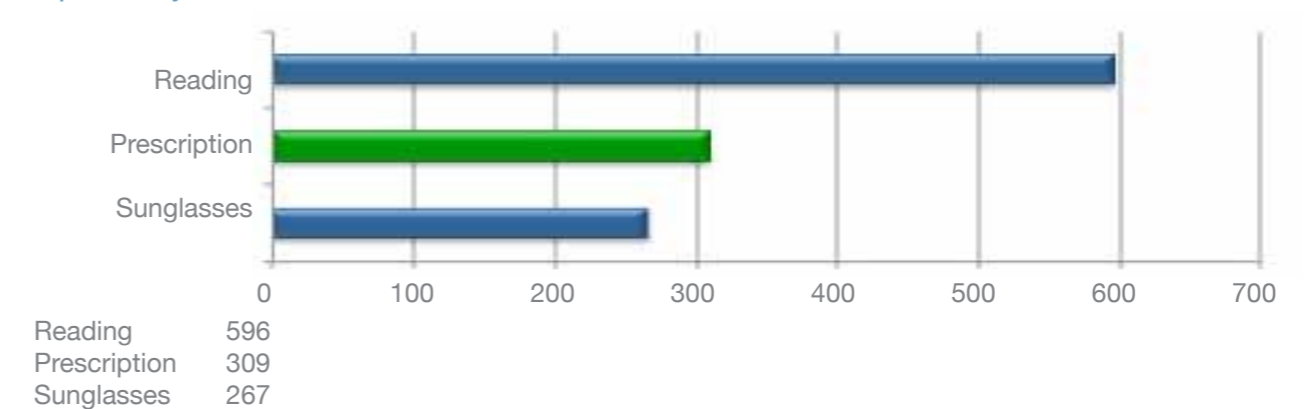
Health Education Seminars Participants



Preventative Health Resources Distributed



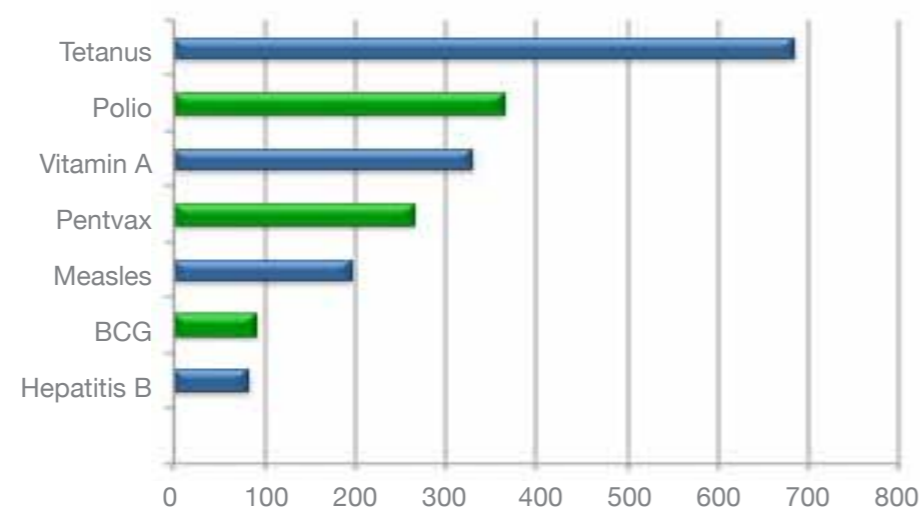
Optometry Clinic Services



# Appendix E: Western Province Clinic Data cont.

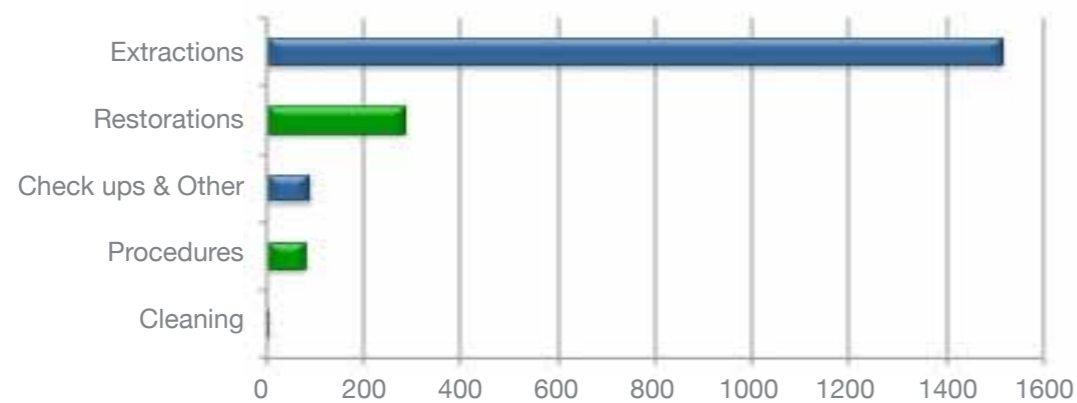
22 June to 11 September 2011

## Immunisations Distributed



Tetanus	686	Measles	196
Polio	365	BCG	92
Vitamin A	331	Hepatitis B	84
Pentvax	265		

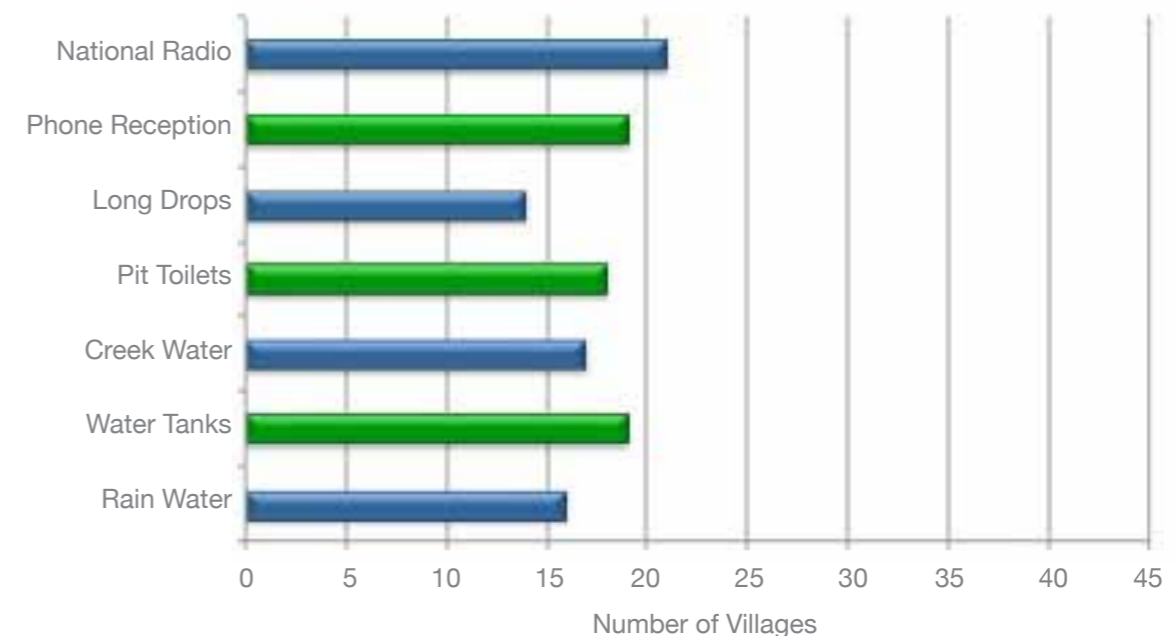
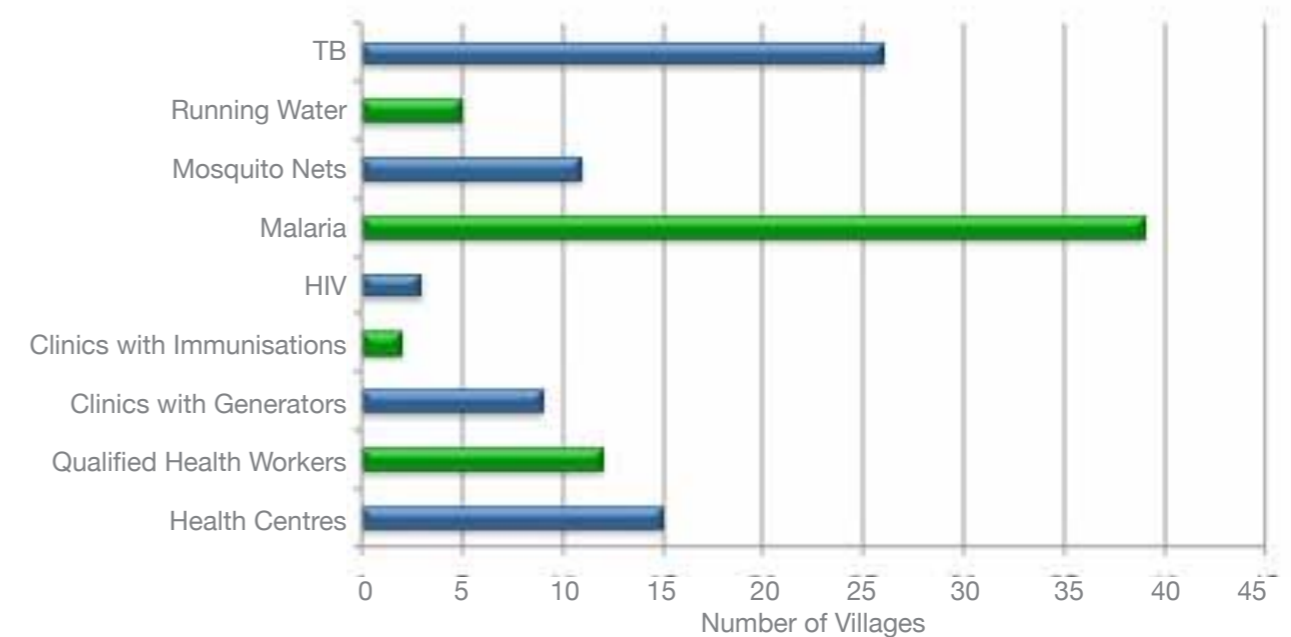
## Dental Procedures



Extractions	1517	Cleaning	78
Restorations	284	Root Canals	2
Check ups & Other	91		

# Appendix F: Village Assessment Summary

In all the villages we visited this year, we conducted Village Assessments. YWAM MSA staff met with the village leaders and asked them a series of questions concerning their village's health care, forms of communication, and water and sanitation. 45 villages were assessed in the Gulf and Western Province. The research we were able to collect gave us more understanding of the issues and resources needed in the regions we are servicing and how we can improve in 2012. For instance, out of the 45 villages assessed, only 12 have qualified healthcare workers. This reality has motivated us to be more deliberate in our education approach for the coming years in these areas of PNG.





# Appendix G: Gulf Province Village Assessment Summary

Number of villages assessed: 19, total population: 13,975

Villages Assessed: Babaguna, Baimuru, Burie, Era Maipua, Ero, Gigori, Kapuna, Karati, Kinomere, Kivaumai, Koravake, Mapaio, Mirgoravi, Mirimairau, Naharo, Samoa, Teredau, Ubuva, Veraibari.

Health	
Number of villages with Health Care Workers	12
Number of clinics with generators	7
Number of clinics with running water	5
Number of clinics with immunisations	1
Number of clinics with radio	3
Number of clinics with fly screens	3
Number of villages with individuals who have TB	15
Number of villages with individuals who have HIV	2
Number of villages with individuals who have Malaria	19
Number of villages with individuals who have mosquito nets	7
Number of villages with adequate medical supplies	1
Main health concerns	TB and Malaria
Number of people with blindness	12
Water	
Most common source of water	1. Drums (rainwater) - 11 2. Tanks - 6 3. Creek - 2
Number of villages with adequate supply of water	4
Number of villages with water tanks	13



Sanitation	
Number of villages with Pit toilets	7
Number of villages with Long Drops (over water)	12
Most common rubbish disposal	Dispose in the river or burn
Food	
Main foods eaten	Sago, fish, crab, coconut, banana
Number of villages with farming	14
Religion	
Denominations	Uniting, Seventh Day Adventist, CLC
Communication	
Number of villages with phone reception	13 (limited)
Number of villages with national radio access	10
Community	
Main source of income	1. Farming – selling and trading food at markets or other villages 2. Employment at lumber mill
Number of villages with village market	8
Number of villages that trade goods	9
Number of villages with community hall	6
Number of villages with court present	3
Number of villages with village generators	5
Number of villages that have orphans living with other family members	7
NB these results were gathered when talking with village leaders, church leaders, health care workers, chairman, etc. This means the results are objective rather than evidence based results.	

# Appendix H: Western Province Village Assessment Summary

Number of villages assessed: 24, total population: 11,456

Villages Assessed: Aduru, Amagoa, Asaramio, Damera, Dewara, Domori, Etere, Kea, Kenedibi, Koawisi, Lewada, Madiri, Marduduwo, Mutam, Padaeya 1, Padaeya 2, Pagona 1, Pagona 2, Segero, Suame, Tapila, Teapopo, Wariobodoro, Wasua

Health	
Villages with health care workers	6
Number of clinics with generators	2
Number of clinics with running water	0
Number of clinics with immunizations	1
Number of clinics with radio	7
Number of clinics with fly screens	7
Number of villages with individuals who have TB	11
Number of villages with individuals who have HIV	1
Number of villages with individuals who have Malaria	20
Number of villages with individuals who have mosquito nets	4
Number of villages with adequate medical supplies	0
Main health concerns	Childbirth, snake bites, sanitation, bad water, lack of trained CHW's, malaria, paralyzed children, asthma and respiratory problems
Number of people with blindness	45
Water	
Most common source of water	1. Swamp/Creek - 15 2. Tank - 13 3. Drums - 5
Number of villages with adequate supply of water	
Number of villages with water tanks	13



Sanitation	
Number of villages with Pit toilets	11
Number of villages with Long Drops (over water)	2
Number of villages that use bush	14
Food	
Main foods eaten	Sago, fish, coconut, banana, yam, pig, cassowary
Number of villages with farming	21
Religion	
Denominations	Seventh Day Adventist, ECPNG, Four Square, Mormon, South Fly Mission, NAC, Messianic
Communication	
Number of villages with phone reception	6
Number of villages with national radio access	11
Community	
Main source of income	Farming
Number of villages with village market	0
Number of villages that trade goods	0
Number of villages with community hall	0
Number of villages with court present	0
Number of villages with village generators	4
Number of villages that have orphans living with other family members	1
NB these results were gathered when talking with village leaders, church leaders, health care workers, chairman, etc. This means the results are objective rather than evidence based results.	

# Appendix I: Letters of Endorsement

THE RIGHT HON. SIR RABBIE L NAMALIU GCL KCMG CSM  
P O BOX 144 KOKOPO ENBP  
BH: 675-982 9682 FAX: 675-982 9682  
EMAIL ADDRESS: [rnamaliu@datec.net.pg](mailto:rnamaliu@datec.net.pg)

08<sup>th</sup> May, 2012

Mr. Ken Mulligan,  
CEO  
YWAM Medical Ships – Australia  
P O Box 1959  
TOWNSVILLE QLD 4810

E-mail: [info@ywamships.org](mailto:info@ywamships.org)

Dear Ken,

Thankyou for your letter of 1 May, 2012 and your kind words in the aftermath of my visit to Townsville in support of YWAM Medical Ships Australia (YWAM MSA). We both enjoyed the visit enormously.

I am pleased that the ship has arrived in PNG and I read a very positive report about it in the local newspapers. It appears from the report that the ship was warmly welcomed in Port Moresby with the support and help of Steamships.

I have given considerable thought to your invitation to me to be Patron of the project in PNG and to our discussions over dinner with Mike Reynolds and Jeff Wall. My main concern was whether I would be in a position to devote enough time to the role given my other commitments. I have decided that notwithstanding my other commitments, this is a worthy cause that deserves to be supported irrespective of how much time it takes because it is making a difference to so many in less fortunate circumstances in the Gulf and Western Provinces. It is for these reasons that I am pleased to accept your invitation to be Patron.

I would only be too happy to be part of the excellent work that you and YWAM MSA are doing and in so doing assisting to strengthen the relationship between PNG and Australia. The work that you are doing is already achieving by providing real outcomes for citizens of both nations.

I look forward to working closely with YWAM MSA and in particular in partnership with you and the Honourable Mike Reynolds AM as Patron to take this great endeavour forward.

Best Regards,



SIR RABBIE L NAMALIU GCL KCMG CSM

## MEMORANDUM OF UNDERSTANDING (MOU)

Between The

**NATIONAL DEPARTMENT OF HEALTH  
(Papua New Guinea)**

And

**YWAM MEDICAL SHIPS AUSTRALIA  
(Australian NGO)**

## MEMORANDUM OF UNDERSTANDING (MOU)

Between The

**NATIONAL DEPARTMENT OF HEALTH  
(Papua New Guinea)**

And

**YWAM MEDICAL SHIPS AUSTRALIA  
(Australian NGO)**

This document constitutes an agreement between the **National Department of Health** of Papua New Guinea hereinafter referred to as **NDoH** and **YWAM Medical Ships Australia**, hereinafter referred to as **YWAM MSA**.

### 1. PURPOSE AND SCOPE

The purpose of this MOU is to identify the roles and responsibilities of each party as they collaborate on the Papua New Guinea (PNG) National Health Plan 2011-2020. To uphold human rights, to respect Christian and traditional values and ensure a healthy, affordable, accessible, equitable quality health service for all citizens.

This collaboration between NDoH and YWAM MSA will strengthen the delivery of health services and assist the NDoH to reverse the trend of deteriorating health indicators and help PNG achieve the Millennium Development Goals by 2020.

This collaboration is necessary and essential to further the PNG National Health Plan (2011-2020) goal to strengthen primary health care for all and improve service delivery for the rural majority and urban disadvantaged.

To improve, transform, and provide quality health services through innovative approaches supporting primary health care and health system development, and good governance at all levels.

In particular, this MOU is intended to establish a lasting working relationship built upon respect, cooperation and collaboration between NDoH and YWAM MSA.

- To improve service delivery.
- Strengthen partnerships and coordination with stakeholders.
- Strengthen health systems.
- Improve child survival.
- Improve maternal health.
- Reduce the burden of communicable diseases.
- Promote healthy lifestyles.
- Improve PNG preparedness for disease outbreaks and emerging population health issues.

### 2. BACKGROUND

The framers of the Constitution of Papua New Guinea expressed a desire for the new nation to witness 'improvement in the level of nutrition and the standard of public health to enable our people to attain self-fulfillment.' They saw health as an integral part of human development, and envisioned how a healthier populace would contribute to all facets of life.

Over thirty-five years later, these dreams have yet to be fully realized. Progress has not been as significant or as widespread as hoped. Especially in rural areas, where the overwhelming majority of Papua New Guineans reside, there is an acute awareness of the deterioration in health service delivery. Women in childbirth die at an alarming rate and children die unnecessarily of treatable diseases. Reversing this decline will be testing. However, along with other growing challenges — such as rapid population growth, a burgeoning HIV and AIDS epidemic, and newly emerging health threats — will require renewed and sustained commitment from all Papua New Guineans.

YWAM MSA has a proven record working into remote areas, through difficult terrain and overcoming infrastructure challenges, and their strategic plan aligns strongly with the NDoH National Health Plan 2011-20 vision.

YWAM (Youth With A Mission) is a Christian interdenominational charitable volunteer organization operating in over 1,000 locations and 150 countries, with over 16,000 staff around the world. They are committed to training and facilitating community projects and programs that meet the practical, spiritual and physical needs of people in the communities they serve. YWAM conducts more than 800 courses and seminars in centers around the world to enable young leaders and volunteers to be trained and serve in this way. They have a decentralized structure, which encourages individual centers to adapt to meet the needs of the communities served. They value operating with respect, working collaboratively and cooperatively to form strategic partnerships.

YWAM believes in the value of the individual and their right to quality of life - their motivation is to ensure that every person has the opportunity to live a fulfilling life through:

- Access to good health care;
- Food, drinking water and shelter;
- Opportunities for education;
- Expression of culture, arts and entertainment;
- Healthy relationships;
- Exposure to Christian faith and values;
- Fair and productive government; and
- Opportunities to work and develop.

YWAM started in 1960 and has 20 years of experience operating medical ships in Pacific countries. During this time span, YWAM has provided millions of dollars worth of services to hundreds of thousands people through dentistry, optometry, ophthalmology, primary health care, medical supplies, housing projects and training.

Now, therefore, on the basis of mutual trust and in the spirit of friendly cooperation, NDoH and YWAM MSA have entered into this Agreement.

### 3. MUTUAL INTEREST OF THE PARTIES

This collaboration is of mutual interest to both parties. NDoH recognizes the specialized abilities of YWAM MSA to provide and deliver medical health services and training into coastal provinces with its Medical Ship and extended services through land based teams. YWAM MSA has committed itself to assisting PNG in reaching its Millennium Development Goals through delivery of health services to rural communities. YWAM MSA will promote PNG to young people and professionals alike across the globe to build relationships and networks to improve linkages between PNG and Australia.

### 4. RESPONSIBILITIES UNDER THIS MOU - NDoH

Under this agreement, NDoH agrees to undertake the following activities:

- a. Support the work of YWAM MSA in regard to the implementation of the National Health Plan 2011-20.
- b. Advise and develop strategic plans with YWAM MSA focusing on rural and remote communities.
- c. Provide direction and guidance with the Provincial Health Authorities, the Community Health Posts, Health Centers, District Hospitals and Provincial Hospitals.
- d. Provide YWAM MSA access to the following:
  1. Government drug stores and supplies
  2. Immunizations
  3. Registry books and materials
  4. Awareness and training materials
  5. Research
- e. Consult with YWAM MSA giving evaluation of projects and helping to identify problematic areas or concerns.
- f. Inform YWAM MSA of expectations in maintaining records.
- g. Conduct coverage surveys to get an overall impression of implementation as required.

### 5. RESPONSIBILITIES UNDER THIS MOU – YWAM MSA

Under this agreement, YWAM MSA agrees to help undertake the following activities:

- a. Develop working strategies with NDoH to fulfill the vision and goals of the National Health Plan 2011-2020.
- b. Implement programs in the rural communities with the Provincial Health Authority, the Community Health Posts, Health Centers, District Hospitals and Provincial Hospitals.
- c. Deliver health services, materials, drugs, immunizations and other preventative health resources (e.g. malaria nets, birthing kits) to areas that are not easily accessible through the existing provincial health delivery services.
- d. Build capacity and sustainable outcomes in rural communities.
- e. Provide and give access to training.
- f. Share strategic insights into problems faced out in the field.
- g. Promote and follow the NDoH criteria and implementation procedures.
- h. Refer all problems faced in the field that needs NDoH intervention immediately to NDoH.
- i. Provide ongoing feedback and reports to NDoH about the implementation of National Health Plan from YWAM MSA activities.
- j. Comply with NDoH guidelines and criteria.
- k. Make available research to the local provincial health staff and the NDoH.
- l. Evaluate the progress of programs, identify problems and assist in suggesting solutions.
- m. Provide an annual report of YWAM MSA activities in PNG.

### 6. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Modification to this agreement will only be made after evaluation of the outcomes and reviewing the implementation of this joint collaboration.

Termination of the MOU will only happen after an independent evaluation of the relationship and impact of the implementation.

The two parties shall meet as needed through the year to address any concerns that arise in the course of implementation.

#### FUNDING

NDoH will help contribute to YWAM MSA through the Public Investment Program and give access to international and other funding opportunities either through finances or services each year as a strategic partner for the delivery of services. YWAM MSA is responsible for its overall operating costs, insurances and maintenance.

**EFFECTIVE DATE AND SIGNATURE**

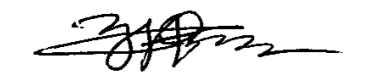
Both parties indicate agreement with this MOU by their signatures below:

**SIGNATURES AND DATES**

This agreement will become effective when signed by both parties. It shall be in force from:

..... 2011 to ..... 2020

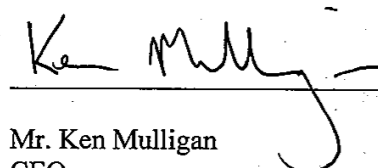
**National Department of Health (PNG)**



Mr. Pascoe Kase  
Secretary of Health

Date: 20/10/11

**YWAM Medical Ships – Australia**



Mr. Ken Mulligan  
CEO

Date: 20/10/11



MINISTRY OF HEALTH & HIV/AIDS  
OFFICE OF THE MINISTER  
PO Box 807  
WAIGANI  
National Capital District  
Papua New Guinea  
Tel: +675 301 3608 Fax: +675 323 9669

*Hon. Jamie Maxtone-Graham, MBE, MP*

13 March 2012

Mr. Ken Mulligan  
Chief Executive Officer  
YWAM Medical Ships Australia  
PO Box 1959  
TOWNSVILLE, QLD 4810  
Australia

Dear Mr. Mulligan,

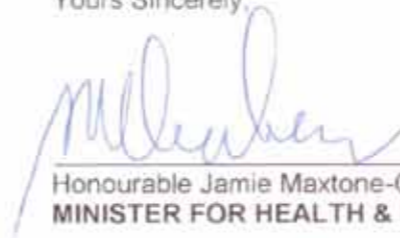
I am writing to you to give my strong endorsement of YWAM Medical Ships Australia (YWAM MSA), which aligns itself to the Papua New Guinea's National Health Plan (2011-2020)

I am pleased to hear the reports of YWAM MSA operating in the Gulf and Western Province since 2010 and continuing to actively develop communities by addressing the health care and training needs. The services that YWAM MSA provides such as primary health care, dentistry, optometry, and ophthalmology fulfils a great need we have in our remote villages.

YWAM MSA's commitment to see a reduction in poverty, and major, sustainable health improvement in PNG over the next several years while simultaneously seeing Australians empowered through service is to be commended.

The work being done by YWAM MSA only compliments the work that the Department of Health is achieving.

Yours Sincerely,



Honourable Jamie Maxtone-Graham, MBE, MP  
MINISTER FOR HEALTH & HIV/AIDS



**DEPARTMENT OF HEALTH**  
Office of the Secretary

P. O. Box 807  
WAIGANI  
National Capital District, Papua New Guinea

Phone: + (675) 301 3601, 301 3634  
Fax: + (675) 3013604  
Email: [health\\_secretary@health.gov.pg](mailto:health_secretary@health.gov.pg)

Date: 20<sup>th</sup> October, 2011

Mr. Ken Mulligan  
Chief Executive Officer  
P O Box 1959  
TOWNSVILLE, QLD. 4810  
Australia

Dear Mulligan,

I am pleased to write and give my full endorsement of YWAM Medical Ships Australia (YWAM MSA), which aligns with the Papua New Guinea National Health Plan (2011-2020).

YWAM MSA has provided wonderful health care services in the gulf and Western Provinces of Papua New Guinea in 2010 – 2011. This services that YWAM MSA provides such as primary health care, dentistry, optometry, and ophthalmology fulfils as great need we have in our remote villages.

It is pleasing to hear of the continued commitment YWAM MSA has made to return to PNG each year to deliver health services to assist the National Department of Health to reverse the trend of deteriorating health indicators.

I look forward to strengthening our relationship in the future.

Yours sincerely,

**MR. PASCOE KASE,**  
Acting Secretary



**Papua New Guinea**  
**MINISTRY OF EDUCATION**  
Office of the Minister

**HON. THEO ZURENUOC, MP**  
Minister for Education  
Member for Finschhafen  
National Parliament House  
Phone: 3277571  
Fax: 3277229

Level 6, Fincorp House  
P. O. Box 446  
WAIGANI  
National Capital District  
Tel: 3013333  
Fax: 3231031  
Mobile: 76171450

Date: 18 October 2011

Ken Mulligan  
Chief Executive Officer  
Youth With A Mission (YWAM)  
P. O. Box 1959  
Towns Village, QLD 4810  
Australia

Dear Mr. Mulligan

**RE: FORMAL ENDORSEMENT AND SUPPORT OF YWAM PROGRAM IN THE EDUCATION SECTOR IN PNG**

I am greatly humbled to have met you and your team this morning, taking time to explain to me about the type of work your Organisation has been doing in Papuan New Guinea for the last two years.

I am made aware by your visit that your Organisation, without much publicity, has already been profoundly touching the lives of many people in the Gulf and Western Provinces of PNG. Your generous services, undoubtedly, have brought joy, hope and purpose to many families in those provinces. I am particularly impressed by your Medical Shipping and land-based health programs in rural areas your team have visited. I further appreciate your programs in relation to upskillig of locals through training and engaging of local schools in villages. These programs are all in line with the Government's Medium Term Development Plan (DTDP) and the Vision 2050.

I also understand that your program in PNG has commenced only recently, however, you have made great progresses. This is an indicative of the enormous potential YWAM has to contribute meaningfully to PNG's social development efforts, particularly in the Health and Education sectors, where such services are needed most.

On this note, let me take this opportunity to, firstly, offer my sincere gratitude to YWAM for its invaluable initiative and commitment to provide these vital services to PNG.



Secondly, as Minister for Education, I formally reaffirm my support and endorsement of your programs in Papua New Guinea.

I would very much like to see your program expanded to cover many of our rural schools which currently receive less or no government attention in terms of providing health services.

In this connection, I suggest that you liaise with my Department Secretary to find a way forward to partnering with our Department in bringing these services to our schools in the rural areas of PNG.

Let me thank you once again, and I look forward to a fruitful partnership with YWAM in years ahead.

Yours Sincerely,



**HON. THEO ZURENUOC, MP**  
Minister for Education  
Member for Finschhafen.



**OFFICE OF THE PROVINCIAL GOVERNOR**

Gulf Provincial and Local Level Government

National Parliament  
Parliament House  
B1 Rm # 33  
Telephone: (675) 3277618  
Fax: (675) 3277480

P.O. Box 87, Kerema. G.P  
Telephone: (675) 6481035  
Fax: (675) 6481356

**Thursday 16<sup>th</sup> September 2010**

Mr Ken Mulligan  
Chief Executive Officer  
Youth With A Mission (Ywam)  
P. O. Box 1959  
Townsville  
Queensland 4810  
AUSTRALIA

Dear Mr Mulligan

**RE: DEVELOPING AND FOSTERING MUTUAL PARTNERSHIP WITH  
YWAM FOR THE LONG TERM DELIVERY OF MEDICAL AND  
SPIRITUAL OUTREACH PROGRAM IN GULF PROVINCE IN  
PAPUA NEW GUINEA**

I refer to the above and in reference to our earlier conversation and discussion on same regarding the window of opportunity to further secure the support and partnership of YWAM for community outreach project in Gulf Province.

From the outset, I would like to thank Ywam and its executive management for the decision for the initial and positive response in sending the medical ship to concentrate in Gulf Province to provide medical and spiritual outreach program to the rural and isolated villages.

As per the ongoing discussion, and consistent with the National Government development policy of the Private Public Partnership development framework, I as the Governor of the Gulf Province would like to invite YWAM to consider maintaining the current project initiative on a long term basis.

The Gulf Provincial Government will be integrating this partnership into its annual provincial budgetary framework to show commitment to facilitate this very important project.



**NATIONAL CAPITAL DISTRICT COMMISSION**

Office of the Governor Hon. Powes Parkop LLB, LLM, MP  
P.O. Box 7270, **Boroko**. NCD



**CITY OF PORT MORESBY**

Telephone : 3240700 City Hall  
: 3251166 Tengdui Depot  
: 3254711 Lagatoi Haus  
: 323 3251 Governor's Office  
Facsimile : 323 3259

Date: 20<sup>th</sup> October 2011

Your Reference: .....

Our Reference: .....

Action Officer: .....

Designation: .....

I am looking forward to sign a formal MOU with Ywam to further foster and firm up this project initiative for medical distribution and immunization exercise which will set the platform for my Government and Ywam to implement this project initiative.

Yours sincerely,

**Hon. Havila Kavo, MP**  
**Governor**

cc: Minister for Health and HIV AIDS

cc: Secretary for Health

Mr Ken Mulligan  
Chief Executive Officer  
YWAM Medical Ships Australia  
P.O. Box 1959  
TOWNSVILLE  
Queensland 4810  
Australia

Dear Mr Mulligan,

I am pleased to write to you for my full endorsement of YWAM Medical Ships Australia's (YWAM MSA) important work that is currently being undertaken in Papua New Guinea.

YWAM MSA has provided wonderful health care services in Papua New Guinea in 2011-2011. The broad range of services that YWAM MSA provides including primary health care, immunizations, dentistry, OPTOMETRY, education seminars and ophthalmology fulfills a great need we have amongst our people.

Our sister-city relationship between Townsville and Port Moresby is an important one; we see YWAM MSA is an ideal opportunity to strengthen our goodwill and friendship between our cities through this invaluable work.

I look forward to continuing our partnership with you.

Yours sincerely,

  
**Hon. Powes Parkop LLB, LLM, MP**  
**Governor – NCD**



**DEPARTMENT OF HEALTH**  
Office of the Secretary

P. O. Box 807  
WAIGANI  
National Capital District, Papua New Guinea

Phone: + (675) 301 3601, 301 3634  
Fax: +( 675) 301 3604  
Email: [health\\_secretary@health.gov.pg](mailto:health_secretary@health.gov.pg)

Date: 23<sup>rd</sup> June, 2011  
File : SMF: 11-11-4

Mr. Ken Mulligan  
Chief Executive Officer  
YWAM Medical Ships  
P O Box 1959  
TOWNSVILLE, QLD 4810  
Australia.

Dear Mr. Mulligan,

**SUBJECT: ENDORSEMENT OF YWAM MEDICAL SHIPS HEALTH CARE PLAN**

I am pleased to write to you my full endorsement of the YWAM Medical Ships Health Care Plan aligning with the Papua New Guinea National Health Care Plan (2011-2020).

YWAM Medical Ships provided wonderful health care services in the Gulf Province in 2010 and I am pleased to hear the reports of the outcomes that have been achieved so far during 2011. I am also delighted to hear that you will be expanding your services to the Western province this year.

I have perused the YWAM Medical Ships Funding Proposal to AusAID and have held brief discussions with the mission and will discuss in detail with my Senior Executive Management. We offer you our full support to proceed with the project in the short term and look forward to more discussions in the long term.

I look forward to continuing our partnership with YWAM Medical Ships.

Yours sincerely,

**DR. CLEMENT MALAU,**  
Secretary

**SERVICE DELIVERY TO RURAL MAJORITY AND URBAN POOR**



**Uniting Church in Australia**  
**Presbytery of North Queensland**

29 Wentworth Avenue  
Mundingburra Q. 4812  
Phone: 07 4779 5818  
Fax: 07 4725 4596  
Email: [bcornish@bigpond.net.au](mailto:bcornish@bigpond.net.au)

8 November 2011

LETTER OF SUPPORT – YWAM MEDICAL SHIPS

As the Chairperson and Presbytery Minister of the Uniting Church in North Queensland I write to strongly support the work being undertaken by the YWAM Medical Ship based in Townsville.

It has been my privilege to have been personally involved in some of the planning and also to be on two Outreaches on the Medical ship in the Gulf region of PNG. On both occasions I was able to spend considerable time with the medical team but particularly in the second 3 week outreach in April 2011, I was able to spend many days in the villages in the western gulf area where we had anchored.

I was able to witness first hand the significant difference that the well qualified and enthusiastic medical, dental, optical and general volunteers are able to make in these villages who have very limited access to fresh water and sanitation let alone medical, optical and dental treatment. The village people are so obviously very appreciative of the fact that they have access to this treatment. Their wide smiles and enthusiastic welcome reflects that appreciation.

The Medical ship is making a difference to the lives of the people in the towns and villages in the Gulf and Western Regions of Papua New Guinea where transport by water is the only practical way to go. The Medical ship is not only positively contributing to their dental, optical and general health but also to their emotional and psychological health as they realise they are not forgotten.

Papua New Guinea people are very spiritual people and in addition to the medical support from the ship, we have also been able to give spiritual support as bibles are distributed to Pastors and church leaders and some training is offered.

I certainly count it a privilege to be involved and to lend my personal support to the ongoing work of the YWAM Medical Ship. It is my intention to once again volunteer on board for one of seven the Outreaches planned for 2012.

Be assured of my prayer and support into the future

Yours in Christ

Rev Bruce Cornish  
Chairperson and Presbytery Minister  
North Queensland Uniting Church

*“Those who hope in the Lord will renew their strength”. Isaiah 40:31*



## Ewen Jones MP

Federal Member for Herbert

EJ:RD

3 November 2010

### TO WHOM IT MAY CONCERN

It is with great pleasure that I offer my support to the Youth With a Mission (YWAM) Medical Ship.

I congratulate those members who volunteer their expertise to provide essential medical treatment and support where needed amongst our overseas neighbours.

The young people of YWAM are an inspiration to us all and it is indeed an honour to give my support to their future endeavours.

Yours sincerely

Ewen Jones  
Member for Herbert



## Premier of Queensland

For reply please quote: IGR/TW - TF/09/27484 - DOC/09/122479

5 NOV 2009

The Honourable Mike Reynolds AM  
Patron  
YWAM Australia and PNG Ship Tour  
PO Box 1959  
TOWNSVILLE QLD 4812

Dear Mr Reynolds

Thank you for your letter of 11 September 2009 concerning the YWAM Australia and PNG Ship Tour. I commend your support for this project which has the potential to improve health outcomes for people living in the Gulf and surrounding provinces of Papua New Guinea.

As you would be aware, the Torres Strait Treaty has operated in this region since 1978. The Torres Strait Treaty is an agreement between Australia and Papua New Guinea to protect the way of life of traditional inhabitants in the Torres Strait Protected Zone.

A special part of the Treaty allows free movement (without passports or visas) between Australia and Papua New Guinea for traditional activities in the Protected Zone and nearby areas. The Treaty is legally between the Commonwealth of Australia and the Independent State of Papua New Guinea. However, the Queensland Government has service delivery obligations in the Torres Strait region, including in the areas of health, policing, fisheries, biosecurity and environmental management.

The work being undertaken by YWAM will complement work being undertaken by the Australian, Queensland and Papua New Guinea governments in this region.

I wish you all the best in your future endeavours with this project.

Yours sincerely

  
ANNA BLIGH MP  
PREMIER OF QUEENSLAND

Mike,  
Sounds very positive.  
Anna.

Executive Building  
100 George Street Brisbane  
PO Box 15185 City East  
Queensland 4002 Australia  
Telephone +61 7 3224 4500  
Facsimile +61 7 3221 3631  
Email [ThePremier@premiers.qld.gov.au](mailto:ThePremier@premiers.qld.gov.au)  
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**Mandy Johnstone MP**  
MEMBER FOR TOWNSVILLE

PO Box 1148  
TOWNSVILLE, QLD, 4810



31 Sturt Street  
TOWNSVILLE

Telephone: (07) 4772 4711  
Facsimile: (07) 4721 2097

Email: [townsville@parliament.qld.gov.au](mailto:townsville@parliament.qld.gov.au)

Monday 27 July 2009

To Whom It May Concern:

#### LETTER OF SUPPORT FOR YWAM AUSTRALIA & PNG SHIP TOUR

I am pleased to offer my support to the Youth With a Mission ship tour of Papua New Guinea. The ship will leave Newcastle in February 2010 and embark on a 16 port tour of Australia before voyaging to Thursday Island and Papua New Guinea.

This tour is important because it will benefit both the Australian and Papua New Guinean communities in a number of ways. Firstly, by engaging young people in a project which will assist them in their personal growth and development their involvement will give them an opportunity to make a real difference to our nearest international neighbour through improving access to primary health care. Secondly and equally as importantly the participants on the tour will have an opportunity to learn about the rich and diverse culture that PNG has to offer.

I also support the ultimate aim of having the permanent Australian berth for the MV Pacific Link to be in Townsville after this initial tour. This would be another string in Townsville's bow, building on our reputation for being progressive and inclusive global citizens. Sharing the skills and expertise of our health professionals through a community development approach such as this project proposes is one way to strengthen the ties we have with PNG. Townsville has a long standing relationship with PNG and building on this through ongoing tours between these two regions is very important to me and to the Queensland Government.

I would encourage all Queenslanders to get on board and support YWAM and their PNG Ship Tour.

Yours sincerely

A handwritten signature in black ink, appearing to read "Mandy Johnstone".

**Mandy Johnstone MP**  
Member for Townsville



Date >> 19 May 2009

OFFICE OF THE MAYOR >>

TOWNSVILLE CITY COUNCIL  
ADMINISTRATION BUILDING  
103 WALKER STREET

PO BOX 1268, TOWNSVILLE  
QUEENSLAND 4810

TELEPHONE >> 07 4727 9200  
FACSIMILE >> 07 4727 9053

[enquiries@townsville.qld.gov.au](mailto:enquiries@townsville.qld.gov.au)  
[www.townsville.qld.gov.au](http://www.townsville.qld.gov.au)

#### TO WHOM IT MAY CONCERN

I am pleased to offer my support to Youth With a Mission (YWAM) Australia and their plans for the Australia and PNG Ship Tour.

Townsville and Papua New Guinea have enjoyed a close bond for many years, particularly through our sister city relationship with Port Moresby. We have shared information and exchanged cultural, business and technology solutions since 1983. We have developed new respect for each other's culture, lifestyle, industries and economies.

I know many Council employees benefited greatly from the exchange of information during the implementation of Project Hetura which has involved staff and management exchanges between the City of Townsville and the City of Port Moresby.

I congratulate YWAM Australia on their efforts to provide physical, mental and spiritual health support to one of our closest Pacific neighbours. The work of YWAM in our community is highly regarded and I am sure their model of success in inspiring today's young people will be greatly appreciated by the people of Papua New Guinea.

Yours sincerely

A handwritten signature in black ink, appearing to read "Les Tyrell".

**Les Tyrell CAM**  
Mayor of Townsville

Major General Michael Jeffery, AC, AO(Mil), CVO, MC (Retd)

29 October 2009

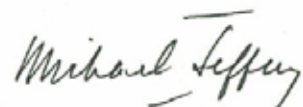
Mr Ken Mulligan  
CEO  
YWAM  
PO Box 1959  
TOWNSVILLE QLD 4810

Dear Mr Mulligan,

Please find attached my letter of support of the YWAM Australia and the PNG Ship Tour as previously promised.

My best wishes for continued success in your endeavours.

Yours sincerely,



(Michael Jeffery)

Encl: Letter of support

PO Box 3162 MANUKA ACT 2603 AUSTRALIA  
Telephone: +61(2) 6232 6008 Facsimile: +61(2) 6295 8716 Email: wendy.button@pmc.gov.au

Major General Michael Jeffery, AC, AO(Mil), CVO, MC (Retd)

I have been fortunate over my career both in the military and as Governor General to have had many dealings with both our Australian youth and the wonderful people of Papua New Guinea.

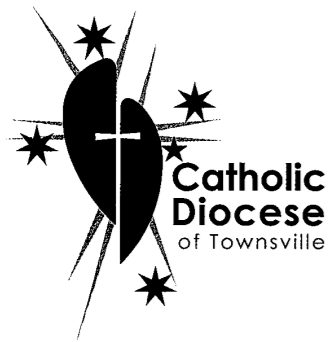
Hence my pleasure in endorsing the aims of the YWAM Australia and the PNG Ship Tour, which seeks to benefit both groups in very real terms through the delivery of health care. The opportunity for our youth in particular, to participate in the provision of health care for those in need is a noble one. I am a firm believer that service, in its many forms, has a positive impact on providers, recipients and the community at large.

I encourage the wider community to support YWAM in its endeavours in any way possible. This might include individual donations of spectacles, volunteering time and personal effort - possibly on board the ship - to corporate financial sponsorship.

I hope to see young people take up this opportunity to represent Australia in its best light, namely that of a caring, vibrant nation and for participants to experience first-hand the personal satisfaction of service.

(Michael Jeffery)

PO Box 3162 MANUKA ACT 2603 AUSTRALIA  
Telephone: +61(2) 6232 6008 Facsimile: +61(2) 6295 8716 Email: wendy.button@pmc.gov.au



3 June 2009

Office of the Bishop



Diocese of North Queensland

The Right Reverend William James Ray  
Diocese of North Queensland



Anglican Church of Australia

10 June 2009

**TO WHOM IT MAY CONCERN**

I am happy to recommend to you the Australia and Papua New Guinea Ship Tour being organized by *Youth With a Mission* in Townsville.

I know Ken Mulligan who is the CEO of YWAM Marine Reach – Australia, and he has kept me informed of this project as it has been developing.

I am sure those on board the ship will be of great service to people in need in PNG and the arrival of the ship in the community should bring many blessings.

Yours sincerely

**MOST REV MICHAEL E PUTNEY**  
Bishop of Townsville

**TO WHOM IT MAY CONCERN**

As the Bishop of the above Diocese I write to support the Ywam – Australia and PNG ship tour venture. I assure those involved of my prayers. I know that this ship will be a blessing to many.

Ywam is an organisation that is not only based on Christian principles but it actively seeks to enrich the lives of those throughout the world in a number of ways. This ship tour is but one avenue of serving others.

This venture will prosper because the research has been carefully undertaken and there has been much thought, prayer and preparation put into this venture. I wish all involved every blessing.

I count it a privilege and honour to give my support and that of the Diocese of North Queensland to Ywam – Australia and PNG Ship tour.

I wish the venture well.

God bless

Yours in Christ,

**The Right Reverend William (Bill) Ray**  
Bishop of North Queensland



# lionsaustralia

we serve



## District 201Q2

*"If it is Right for Lions - Just Do It"*

11<sup>th</sup> January 2010

District Governors, Executive Team and Lions,  
Lions Multiple District 201  
Australia.

Dear Lions Club Members,

I write in my capacity as District Governor of Lions District 201Q2 (North Queensland and Papua New Guinea) to inform you of our involvement with the Youth With A Mission (YWAM) Australia & PNG Ship Tour.

YWAM's Medical Ship actively seeks to enrich the lives of those throughout Papua New Guinea in a number of ways. One of these includes collecting used spectacles to distribute throughout the Gulf Province of Papua New Guinea next year. According to the Fred Hollows Foundation, 550,000 people in PNG have low vision, correctable with spectacles.

In February 2010, the Australia & PNG medical ship tour will begin at Newcastle with the arrival of the M/V Pacific Link from New Zealand. It will sail to Adelaide stopping in various ports welcoming visitors all along the east coast of Australia to tour the ship, learn more about its purpose and how to become involved. It will then arrive in Townsville, her home port, in June 2010 for a break before sailing onto Cairns, Thursday Island, and then to Port Moresby in August to provide health care & community development in the Gulf Province of Papua New Guinea.

The tour will promote Papua New Guinea and its Millennium Development Goals. Opportunities will be given for generosity and volunteers, young and old, skilled and unskilled as well as health professionals, marine specialists, crew, businesses, churches, service clubs and schools that will be called upon to be involved and to collect spectacles and supplies. Aussie youth will be given training and service opportunities to help them with their faith and to serve those in need.

**I am happy to say that we as Lions share a part in this venture**, by providing spectacles for the ship to deliver to the people of Papua New Guinea. Lions Recycle for Sight Australia Inc has recently partnered with YWAM's Medical Ship through a Memorandum of Understanding. YWAM has agreed to collect spectacles to be sent to Papua New Guinea and to display our logo on their collection boxes, spectacle banners and the appropriate web locations while Lions Recycle for Sight Australia Inc agrees to sort, tag and label these spectacles.

I believe it is a great opportunity to see Lions members from all over the nation work together in this singular purpose and I **would like to invite you to participate in three specific ways:-**

**1. Assist with the spectacle collection project, especially while the Ship is visiting and docked in your City.**

Why not have a good supply of used glasses already available which can be added to the collection when the ship arrives. Then using the free postage available to Lions through our Corporate Connection with Australia Post, assist the crew to forward all glasses collected to our Recycling Centre in Clontarf, Qld where they will be cleaned, re-calibrated and packaged in readiness for collection by the Crew when the ship arrives in Brisbane on its way North to PNG.

lionsaustralia   
we serve

**2. Invite YWAM representatives to speak at your local Lions Club meeting.** I am sure your members will be enthused and invigorated to hear of the work being done, and the opportunities provided to the youth of the World (and of course including Australia – why not involve our own Leo Clubs in this project) through the work being done by YWAM

**3. Consider how your club can take on a special project to help strengthen the efforts in Australia & PNG**  
Is there an opportunity to provide funding for a specific piece of medical equipment needed for the mission, or perhaps simply to assist the ship with hosting a reception while in port, with the obvious benefits to both organizations of positive P/R opportunities.

I commend this opportunity to you, and to do what the Lions of Australia do best – providing Service which will enrich the lives of those less fortunate perhaps than you and I. Please do not hesitate to contact me for further details and information regarding this Project.

Yours in Lionism,

*John Muller*

John D W Muller OAM  
District Governor  
Lions District 201Q2

[www.lionsclubs.org.au](http://www.lionsclubs.org.au)

**national office** Locked Bag 2000, Newcastle NSW 2300 p 02 4940 8033 f 02 4940 8034 e info@lions.org.au  
Multiple District 201 of Lions Clubs International Inc Australia, Papua-New Guinea and Norfolk Island ABN 63 592 786 032

**DISTRICT GOVERNOR**  
Lion John Muller OAM  
29 Borton Street  
MYSTIC SANDS QLD 4816  
Phone (H)(07)4770-7510

**1<sup>st</sup> VICE DISTRICT GOVERNOR**  
Lion Malcolm Ward  
4 Howe Close  
KEWARRA BEACH QLD 4879  
Phone (H)(07)4057-7103

**CABINET SECRETARY**  
PDG Garth Gleeson  
39 Park Avenue  
YUNGABURRA QLD 4884  
Phone (H)(07)4095-2367

**CABINET TREASURER**  
PDG Jim Nicolson  
6 Michelle Court  
ALICE RIVER QLD 4817  
Phone (H)(07)4788-8505



May 3, 2010

To Whom It May Concern,

I'm writing in support of the YWAM Medical Ship. **It is** an incredible opportunity for the people of Townsville to come around a common vision to help our nearest international neighbours who are in an immense amount of need.

I have been associated with YWAM for a number of years now and am constantly impressed with their ability to deliver on the ground services. This isn't an organization with just good ideas; this team **actually sees them through.**

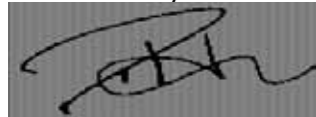
I believe an association with the YWAM Medical Ship has huge benefits for the Townsville community. It is a privilege for the ship to be based here in Townsville and berthed here between medical missions to Papua New Guinea. **It also provides** great branding opportunity for Townsville. This will give us an increased national focus to compliment Townsville's national sporting teams, economic diversity and lifestyle while giving tangible, philanthropic opportunity for local businesses to develop their corporate profile.

This is an ideal program to strengthen the Sister City Relationship between Townsville and Port Moresby in a way that **provides substantial results.** During an 8 week preparation trip last year, YWAM was able to help nearly 4,000 people with health services and education in PNG.

YWAM has a track record of assisting local youth. Young people today are desperate for an adventure where they are not just looked after but are able to really help people. YWAM's Medical Ship will make this a greater possibility for our young people, helping to develop them in their own leadership, **self-esteem and social justice awareness.**

I want to encourage the community to get behind this 100%. What a great way to increase the capacity of our Australians while providing essential services to our near neighbours.

Your Faithfully



Peter Honeycombe

**Townsville Office**

281 Sturt Street Townsville QLD 4810 > PO Box 9 Townsville QLD 4810  
T > (07) 4779 9199 F > (07) 4760 2999 E > office@honeycombes.com  
W > www.honeycombesproperty.com.au

Honeycombes Property Group Pty Ltd  
ABN 77 087 914 789  
Honeycombes Constructions Pty Ltd  
ABN 83 087 960 549  
BSA Licence 106531

HPG Property Management Services Pty Ltd  
ABN 51 101 096 440

LIVING INNOVATION

**1300SMILES**  
**DENTISTS**

3 October 2011

**To Whom It May Concern:**

I am writing in support of YWAM Medical Ships – Australia. This is an incredible opportunity for Australians to come around a common vision to help our near neighbours in Papua New Guinea, who have a great deal of need.

Working on board the ship in PNG is one of the most life-changing experiences I have had. Not only am I grateful to YWAM for the opportunity to help treat people in immense pain and need, but it's something I highly recommend to all of the people in our company. The experience is invaluable on both a professional and personal level.

Over the past number of years, I have watched YWAM develop this program both on the ground in PNG and here in Townsville. It's incredible to watch an organisation achieve the results they have – well over 50,000 health services delivered in just the first two years of operation. This is a group who is getting the job done.

I am fully committed to doing what I can to help make this happen by garnering support and in-kind donations from the dental community here in Australia. I strongly recommend that everyone consider how they are able to help – by donating time, money, or both.

The partnership that we have with YWAM is an important part of our company and we look forward to continuing that in the future, and working together to make a lasting impact in PNG.

Yours faithfully,



**Dr Daryl Holmes**  
**Managing Director**

**1300SMILES Ltd.**  
Ground Floor  
105 Denham Street  
PO Box 5021  
Townsville Qld 4810

P: (07) 4720 1300  
F: (07) 4771 5217  
www.1300SMILES.com.au  
admin@1300SMILES.com.au  
ABN 91 094 508 166



OFFICE OF THE  
LORD MAYOR  
Brisbane

Office  
157 Ann Street  
Brisbane Qld 4000 Australia  
Tel 07 3403 4400  
Fax 07 3403 9930  
LORDMAYOR@brisbane.qld.gov.au  
Postal  
GPO Box 2287  
Brisbane Qld 4001 Australia

28 July 2010

Mr Ken Mulligan  
Managing Director  
YWAM Marine Reach  
PO Box 1959  
TOWNSVILLE QLD 4810

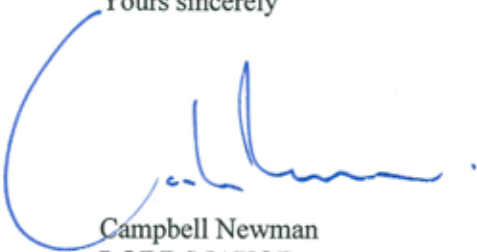
Dear Mr Mulligan

Thank you for your letter of 2 July 2010 requesting a letter of endorsement for the YWAM Australia and PNG Ship Tour.

I am very happy to provide the enclosed letter and would like to reiterate my support for the tremendous work of YWAM in the international community. I wish you all the best with the remainder of the tour and am sure the people of PNG will appreciate your services.

Thank you for writing to me with your request.

Yours sincerely



Campbell Newman  
LORD MAYOR

Ref: LM22846-2010

enquiries refer  
**Cr Phillip Silver**  
in reply please quote  
**Mayoral**

13 July 2010

Ken Mulligan  
Managing Director  
YWAM Australia & PNG Ship Tour  
PO Box 1959  
TOWNSVILLE QLD 4810

Dear Mr Mulligan

**Re: YWAM Medical Ship**

Ballina was recently privileged to be a port of call for the YWAM Medical Ship's 16 port tour of Australia.

During its stay in Ballina, the "Pacific Link" was well received by the Ballina community. The local Lions Clubs rallied to collect huge numbers of unused spectacles for re-use by YWAM in its work with the underprivileged. Many of the community were unaware of the extent of the medical work undertaken by the volunteer crew in remote areas of PNG.

Ballina Shire Council supports the work of the YWAM Medical Ship's Tour and would welcome the ship back to Ballina at any time.

Yours faithfully



Cr Phillip Silver  
Mayor



OFFICE OF THE MAYOR & COUNCILLORS  
CITY HALL, GHERINGHAP STREET  
PO BOX 104  
GEELONG 3220 AUSTRALIA

TELEPHONE 03 5272 4869  
FACSIMILE 03 5272 4275  
www.geelongaustralia.com.au



Ken Mulligan  
YWAM  
PO Box 1959  
TOWNSVILLE QLD 4810

16 August 2010

Doc No: 3689874  
Ref: CrJM-sy

Dear Mr Mulligan

I write to congratulate and acknowledge the work of Youth With A Mission following the visit by the YWAM Medical Ship to Geelong, in March 2010.

The ship's visit made quite an impression with the Geelong regional community who supported the visit with providing a large collection of medical and health related equipment for re-use within the areas supported by YWAM.

During the visit I hosted a Civic Reception where we learnt more of the work of YWAM and I am pleased to offer my support to the on-going work of Youth With A Mission.

Yours sincerely

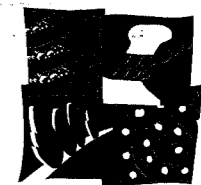
A handwritten signature in black ink, appearing to read "John Mitchell".

**CR JOHN MITCHELL  
MAYOR**

PORTFOLIO FOR COMMUNICATIONS  
PORTFOLIO FOR SPORT AND RECREATION  
AUSTIN WARD

TELEPHONE 5272 4891  
FACSIMILE 5272 4275  
mayor@geelongcity.vic.gov.au

13 July 2010



CITY OF  
**Port Adelaide Enfield**

Ken Mulligan  
Managing Director  
Ywam  
PO Box 1959  
TOWNSVILLE QLD 4810

**OFFICE OF  
THE MAYOR**

Dear Ken

It was my pleasure in March this year to welcome the YWAM Medical Ship and her crew to Port Adelaide as part of the MV Pacific Link's tour of Australian coastal cities and towns.

I was very impressed with the range of health services the YWAM Medical Ship could accommodate and particularly the commitment and dedication of the crew and volunteers in providing much needed health care and community development to the people of Papua New Guinea.

I am delighted to endorse the YWAM Medical Ship's program and would encourage all young Australians to become involved. Such an experience benefits not only the people assisted through the program but also the young volunteers who achieve personal and professional growth through selfless commitment to those less fortunate.

I wish you and the crew of the MV Pacific Link well in your future voyages, you will always be welcome in the Port of Adelaide.

Yours sincerely

A handwritten signature in black ink, appearing to read "Gary Johanson".

Gary Johanson  
**Mayor Port Adelaide Enfield.**

C:\DATA\WRKS\TEMP\4381935\Mayor's letter YWAM.doc



LORD MAYOR'S OFFICE  
TOWN HALL  
HOBART  
TASMANIA

Mr Ken Mulligan  
Managing Director  
YWAM  
Australia & PNG Ship Tour  
TOWNSVILLE QLD 4810

Dear Mr Mulligan

I write to record my personal support of the YWAM Medical Ships, Australia and PNG ship tour.

The work that you are undertaking during the tour can only be described in its truest sense as humanitarian and indeed you and your organisation are to be heartily congratulated for undertaking such a mission.

I watched the television news item associated with the trip which showed the type of work that will be undertaken and the fact being highlighted that many of the people that will receive treatments from the ships may have never received such treatment before in their lives.

Congratulations on a job well done and may it continue well into the future to the benefit of many.

Kindest regards

Alderman Rob Valentine  
**LORD MAYOR**

Monday 19 July 2010

GOLD COAST CITY  
OFFICE OF THE MAYOR



Gold Coast City Council

9 July 2010  
28100933

Ken Mulligan  
Managing Director  
Youth With A Mission  
Australia & PNG Ship Tour  
PO Box 1959  
TOWNSVILLE QLD 4810

Dear Mr Mulligan

Thank you for your letter of 2 July 2010 seeking a letter of endorsement for the Youth With a Mission Australia and PNG Ship Tour program.

Having been heartily impressed by what I've read about the program, and what I heard on the day of our civic reception to welcome you all to the Gold Coast, I'm delighted to provide you with a letter of support, which is enclosed.

May I also take this opportunity to commend you, your team, and the many, many inspiring young people who've contributed to making this program the great success it is, and I've no doubt will continue to be.

Yours faithfully

**RON CLARKE MBE  
MAYOR**

Enc

OUR REF: GW:kw  
YOUR REF:



22 July 2010

Mr Ken Mulligan  
Managing Director  
YWAM  
Australia & PNG Ship Tour  
PO Box 1959  
Townsville QLD 4810

Dear Mr Mulligan

The Glenelg Shire was fortunate to welcome the YWAM Medical Ship, Pacific Link to its Port from 6 April to 11 April 2010.

Council was also delighted to host a Civic Reception for the YWAM crew on 9 April 2010, to recognise the dedication of the YWAM members in striving to achieve a common goal in raising awareness of the desperate need for health support in remote areas of Papua New Guinea (PNG). It was also lovely to meet your crew members and witness their commitment and enthusiasm.

Council hopes that the tour of the east coast of Australia, which commenced in February, was a great success and that you achieved your goals in educating young people about the opportunities to help our neighbours in PNG and that you raised valuable financial and volunteer assistance for the ship tour along your journey. The ship tour is a wonderful opportunity for young Australians to volunteer and make a practical difference.

On behalf of Council I wish you every success in accomplishing your mission in Papua New Guinea over the next couple of months. Council will continue to follow your progress and support your endeavours.

Best wishes

**CR. GILBERT WILSON**  
Mayor



PARLIAMENT  
OF  
AUSTRALIA  
House of Representatives

August 12, 2009

JG:jt

To Whom It May Concern:

I am writing to endorse the work of YWAM and formally offer my support for their Australia and PNG Ship Tour – it is a wonderful venture that will provide much needed health care and assistance to many people.

Having met with representatives from this organisation, I am confident they will be successful in delivering live saving medical equipment to the people of Papua New Guinea as well as gain the necessary support from churches and community groups. I congratulate them on their mission, dedication and personal commitment.

I would encourage anyone who is considering getting involved to do so and I certainly look forward to helping them in any way I can when they visit the South Coast.

Kind Regards,

Joanna Gash MP (Mrs)

Federal Member for Gilmore

*Getting the Job Done!*



**JOANNA GASH MP**  
Federal Member  
for Gilmore

Electoral Office:  
24 Berry Street  
(PO Box 1009)  
Nowra NSW 2541

Telephone  
(02) 4423 1782

Facsimile  
(02) 4423 1785

Local Call  
1300 301 790

Email  
[Joanna.Gash@aph.gov.au](mailto:Joanna.Gash@aph.gov.au)

Website

[www.joannagash.com.au](http://www.joannagash.com.au)





OFFICE OF THE LORD MAYOR  
CITY HALL  
NEWCASTLE 2300  
N.S.W.

### *To Whom It May Concern*

*I'm writing to give my support of the YWAM Australia & PNG Ship Tour, a wonderful venture which will have great benefit to many of Australia's young people and which will provide health care for numbers of people in real need in Papua New Guinea.*

*I applaud YWAM's leadership and initiative in making this a reality. My experience with this group is very positive and I believe they have the capacity to rally large numbers of people around this vision, to build strong relationships between both of these nations, and to see many people helped over the next 5-10 years.*

*There are many ways that individuals, churches and community groups can get involved in the Ship Tour. From the simple donation of a pair of spectacles to actually getting on board the ship and going to Papua New Guinea to deliver life-saving medical care, its all about seeing results in real peoples lives.*

*I give my strong support to anyone, young and old, who are considering being involved in this venture and would encourage other people of influence to give their groups the chance to make a real difference by partnering with YWAM.*

John S Tate  
Lord Mayor Newcastle City Council

10 August 2009



# Paul Green

## Mayor

SHOALHAVEN CITY COUNCIL

Postal: Office of the Mayor, City Administrative Centre, PO Box 42, Bridge Rd, Nowra NSW 2541

tel: (02) 4429 3251 fax: (02) 4423 2704 email: greenp@shoalhaven.nsw.gov.au

11<sup>th</sup> August, 2009.

YWAM Australia & PNG Ship Tour,  
Post Office Box 1959,  
TOWNSVILLE QLD. 4810

To whom it may concern

I am writing to give my support of the YWAM Australia & PNG Ship Tour, a wonderful venture which will have great benefit to many of Australia's young people and which will provide health care for numbers of people in real need in Papua New Guinea.

I applaud YWAM's leadership and initiative in making this a reality. My experience with this group is very positive and I believe they have the capacity to rally large numbers of people around this vision, to build strong relationships between both of these nations, and to see many people helped over the next 5-10 years.

There are many ways that individuals, churches and community groups can get involved in the Ship Tour. From the simple donation of a pair of spectacles to actually getting on board the ship and going to Papua New Guinea to deliver life-saving medical care, its all about seeing results in real peoples lives.

I give my strong support to any young people and others who are considering being involved in this venture and would encourage other people of influence to give their groups the chance to make a real difference by partnering with YWAM.

Kind regards,

Paul Green  
Mayor



PO Box 3202, Hermit Park Qld 4812  
139 Charters Towers Road, Hermit Park 4812  
Phone: 4759 9500 Fax: 4772 4176  
Motto – "The Price of Liberty is Eternal Vigilance"

**THE RETURNED & SERVICES LEAGUE  
OF AUSTRALIA**  
(QLD BRANCH)  
TOWNSVILLE SUB-BRANCH INC.



#### TO WHOM IT MAY CONCERN

Townsville RSL is proud to be a supporter of the YWAM Australian – Papua New Guinea Ship Tour.

Townsville and Papua New Guinea have many trade links, particularly through the Sister City relationship with Port Moresby. However, the Australian Defence Force and the Returned and Services League of Australia has a deep historical link to the people of Papua New Guinea.

The legend of the Fuzzy Wuzzy's assistance to Australian troops along the Kokoda Track, is ingrained in our military history and is one that Australia will forever be grateful for.

It is for this reason that the Townsville RSL is thrilled to be able to support YWAM in their endeavours to bring much needed medical assistance and aide to the people of this wonderful country.

The local community benefits and volunteering opportunities this mission provides, should make Townsville proud to be the home base of such a venture.

We encourage all other organizations, whether corporate or community based, to support this mission where ever possible.

Sincerely,

**Karla Malouf**  
General Manager  
Townsville RSL



PO Box 1959 Phone: 07 4771 2123  
Townsville Fax: 07 4772 4414  
QLD 4810 E-mail: info@ywamships.org  
Australia Web: www.ywamships.org

14 September 2009

To Whom It May Concern:

Forty years' ago, I was in fellowship with a young couple who were hoping to refloat a sunken coastal vessel near Lae, PNG, for the purpose of having a ship serve the needs of the people of PNG. Their dream has continued to be as a flame in my heart and that flame has just had an enormous shot of energy through the gift of the Pacific Link to YWAM Australia.

A ship is more than a tool or a hunk of steel. She sails under the flag of her country of registration and, as such, she carries the hopes and dreams of a whole people.

The Pacific Link will be the hearts and hands of the ANZACs open and stretched out to serve the people of the Pacific and beyond. This is a wonderful opportunity for Australia to have a real hands-on connection to the coastal and island peoples of Australia and Oceania.

Kind Regards,

Tom Hallas  
Field Director for Asia & Pacific

Youth with a mission



19 Cordelia Avenue,  
Cranbrook, QLD. 4814.  
Australia.

23<sup>rd</sup> May 2009

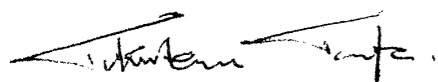
TO WHOM IT MAY CONCERN.

The Youth With A Mission (YWAM) is a Christian Organization that prepares youth to serve in the wider developed and developing communities to help bring a positive change to their lives. They engage in different wide ranging activities ranging from spiritual to physical ministries. One of these has been the provision of a medical ship with volunteer health workers to the different Pacific Islands countries for the last 10 years. Now they wish to focus the same project to Papua New Guinea (PNG) for the next ten years.

I have helped teach public health and primary health care to some of their students who have gone and worked as volunteers in developing countries as part of their course. The last group worked early this year in the Raihu district of West Sepik, PNG. The experience is mutually beneficial to the volunteer youths and their hosts. They respect local cultures and ensure that their help is complementary and they're to strengthen existing services.

I have participated in the planning and discussion of their proposed medical boat mission to PNG. Hopefully that if all works out that I would be able to accompany them on their first trip to be an interpreter and introduce them to local communities and health workers. I fully support their mission and hope that you would also be able to assist them to help bring some positive change to rural PNG communities for the next 10 years.

Yours sincerely,



Tukutau Taufa, MD.(Flinders), FACTM., MPH.(Harvard), M.Med.(O&G)(UPNG),  
D.Obst.(Auck), DMS.(Papuan Med.Coll)

## Appendix J: News Articles & Media



READY TO HELP: Alana Hewett, Hannah Peart and Jennifer Perry are keen volunteers helping treat people in PNG  
Photo: FRONA HARDING

## All aboard for medical mission

IT'S taken more than a fresh coat of paint but Townsville's Youth With A Mission Medical Ship is now ready to set sail for its first six-month tour of Papua New Guinea.

The lounge has been completely remodelled to make life on board more enjoyable for the hundreds of volunteers expected to visit the ship.

From restoring sight, to giving residents their first dental appointment, in six months these volunteers will have changed hundreds of lives, including their own.

The boat sets sail from Townsville on Wednesday for what is expected to be an ongoing six-monthly rotation to Australia's closest northern neighbour.

In 2010, the ship provided more than 15,000 health services and resources in a range of programs including ophthalmology, optometry, dentistry, and primary health care with the help of more than 20 Townsville schools, local churches and service organisations.

The 2011 program will continue toward sustainable community development in the Gulf Province and extend into regions in both the Gulf and West-

ern Provinces. YWAM medical co-ordinator Hannah Peart said the need for their services was amazing.

"I've just returned from PNG where our team is visiting more than 20 new villages," she said. "We've had a wonderful response so far."

Those interested in volunteering to serve on the YWAM Medical Ship during its six months in Papua New Guinea are invited to join for two week intervals.

Applications and details can be found on the web at [www.ywamships.org](http://www.ywamships.org).



HELP: Volunteers prepare to leave the Medical Ship in a Zodiac landing craft donated by Townsville district Lions clubs last year

## Medical treatment for 600 people in seven days

# PNG mercy mission

by Ian Frazier  
in Port Moresby

[ian.frazier@townsvillebulletin.com.au](mailto:ian.frazier@townsvillebulletin.com.au)

DOCTORS and dentists on the Townsville-run Medical Ship have treated more than 600 people in seven days after resuming operations in the Gulf Province of PNG.

The ship returned to Port Moresby last Friday after visiting five river delta villages in the provinces Kilori region, about 300km west of Port Moresby.

The MY Pacific Link, opened as the Medical Ship by the Townsville base of Youth With a Mission, will remain in Port Moresby this week and return to Gulf Province next Saturday.

This will be the second of seven two-week outreaches planned for the Gulf and Western Provinces this year by the international Christian youth organisation.

The ship's medical co-ordinator, Hannah Peart, said last Friday 16 patients had been critically ill with

malaria and respiratory diseases.

"The health of people in the Gulf is not great, but they are doing the best with what they've got," she said. "There is a massive gap between what we've got in Australia and their health services."

While the ship had anchored off five villages, people from another eight had attended clinics.

They treated 309 people, gave health education demonstrations and talks to more than 750 and distributed primary health care and dental materials to 1068.

The volunteers in the dental team included Dr Daryl Holmes, of Townsville, and two former staff members from his DREAMLESS practice: Dr Angela Emery, of London, and dental assistant Michelle O'Connell, of Sale, in Victoria.

Together with US dentist Dr Tim Yacoub, of Ohio, they carried out 863 procedures on 357 people: 159 tooth extractions, 104 restorations and five cleanings.

The dentists worked in a surgery which can also be



VOLUNTEER: Townsville's Dr Daryl Holmes treating a patient

used for ophthalmology.

Some patients arrived by canoe but most were ferried to and from the ship in two dinghies, one of them the \$10,000 Zodiac given last

year by Townsville Lions Clubs. Ms Peart, a registered nurse, set up primary health care clinics in village aid posts with a team including three volunteer

GPs, two other nurses and eight community development students from Youth With A Mission Townsville base.

Former Townsville GP Dr Douglas Randedi Dew from Dubai where he works as an aeromedical specialist for Emirates Airlines. Recently graduated doctors Dr Grace Havel and Dr Casparis Mond were among five PNG nationals in the crew of the first outreach. Medical Ships CEO Ken Mulligan, who joined the crew with his wife, Robyn, said the first seven days had been a good start, building on the organisation's pilot project in the Gulf last year.

The PNG Department of Health and Gulf Provincial Government both acknowledged great medical needs in remote areas of the province and supported the 2011 project, which will be extended to Western Provinces between June 19 and September 10.

See **NO LIFE** next Saturday for a full report of Medical Ship's first week's work in the remote Gulf Province of PNG

Children from Mirimarau village with an inflatable world globe from the Medical Ship  
Photo: IAN FRAZER



Rev Bruce Cornish, of Townsville, gives Bibles to pastors in PNG

## Spreading the word

THE Reverend Bruce Cornish, head of the United Church in North Queensland, regards PNG's Western and Gulf provinces as his backyard.

His oversight of United Church congregations from Bowen to Torres Strait has given him a special interest in PNG, hence his presence on the Medical Ship's first outreach.

Mr Cornish brought with him 1000 Bibles, bought for distribution through the Gulf Province by the combined churches of Townsville.

They include 200 study Bibles for pastors and lay leaders.

He is working with PNG's United Church leaders on a reconciliation event to commemorate the death of pioneering missionary James Chalmers, murdered on Gearhart Island in April, 1901.

Chalmers' expeditions on behalf of the London Mission Society paved the way for Methodist Church growth in the Gulf Province.

His grisly death led to an equally bloody reprisal by the colonial government, costing the lives of 24 local people.

Gearhart Island is a few kilometres from the Kikori delta villages, in Deception Bay.

"Many United Church communities can be traced back to James Chalmers, who worked in Gulf for 25 years before his murder," Mr Cornish said.

He supported the work of the Medical Ship as a positive way of providing for the poorest of PNG's poor.

The United Church health service was very under-resourced.

He offered some in-service training for pastors while visiting villages with the health care teams and hopes to continue this work in the future in his big "backyard".

THIS small, solitary ship that materialised after an hour's dinghy ride through the muddy labyrinth downstream from Kikori on the Gulf of Papua carried a big, surreal banner on her top deck: 'I Want To Live'.

It had flown from Port Moresby to Kikori, the second-highest settlement in Gulf Province - population 3000 - with two dentists, from Townsville and London, and a dental assistant from Sale, in Victoria.

The reassuringly cheerful chief pilot of New Tribes Missions, Nate Schrag, got us there in two hours in a Cessna small enough to feather down on the rocky strip.

His favour saved us from a day-long journey by 4WD and dinghy, in the absence of regular flights to Kikori.

He was chartered by Youth With A Mission, the international Christian youth organisation that invited me to visit their Medical Ship with the intriguing banner, anchored 20km from Kikori at the mouth of the Aiaf River.

The dentists, Dr Daryl Holmes, of Townsville, and Dr Angela Emery, of London, and dental assistant Michelle O'Connell, of Sale, and formerly Townsville, had volunteered for a week's work in the ship's dental surgery.

From the air there's not much sign in the wilderness below of Zast Kikori's 11,881 people in 29 villages.

Travelling on the water - the only way in this part of Papua New Guinea - gives a better insight into the web of communities the Medical Ship, aka MV Pacific Link, arrived to help in early March.

We overtook masses full of people and freight and saw a couple of old banana boats chug past upstream.

In contrast, our party greeted the \$10,000 Zodiac dinghy donated last year by Townsville Lions Clubs, skippered by the Medical Ship's captain Gerard Hoias.

He navigated us through the maze, fed us on Anzac biscuits, and within an hour of boarding the ship the dentists were drilling, filling and pulling teeth.

PNG is said to have just 35 dentists. The queue for this free emergency service suggested none of that rare breed had been seen in Mirimarau village, about 40km across the water.

In the two days before the reinforcements arrived, another volunteer dentist, Dr Tim Yanovic, of Ohio, USA, had extracted more than 100 teeth for people from other villages.

On their first afternoon, the newcomers saw 30 patients.

By the end of their assignment, on Friday, April 14, the team had treated 237 patients, restoring 304 teeth and extracting 750.

They worked in a three-chair surgery on the upper deck of a ship built 30 years ago as a trading vessel for Japanese fishermen and refitted for medical work six years ago by Youth With A Mission in New Zealand, as the Merry Ship.

The organisation's Townsville base took over this operation last year, renamed it the Medical Ship



The Medical Ship MV Pacific Link  
Photos: MICAH ENGEL

# Bridging the gulf

The Medical Ship delivers essential health care services to the Gulf Province of PNG with the help of medical volunteers from Townsville

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The organisation's Townsville base took over this operation last year, renamed it the Medical Ship

and refocused from the Pacific to PNG.

Primary health care teams from the Medical Ship visited five villages during the fortnight, treating as many as 120 people a day for an array of complaints - but backs, warts and rashes to malaria and respiratory disease.

Two cases involving malaria, respiratory disease and dehydration could have resulted in death without emergency treatment and another 11 posed serious health risks.

Team leader Hannah Peart, the registered nurse from New Zealand who last year surveyed the gulf's chronic health needs for Youth With A Mission, was helped by former Townsville GP Dr Douglas

Randell, two recently graduated women doctors from Port Moresby, several other Australian medical volunteers and eight young community service students from the organisation's Townsville base.

Dr Randell, an anaesthetist, travelled on leave from Emirates Airlines, flew from Dubai for the assignment.

I joined excursions into villages with tricky names like Mirimarau, Kinomere and Kiawamai and even tricker walkways of broken planks.

Every building is perched on poles above mud flats periodically flooded by flood tides.

I was told two of the settlements had been relocated in the past

decade because of rising sea levels.

Teachers and aid post workers in the gulf's mangrove-tinged slaves have to cope with crumbling buildings, under-staffing, low pay, exorbitant fuel costs and patchy mobile phone coverage.

The Kinomere aid post's gas-powered refrigerator ran out of fuel months ago, spoiling precious immunisation vaccines.

The nearest trade store, high school and hospital at Kikori are about two hours away by motor boat or two days by canoe.

Port Moresby, 300km out, can be reached in a day if you have 300 Kina (\$12) for the ride by dinghy and truck.

But money is tight in the gulf.

A primary health care worker in Kiawamai told me he can only access his 330 Kina (\$125) per fortnight pay by travelling to the capital - the location of the nearest ATM since the bank at Karema closed after a hold-up in 2006.

The best teacher in the same village makes 577 Kina (\$215) a fortnight. He hopes this will rise to 700 Kina (\$280) when head office catches up with his promotion earlier this year.

Like the aid post worker, the 32-year-old head teacher, his wife and child live on credit for the food they cannot grow - rice, flour and sugar - between trips to the ATM.

But most of the 500 or so people of Kiawamai survive on much less, selling crabs, smoked fish and coconuts at the Kikori market, and with luck shark fins worth as much as 300 Kina (\$75) to crew from the Malaysian logging company out-

build on stilts and frequented by crocodiles, some of which could be seen peering beneath the house of an enterprising resident, who said he planned to skin and eat them.

In Kiawamai village, a few kibi-metres east, I met Simeon Aukuri, 38, who supports his wife and their three children, aged four to 15 by fishing and raising pigs.

He told me the two pigs he fattened in 2009 had paid for a generator bought for him by his school-teacher brother-in-law on a trip to Moresby.

And another two pigs raised last year yielded a TV set with built-in DVD player.

Like Rhonda Raymond, Simeon and his wife, Heisy, have had their share of medical emergencies.

They spent three months with their eldest son while he was in hospital with TB in Kapuna, 30km north-east, about four years ago.

They looked and washed for him during his long convalescence.

"He caught TB in the village. Many people have TB in this village," Simeon said.



Rhonda Raymond

## The simple way of life in PNG villages means

LIFE and death at the mouth of the Aiaf River can hinge on the tide and a drum of Zoom.

Last year, Rhonda Raymond, of Kinomere village in the muddy mangrove delta lands of Gulf Province, carried her daughter, Cynthia, then 15, nearly 300km by dinghy for surgery for appendicitis at Port Moresby Hospital.

The doctor at Kikori Hospital, 26km upstream from Kinomere, diagnosed Cynthia with appendicitis but could not perform surgery.

Luckily, Rhonda had means to reach Port Moresby - her fibreglass dinghy with a 10hp outboard motor.

She had made the trip many times before with paying passengers from her village, so she headed up her outboard with Zoom - worth 7 kina

“Last year, Rhonda Raymond, of Kinomere village in the muddy mangrove delta lands of Gulf Province, carried her daughter, Cynthia, nearly 300km by dinghy for surgery for appendicitis

or about \$2.50 a litre in PNG - and got her daughter to the hospital within 24 hours.

Cynthia has recovered and is back at Kikori High School this year, staying with relatives.

Her older brother, Charlie, 24 in

Year 12 and studying hard to matriculate to university and attain his dream of becoming a pilot.

Rhonda, who left school after Year 6, in 1980, says life in the Gulf Province has improved since then in some ways - she has a generator-powered refrigerator and mobile phone but says the region is ignored by the national government.

Her father was an Australian, Charles Raymond, owner of the long gone Gulf Hotel at Baihatu but who has never seen Australia.

Kinomere, like other villages on the Aiaf River delta mudflat, is



TOP: Team leader Hannah Peart with two of her patients  
ABOVE LEFT: Medical Ship CEO Ken Mulligan of Townsville  
ABOVE RIGHT: Volunteer dentist Dr Daryl Holmes of Townsville

## Factbox

**PNG Population:** 6.6mln (2009)  
**Life expectancy:** 57 years  
**GDP growth rate:** 6.6 per cent  
**Infant mortality:** 57 per 1000 live births  
**Dentistry:** 33 dentists  
**Gulf Province Population:** 150,000 (2010)  
**Medical Ship outreach:** From April 7-14 primary health care teams treated 349 people from 13 villages. The Medical Ship returned to the Gulf of Papua last Saturday (23/4) for the second of eight missions planned this year. They will return to Port Moresby on May 6.  
**Health problems:** Back/ knee pain, respiratory disease, wounds, skin and eye disease and malaria.  
**Dental team:** Treated 257 patients, performed 863 procedures and pulled 750 teeth.



Dental assistant Michelle O'Connell, second right, Dr Daryl Holmes, right, and Dr Angela Emery, third right, and other members of the dental team

ting timber upstream from the delta.

Some delta people swap the loggers bananas and coconuts for whisky.

Labouring for the logging company is not lucrative - 60 Kina (\$22) a load for helping the timber on to barges.

Work is increasing for skilled and unskilled labour on the liquid natural gas pipeline under construction between the highlands and Port Moresby, via the gulf.

But I found fears about the impact on traditional fishing grounds of the procession of pipe-loaded barges up the Aiaf River, despite Exxon's swiftness of cash for sustainable development projects.

Despite having so little by the benchmark of our air-conditioned haven on the MV Pacific Link, people from Mirimarau, the smallest, poorest village at the river mouth, welcomed us on the night of our arrival with a canoe load of baramundi and shark. We feasted on their generosity.

Ken Mulligan, CEO of the Medical Ship and 2006 Townsville Citizen of the Year, says his organisation is working in the Gulf and Western Provinces because of their great need and also their proximity to Australia.

His \$2.3 million budget for 2011 will be met in part by an estimated \$2.3 million in donated labour by crew, medical and executive staff.

Vacancies still exist for volunteers in six outreaches between

now and September 10. Some return time after time, such as engineer George Holmes-Kinassila, 42 - the oldest man on board - who has made 22 voyages on MV Pacific Link since 1996.

The Gulf and Western provincial governments are helping to cover the cost of fuel, estimated at \$130,000.

Mr Mulligan, team leader and Zodiac skipper on the first outreach, sees an increasing role for local people in the project.

The first mate and two of the MV Pacific Link's deckhands are PNG nationals.

"We want to make sure we make room for locals and build their presence in the midst of what we do," he said as we rolled back towards Port Moresby last week.

"That will take time, it's not short-term. As we engage with dental and medical schools their presence will increase.

"I did not want to come into PNG and say, 'here we are - we are the

answer'. I think PNG has a lot to offer young people in Australia in bringing a sense of purpose to those who will participate with us in future.

"We don't mind anyone joining us, regardless of their beliefs, as long as they come to assist the general cause."

Mr Mulligan said he had heard a Japanese car company was considering 'I Want To Live' as a sales catchery.

"I hope we have it sealed," he joked.

But the affirmation which shocks me when I saw it spelt out in the deceptive solitude of the gulf is a cry of the heart not a catchery.

The motto brings two worlds together, two needs together. "Mr Mulligan said.

"In Australia it means, 'Do you want to live?' Try giving your life to others. In PNG the question is 'How can I live?' - without basic services we take for granted in Australia."

By Ian Frazer

decade because of rising sea levels.

Teachers and aid post workers in the gulf's mangrove-tinged slaves have to cope with crumbling buildings, under-staffing, low pay, exorbitant fuel costs and patchy mobile phone coverage.

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But money is tight in the gulf.

## survival can hinge on a dinghy

Kinomere woman died when she was a girl.

"Life is better now than when I was a girl," she said.

"Fishing is good, plenty of food, fish, crab, sago. We sell fish at Kikori for rice, sugar and flour."

I met Rhonda when she arrived on high tide in her spacious dinghy to carry the Medical Ship's primary health care team and its 40kg of pharmaceuticals along a couple of

buoy rivers to her village.

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built on stilts and frequented by crocodiles, some of which could be seen peering beneath the house of an enterprising resident, who said he planned to skin and eat them.

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Simeon and Heisy Aukuri of Kiawamai village

\*Courtesy of the Townsville Bulletin

\*Courtesy of the Townsville Bulletin

# Eye-care missions to Papua New Guinea have seen 80,000 people

Ophthalmologists and optometrists wanted for health-care-delivery programs

Eye-care missions to Papua New Guinea by YWAM (pronounced why-wham) have seen 80,000 people to date, with more to be seen in the future.

In order to continue its programs, the organisation is seeking ophthalmologists and optometrists to join its missions to PNG, as part of its health-care-delivery programs, which are run regularly as the heart of what its medical ship *Pacific Link* does.

Programs are run through primary-health-care, ophthalmology, optometry and dentistry clinics.

Ophthalmology is a critical component in restoring sight in PNG. YWAM is seeking ophthalmologists and ophthalmological nurses who can assist in its onboard operating theatre helping to give back sight through cataract surgeries.

One ophthalmologist and at least three registered nurses are required for this team.

YWAM says there is so much joy in simply handing a pair of spectacles to someone who otherwise would have very low vision. Optometrists and assistants are needed to help prescribe appropriate spectacles to help make dreams come true!

At least one optometrist is required for that team.

YWAM is a non-denominational Christian youth organisation operating in many diverse cultures and nations around the world "committed to training and facilitating community projects and programs that meet the practical, spiritual and physical needs of people in the communities served".

The organisation conducts more than 800 courses and seminars in centres around the world to enable young leaders and volunteers to serve in this way.

YWAM is a not-for-profit charitable volunteer organisation that currently operates in over 1000 locations and 150 countries, with over 16,000 staff. It has a decentralised structure which encourages individual centres to adapt to meet the needs of the communities served by actively providing every

person with access to good health care, food, drinking water and shelter; opportunity for education; expression of culture, arts and entertainment; healthy relationships; exposure to Christian faith and values; fair and productive government; and opportunity to work and develop.

## NON-PROFIT ORGANISATION

YWAM has operated ships in the Pacific nations since 1991, which have called on 160 ports in 16 nations, including hundreds of island visits, providing over \$37.5 million worth of free services to over 300,000 people, including eye care to more than 80,000 people; dentistry 50,000 procedures to 37,000 people; primary health care to more than 70,000 people; and 37 housing projects.

In 2010 the organisation's *Pacific Link* medical ship came under the

management of YWAM Australia and is now based in Townsville, Queensland.

The organisation has developed a five-year strategic plan for YWAM medical ships to provide health care services in Papua New Guinea and to provide opportunities for young Australians to serve others.

There are many ways to get involved with the medical ship outreach to PNG, not all being for members of the professions.

For example, organising children's programs while their parents wait for clinics, helping distribute spectacles on behalf of the program optometrists, or even cooking in the onboard kitchen.

One of the medical coordinators oversees each medical team and arranges for supplies and equipment.

The primary-health-care program

runs every outreach and has an emphasis on health education, malaria treatment and prevention, and maternal health. Basic wound care and general health are constant needs.

The cost to program participants is \$790, which covers food and accommodation; advance work and preparation of outreach; transport costs (pickup and drop-off at airport in PNG); medical supplies and equipment; and uniform (2 shirts).

Not covered are travel between home country and PNG (e.g. flights); travel insurance; visa to PNG; personal spending money; any immunisations required; and any extra team items that a participant would like to purchase for donation to YWAM medical ships or the community, such as small toys, Bibles (English/Pidgin/Motu), sunglasses and reading glasses (+1.00 to +2.00 needed most), medical equipment and supplies, school supplies and kids program supplies. ■



EVERYONE READS INSIGHT!

# Where Matty is king

Matty Bowen and Johnathan Thurston are revered in PNG, where a passion for rugby league links the 49 villages in the Gulf Province's East Kikori district  
by Ian Frazer

CROCODILES have many names in PNG - Puk Puk on the north coast and Isapea or Siapea on the south coast, west of Port Moresby.

The saltwater variety lurk in the mangrove-fringed estuaries of Gulf Province and brood in wooden pens before slaughter for skins and meat.

Crew members of the Townsville-based Medical Ship, *MV Pacific Link* sometimes glimpse this breed of Isapea on their health outreaches to this province's riverine villages. Simultaneously they have found a breeding ground for crocodiles of a different ilk - the Gulf Isapeas.

After a long absence from PNG's domestic rugby league competition, the Prims Gulf Isapeas rejoin the fray today with a first-round home game in Port Moresby.

The side will play all home games in the PNG capital, pending the upgrading of their ground at Malalana, near the Gulf Province town of Terapeo.

A love of rugby league links the 49 villages in the province's East Kikori district where the Medical Ship is working.

During a visit last month, I saw 50 or so men and boys from a tiny village at the mouth of the Aini River training to play matches in three grades against their neighbours.

The matches were a week away, entailing a 4km canoe journey to a village across the bay.

Recruits in ragged NRL jumpers trained in bare feet on a black-sand beach studded with remains of coconut trees killed by a king tide. Crew members from the Medical Ship, including Townsville dentist Daryl Holmes, joined in two hours of touch football and basic drills.

Villages usually arrange matches in an exchange of letters between rugby league committees. Mobile phone coverage in

this part of the province is patchy, despite the recent erection of a transmission tower by telecommunications company Digicel - the sponsor of the PNG National Rugby League competition. Inter-village games are generally played on a home-and-away basis, but in the case of these Aini River rivals only one had a suitable field.

Participants in the scratch touch game played with great guile and speed.

A primary school teacher later told me that children picked up the fundamentals without any coaching. While soccer, volleyball and basketball are also popular, rugby league is regarded as PNG's national sport and it said to be played by two million of the country's six million people.

North Queensland Cowboys indigenous stars Johnathan Thurston and Matt Bowen are revered in Port Moresby, larger than life on billboards for Trukai Rice - a Cowboys sponsor. Bowen has also taken on some health promotion work for Youth With A Mission, the international Christian youth organisation that operates the Medical Ship. Introduced by Australian troops during World War II, rugby league thrived in Gulf province until about a decade ago.

Meanwhile, former PNG Kumuls five-eight Ifiso Segeyaro, father of North Queensland Cowboys' hooker James Segeyaro, is driving the development of a schoolboy competition. Segeyaro Sr has been working on a schools' competition since 2003 to tap into PNG's talent pool.

James Segeyaro, who made his first-grade debut in March against Melbourne Storm, learnt his football in Cairns after moving from PNG aged seven.

"Everyone loves footy over there," he said. "It's pretty much a religion."

But he said players were very poorly paid, by Australian standards. He planned to return as often as he could to help his father with junior development and ultimately hopes to play for the Kumuls.



ABOVE: A PNG Gulf Province man looks at instructions on using a mozzie net to prevent malaria. In Motu, it essentially something close to "No Mosquitoes, No Malaria"  
INSET: PNG-born Cowboys player James Segeyaro  
LEFT: Inavia, of Verabari in PNG's Gulf Province, holds one of the village's only rugby balls

# ADVENTURES IN PNG



Aussie kids learn about life in Papua New Guinea...

## AUSSIE KIDS VISIT PNG

NATHAN and Joel Humphreys are two young Australian boys having an amazing adventure. This year their family took three months to caravan around Australia.

Nathan and Joel's mum is a nurse and their dad is a builder and primary health care worker. In the middle of their trip, they decided to fly to Papua New Guinea and volunteer onboard the YWAM Medical Ship.

Nathan, 11, and Joel, 9, have been having lots of adventures. They get to ride on a ship in some of the most beautiful parts of the world. They go fishing almost every day and they even got to ride in a genuine dugout canoe!

They've also been working really hard in the medical clinics. Each day they help register patients, taking their names and ages with the help of a translator, and call the patients in to see the doctor.

They take the prescription to the clinic pharmacy and help make sure people get the proper medications.

Sometimes when the mamas and papas are busy with the doctors, Nathan and Joel entertain the kids with games.

## KIDS LIKE ME...

### Travel by Dugout Canoe

Could you imagine life without any roads? In PNG's Gulf Province there are almost no roads at all. Most villages are totally isolated from anywhere else in the world except for a muddy bush walk to a neighbouring village.

Instead of roads, people travel on rivers. There are massive rivers that are so wide you might think you're in the ocean, because you can't see the opposite shore. There are also smaller rivers that are overgrown with bushes and trees and which have lots of crocodiles.

It looks like the most epic adventure.

Most people carve their own dugout canoes out of a tree and paddle where they need to go. The nearest place to buy vegetables might be a two-day paddle away - or more! Some villages have a motored dinghy but there are very few places to purchase fuel.

YWAM's Medical Ship is one of the only ways to get some of the much needed medical supplies and doctors to people who really need it.

Korba, from Veraibait Village, riding in his dugout canoe



"I had a great time in the village. I made lots of friends and I drank water out of a coconut. I had a fun time playing and I went in a dugout canoe. It was fun teaching exercises to everyone. My time was there was great."  
- Joel Humphreys

## Something to think about

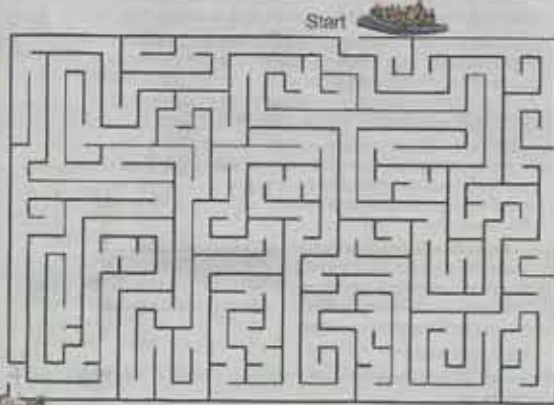
Is there a fun adventure you'd like to go on? Volunteering holidays are becoming more and more popular. In the midst of planning your next adventure, can you think of someone there you could help?



"I was pretty excited to have my first day in a village. The huts were amazing and the dugout canoes were cool. My favourite part of the day would have been the canoe ride. I taught people exercises and how to brush their teeth and that was pretty fun. Can't wait till tomorrow."  
- Nathan Humphreys



Do the YWAM maze



The Humphreys boys would travel in The Zodiac boat, provided by the Lions Club Of Australia, to help take patients to the YWAM Medical Ship. Can you complete the maze to help get the Zodiac with its full load of patients to the ship?

\*Courtesy of the Townsville Bulletin

# WHAT'S GREAT ABOUT PNG



Learning about life in PNG...

## I LIKE PNG BECAUSE...

"I like Papua New Guinea because we have a lot of fish. Some of these fish we eat and others are exported to other countries."

- SENDRAH TORU, Grade 7

"I like Papua New Guinea because our country is a democratic country and we are free to do what we want and go where we want to go. Nobody will control you."

- KEIMU VAIL, Grade 8

"I like Papua New Guinea because we have a lot of raw materials that are exported to overseas. Examples are cocoa, coffee, cooper ore, gold, timber, etc."

- ESTHER ANEA, Grade 8

"I like Papua New Guinea because we have no deserts. All parts of PNG are covered by green trees and grass that provide us with oxygen."

- MANSO AIAUME

"I like Papua New Guinea because we do not experience the winter as in the north and south pole."

- GERRY JEFFERY

"I like Papua New Guinea because our population is less than 10 million and our land mass could cater for this number of people."

- MERISA MALAKU, Grade 8

"I like Papua New Guinea because our soil is very fertile for growing vegetables such as potato, yam, banana, sweet potato, pineapples, and etc."

- KONIE, Grade 8

"I like Papua New Guinea because we do not need cash (money) very much because everything we need such as food and materials for building houses, comes from the environment."

- CHRIS BUII



## Something to think about

How is life for kids in PNG different than yours? How is it the same? What do you have in your life to be thankful for as an Aussie kid that PNG kids might not have?

## PNG Pen Pals

The YWAM Medical Ship visited four school rooms at the school in Kivaumai and taught the students about health care. Children go to school there from Grade 1-8. The youth at the Kivaumai schoolhouse wrote to tell you what they like about PNG. Why not write a letter back to them from the students in your class? You can mail it to:

Teacher Jeffery  
Kivaumai #01 and #02 Village  
East Kikori LLG  
PO Box Baimuru  
Baimuru, Gulf Province  
PNG

## KIDS LIKE ME...

Go to school in a straw hut.



Would like to thank:



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Would like to thank:



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\*Courtesy of the Townsville Bulletin

# LIVING IN PNG

Learning about life in PNG...



## VISITING THE VILLAGE OF GAURI...

Gauri is a village on the Alai River. There are many wonderful people who live in Gauri and many children who love to run and play.

Life in Gauri is very difficult. Every month when the tides are high, the river waters come right up to their houses, even though they are built on stilts. They keep dugout canoes near their front doors so they can paddle away to get things they need.

Though they have clever ways to cope with the weather and terrain, it is still a very challenging life. The water damages their houses so much that they must be rebuilt every couple of years.

When the water goes away, the ground is still very muddy so things are always very messy and the soil is not good for growing vegetables. Gauri people have thought of moving somewhere else, but other people own all of the land around them so there is nowhere to go.

Even though life is hard, the people of Gauri also

say that they have good things. There are many big fish and crab in the river which they catch and trade with people inland for yummy sweet potatoes, bananas and pawpaws.

Still, the people of Gauri sometimes say they feel forgotten. That's why it was so special when the YWAM Medical Ship had to take an unexpected detour and ended up at Gauri.

For the second year in a row, Gauri was the very first place that the ship visited!

Doctors, nurses and dentists helped 73 people in Gauri who were in need of some important medical attention - that's about a third of the population there!

They were all so grateful and it made a huge impact on everyone in the community.



Primary health care worker Neville Humphreys treats a baby from Gauri village



A boy from Gauri village learns to brush his teeth



Dr Grace Ilabe helps a little girl from Gauri village get to the health care clinic

### Something to think about

How do you react when life is difficult? Do you find creative ways to solve problems? We always have challenges in life; what can you do today to be grateful instead of complain?

### YWAM WORD SEARCH ACTIVITY...

A	H	E	A	L	T	H	C	A	R	E	A	S	H	Y
E	B	S	R	S	M	D	T	M	G	S	B	T	L	W
P	A	P	U	A	N	E	W	G	U	I	N	E	A	A
O	R	S	T	G	L	N	D	N	P	D	E	A	N	M
H	C	I	A	O	F	T	P	I	N	H	T	A	A	R
E	S	U	O	H	S	I	F	S	C	A	N	O	E	T
L	R	N	N	U	R	S	E	S	H	A	S	T	A	L
I	A	R	D	O	C	T	O	R	H	N	L	S	H	E

PAPUA NEW GUINEA  
HOPE  
SAGO  
MUD  
MEDICAL  
SHIP  
DENTIST  
DOCTOR  
YWAM

CANOE  
HOUSE  
FISH  
CRAB  
GAURI  
NURSES  
HEALTHCARE  
BANANA



Dorothy, from Veraibari village, bathing in the river

### KIDS LIKE ME...

Take their baths in a river!

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\*Courtesy of the Townsville Bulletin

# MALNUTRITION IN PNG

Learning about PNG food challenges...



## WHERE DO PEOPLE IN PNG GET THEIR FOOD...

IN the Gulf Province, where the YWAM Medical Ship visits, there are only about four grocery stores.

Could you imagine there only being four grocery stores in all of Queensland? And get this! Those stores don't even sell things like fruits and vegetables or meat!

For most people in these areas, they have to grow and catch their own food.

In some places, they live along the ocean or the river where they catch barramundi (sometimes huge ones), crabs and prawns for many of their meals.

In other places, they are able to grow gardens so they can eat kaukau (sweet potatoes), taro, bananas, pineapple, pumpkin, greens, and coconut.

Almost everywhere in the Gulf they eat sago. Sago is made when you chop a tree, strain it with water, and then use the starch that is left to make a bread-type meal.

Even though the people in the Gulf are very resourceful, there are many challenges with food. If the fish are not biting, people often go hungry.

Many of the children do not get enough food. They are often smaller than most kids their age in other parts of the world because they can't get the nutrition to grow. This also means that when they get sick, their body does not have the energy to fight infection off.

The YWAM Medical Ship helps teach kids and their parents about healthy foods and how to find foods in their area that can round out their diet. This will help the kids to grow and have healthy immune systems.

### KIDS LIKE ME...

Make sago to eat!



Nia from Veraibari Village making sago

### MAKE YOUR OWN PNG DINNER...

You can try to make your own PNG dinner, but first, be sure to ask a parent for help as you'll need to use the oven!

#### PALLAURA'S FISH SAGO

- 1 kg Sago\*
- 2 Fish Fillets, chopped into cubes
- 3 Onions, chopped
- 5 Garlic Cloves, finely chopped
- 1 Pinch of Salt
- 1/4 Cup of Fish Sauce

Mix all ingredients together in a piece of foil and roll it all up together. Let marinate for 15 minutes, then bake at 180 Degrees for 20 min or until Fish is cooked through.

\* Sago can be found at a local Asian supermarket



### Something to think about

What are some of the things you've learned about healthy eating? Do you make sure to eat lots of quality foods, including a heap of fruits and veges each day? Have you ever thought about sharing the food you have with someone who is in need?

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ARMED AND HELPFUL: Clean-up volunteers Nathan Baldock, Bethany Kendal, Jeff Riepe, Dexter Bird and Lindsey Cullison get ready to move through the city Photo: MEGAN TAYLOR

# Cleaning in to history

by Alexis Gillham

TOWNSVILLE residents will create history today as part of Queensland's largest special-ised volunteer clean-up.

Operation Townsville Restorers is expected to involve more than 600 people clearing local Townsville properties of trees and debris.

pieces of equipment, like chainsaws. The council's Community Safety chairman Cr Dale Last said the biggest difficulty was the large area to be covered.

and out to Woodstock... It's a very large area. He said from 8am, each councillor would take charge of their own division.

There are 12 divisions so each councillor will be given four or five work teams and will go out with their respective teams," he said.

Meanwhile, power is expected to be returned to the 500 Townsville houses still without power by the end of the weekend.

# Tropical Cyclone Yasi: The Aftermath



COUNCILLOR Deanne Bell (blue shirt) talks with a person wishing to volunteer for the mammoth clean up operation around Townsville left in the wake of Cyclone Yasi Photo: TROY RODGERS JUNEBOOT

# Call goes out for keen volunteers

RESIDENTS are being called upon to assist elderly and unsupported people of the city with the clean up following Cyclone Yasi. Townsville City Council has launched a volunteer assistance program which aims to match people in hardship with the volunteers who have offered assistance.

least clean up their own yards where possible. Deputy Chair of the Townsville Local Disaster Management Group, Dale Last, said a call centre had been set up at council for anyone wanting to help with calls accepted from 9am to 5pm on 4773 8333.

# Call to arms

## Council sets up hotline for clean-up volunteers

by Emily Macdonald

TOWNSVILLE will overcome the fallout from Cyclone Yasi using the power of community spirit with council launching a volunteer campaign to clean up for residents unable to do it themselves.

dents in need of a hand - including the elderly, the disabled or the financially and physically hamstrung - can register on a special hotline ahead of a clean-up on the weekend.

will launch the program today with the aim of matching people in hardship with the volunteers who have offered help.

» inside

Electricity latest

Which schools are open today

How to handle traffic-light chaos

Reports, photos pages 3-11, 32-34

Continued page 4

\*Courtesy of the Townsville Bulletin

# Volunteers to the rescue

by Rachel Youne



TOWNSVILLE City Council has been swamped by calls from residents who need help cleaning up their properties in the aftermath of Cyclone Yasi but hundreds of volunteers are set to come to the rescue this weekend. The council launched the volunteer assistance program to help elderly and un-supported people with the extensive clean-up and will match homes with people who are willing to help.

Townsville Local Disaster Management Group deputy chairman Cr Dale Last said a call centre for the program had already received hundreds of inquiries.

Cr Last said initially about 80 per cent of the calls had been from residents who needed a hand, with 300 calls received in the first 24 hours, but since then businesses had jumped on board offering a mass of support.

## Volunteering or needing help

**REGISTER to volunteer if:**

- You are healthy and over 18 and have photo identification.
- You are available for the full day either Saturday or Sunday.
- You have your own transport.
- You have covered shoes, long pants, sunscreen, hat.
- You are willing to do physical work removing

branches and debris from homes.

**Please register for assistance if:**

- You cannot get friends and family to help you.
- If your tree is NOT against your house or power line.
- If you have called your insurance company.
- If you are a tenant, you have asked the property owner for approval to register.

"We need as many (volunteers) as we possibly can and really this is a chance for Townsville to show we do care about everyone in our community and we're genuine about getting this town back in shape and back to normal," he said.

"We're getting a lot of calls from elderly people and that's what this weekend's all about - helping that section of the community who really need some help cleaning up their yards."

Cr Last said any trees on

powerlines would be left in the hands of Ergon Energy while trees on houses would be dealt with by the SES.

Volunteers, particularly those with chainsaw experience, are encouraged to join. Volunteers need to call and register to be given details of assembly points. They need to be prepared to work between 9am and 4pm one or both days.

Councillors and volunteers are manning the call centre from 9am to 5pm on 4773 8333.



HELPERS: YWAM volunteer Kaylee Bateman is helping Townsville City Council's employees take details of people who would like to volunteer for the clean-up effort. Photo: TROY RODGERS

# A mission to help others

In profile: Cyclone Yasi hero Julie McLaughlin

by Ian Frazer



Julie McLaughlin

## a photo I love



This picture was taken last year in Port Moresby, Papua New Guinea, with a group of students from the Gulf Province. To me it represents the young people of PNG, so much a part of what we are doing there with the medical ship. I see these young people and the potential they have for doing everything they were created to do.

## my inspiration



My colleagues at Youth With A Mission are my inspiration. In receiving a Disaster Heroes award I feel they are much more deserving than me. In terms of inspiration there is something significant about each person doing their part, no matter what it looks like. I could not have done what I did without them. They come from so many different places, each one of them with a unique story. Sometimes I look at the people around me and say "wow" - there are things about them that are so inspiring.

KANSAS-born Julie McLaughlin feels at home in Queensland.

But she squirms at the idea of having been named a Queensland Disaster Hero.

The former science teacher, now a project co-ordinator with international Christian youth group Youth With A Mission, will be officially recognised tomorrow.

Julie is among 15 people from the Townsville region named as disaster heroes for voluntary relief work after Cyclone Yasi, on February 2.

Premier Anna Bligh will personally congratulate them at a ceremony at Brothers League Club, Kirwan, at 12.30pm, marking Queensland Week.

Similar gatherings will be held in Tully, Emerald, Rockhampton and the southeast, recognising more than 3300 people nominated after the cyclone and disastrous floods of the 2010-11 wet season.

Ms McLaughlin says she sees herself as a representative of about 200 helpers from the mission group who lent a hand around their neighbourhood in West End after the cyclone.

"If you are talking about heroes it would be better to reward everyone - I feel funny about being named as a hero," she said this week. "I had a hurt knee at the

time, so I couldn't go and pull limbs off trees.

"My job was co-ordinating things and supporting team members.

"I will be accepting the award on behalf of YWAM."

The training organisation, well-known for medical outreach work in Papua New Guinea, had 200 students and staff in its Ingham Rd base and nearby houses as Cyclone Yasi arrived on the night of February 2.

The base lost power for three days but was otherwise unscathed.

At first light the next day, students began calling on neighbours in West End and offering to help clean up.

Ms McLaughlin, who has worked in Townsville for 19 years, contacted the city council, offering the

services of the base's 60-strong outreach team.

Ironically some team members had been preparing to go to Rockhampton to help flood victims the day before the cyclone.

They spent the next fortnight helping other volunteers from organisations such as the State Emergency Service and Salvoes with clean-up and relief efforts around the city.

Several team members with chainsaw tickets cleared fallen trees using equipment from the base's ramping depot.

Meanwhile, Julie acted as the organisation's liaison officer and worked a number of shifts in the council's call centre, co-ordinating assistance for distressed callers.

The citation on her award recognises her unselfish attitude, leadership and willingness to help fellow citizens, especially the disadvantaged.

Youth With A Mission turned out in force for Operation Restore Townsville on February 12, when 400 volunteers helped council staff and SES workers tidy 600 Townsville and Magnetic Island properties.

Then the outreach team split for relief assignments in Cardwell, Innisfail, Rockhampton and Emerald.

Five of the YWAM volunteers from a dozen countries who arrived from the cyclone overnight on February 2, knew what to expect.

In contrast, Julie saw Innisfail after Cyclone Larry in 2006 and had childhood memories of Korois for

her. Her unselfish attitude, leadership and willingness to help fellow citizens, especially the disadvantaged.

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## be part of nq life

Send in your holiday snaps or wedding photos, tell us about a travel destination you loved, suggest a story idea, ask Prudence a question, volunteer yourself or a friend to offer Words of Wisdom. Email photo and details to [nqlife@townsvillebulletin.com.au](mailto:nqlife@townsvillebulletin.com.au) or visit the Your Space page at [townsvillebulletin.com.au](http://townsvillebulletin.com.au)

\*Courtesy of the Townsville Bulletin

\*Courtesy of the Townsville Bulletin



# MAKING FRIENDS IN PNG

Story of a special little boy...



## AETA'S STORY...

THIS is Aeta. He lives in Mirimairau, a village along the sea in PNG's Gulf Province, not far off the coast of Australia.

Mirimairau is a beautiful place with coconut trees, banana trees and thick tropical rainforests lining the river.

Aeta is a very special boy. He is kind to people, curious and fun! He is always up for an adventure and to meet new friends.

Aeta also looks a bit different from the other people in his village because he has a rare skin condition. He often plays alone or wears a hat to cover up some of his face.

Because Aeta looks different, some people in the village don't take much time to get to know him. In fact, they didn't notice he had a very deep and dangerous infection on his leg.

Aeta came to visit the YWAM Medical Ship every day while it was anchored off of Mirimairau, but he was very brave and didn't mention the pain. When the team noticed Aeta was limping, they asked if they could take a look at his leg.

Dr Doug was on board and cleaned up the very deep infection and left Aeta with good bandages to keep the cut clean so it can heal properly.

Aeta made good friends with many people on the ship who will always remember him. He left with a very big smile on his face and a leg feeling much better.



Children from Veraibari Village are happy to see visitors

### Something to think about

What do you do when you meet someone who looks different from you? Do you get to know them and help them? Is there someone you've been ignoring who you could be kind to today?

## COLOUR IN AND WIN...

People in PNG make "bilums" which are woven bags they use to carry everything from the food in their gardens to their children!

They are very colourful. Have a go at colouring your very own bilum. Send your coloured picture to YWAM Medical Ships, PO Box 1959, Townsville, QLD 4810. Include your name, age and phone number. One entry will win their very own PNG bilum!



## KIDS LIKE ME...

Drink out of coconuts



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\*Courtesy of the Townsville Bulletin

# DENTAL CARE IN PNG

Learning about dental hygiene in the Gulf Province...



## A STORY OF TOOTH DECAY...

CAN you imagine what life would be like without a toothbrush or toothpaste?

Think of how stinky your mouth would get and how many cavities you'd have!

Most kids in the Gulf Province of PNG have never had a toothbrush or toothpaste. As a result, they often have a lot of decay. Sometimes, it's so bad that they can't even keep their teeth anymore!

There are only 32 dentists in the entire country. That would be like having only one dentist for all of Townsville. Could you imagine the long lines when people had aching teeth?

When the YWAM Medical Ship heads out to these remote villages, many people with toothaches and cavities line up to see the dentist. Many are children.

One little girl was eight years old. She had never been to the dentist before. Her teeth were so decayed that she had to have 14 teeth pulled at once! It was painful to have that many teeth pulled at once, but she was very brave.

In fact, she didn't even cry but gave a hug to the dentist who was helping her because she was so grateful.

She was also given a toothbrush and toothpaste and taught how to brush her teeth so that as her adult teeth come in, she can take better care of them.



With few opportunities to visit dentists many children in PNG have a lot of tooth decay

### Something to think about

Aren't we so blessed to have such great resources here in Australia? Sometimes we can take our dentist or doctor for granted. Is there someone in your life who helps look after you that you can thank today?

## WHAT YOU CAN DO TO HELP...

DO you want to help the kids in PNG have healthier teeth?

1300 SMILES is doing their part to help bring dentists and supplies and they are inviting you to bring in toothbrushes and toothpaste to their offices to send to PNG.

All you need to do is visit [www.1300smiles.com](http://www.1300smiles.com) to find the office nearest you and hand them in at reception!



## KIDS LIKE ME...

Live in stilted huts...



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\*Courtesy of the Townsville Bulletin

# BEING HEALTHY IN PNG

Learning the values of stretching and good health...



## GETTING HEALTHY FOR LIFE...

DEEP in the heart of Papua New Guinea, YWAM volunteers recently taught 60 to 100 people about health education, and showed them some back, knee and neck stretches.

One of the many people who attended was a man who volunteered at the Porebada Aid Post.

As the primary health worker for this region, he deals with countless cases of people suffering from knee and back pain every day, and has been struggling to provide them with advice and relief.

After finishing the class, he told our YWAM volunteers how educating the class was not only for him, but also for his whole village of 10,000 people.

Now, when people come to him suffering from back and knee pain and

asking for medicine, he can offer them something far more lasting and beneficial. He can encourage and educate people to take care of their bodies by doing the stretches and bending over and picking stuff up properly.

The Porebada volunteer also informed us that the people in the village respected what YWAM was doing in the community and so they really took the teachings to heart.

The Health Education Classes caused the villagers to understand how important it is to take care of their bodies through simple exercises and how they can look out for one another just by reminding each other to stretch.

Through empowering and educating this First Aid post volunteer, the skills imparted by the YWAM Ship volunteers will be able continue impacting the people in the village.

## START STRETCHING...

The North Queensland Cowboys are a favourite team in PNG. In fact, some people show up to health classes because they get to learn about healthy living from the Cowboys through the training materials we give them.

Cowboys player, James Segeyaro, who is from Papua New Guinea, recently took to the field to pose for some new training materials for YWAM to use in PNG.

Try the stretches yourself - do them with your class, a couple of mates or at home with your family!



## Something to think about

Do you take care of your body? What is your favourite way to get active and live a healthy life?

## KIDS LIKE ME...

like to play footy...



Inavia gets ready to play footy with his mates

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## words of wisdom

What has life taught you?



Ken Mulligan, CEO Youth With A Mission Medical Ship

A leader of the Townsville base of international Christian youth organisation YWAM for more than 20 years, Ken Mulligan 51, is CEO of the voluntary medical ship team, bringing health care to the Gulf Province of PNG. He was Townsville's Citizen of the Year in 2008.

**What's been your greatest pleasure in life?**  
I really love working with people. Besides my wife and family I feel privileged to work with so many bright young people, through their joys and loves.

**Greatest pain?**  
I work with so many people. It's when you don't see someone be all they could be. I have high hopes. Some find it hard going when they don't know who they are.

**What's your guiding principle?**  
I have a great belief in people. I believe that things do not need to stay the way

they are. I have seen that many times.  
**What's your view of providence and chance?**

I believe in a sovereign aspect to life. It's important to take opportunities with wisdom. I am not a fatalist. I believe we need to understand that providence means an understanding of who we are and why we are created, with a willingness to get exposure to life and live it. You cannot be a spectator.

**What did you learn from your parents?**  
My father taught me to persevere regardless of the odds. Not that he said that. It was the

way he lived. He just kept going. My parents are a faithful couple, married for 50 years.

**Your children?**  
To ask myself, 'who is the adult in this situation?'

**What's your tip for a young person just starting out in life?**  
One of the key things is to learn how to work under authority and help other people through serving. True freedom exists when you understand the parameters of life. Don't be afraid to confront your fears and doubts. If you don't who will?

## Neighbourly hand

Opinion  
Jeffrey Wall, CBE

LAST week I had the privilege of addressing a very well attended business breakfast in Townsville to support the work of the YWAM Medical Ship program in Papua New Guinea.

I began my address by reminding guests that Papua New Guinea, not Indonesia, not New Zealand, is our closest neighbour. And it is also a neighbour that needs help, and our help in particular.

I have been associated with PNG for more than three decades. I have worked for and with Prime Ministers, Senior Ministers, and with the business sector in PNG in various roles over that period.

My experience tells me that the YWAM Medical Ship program has the potential to assist the people of PNG in a way few other programs, government and non-government, have been able to do.

Three years ago the YWAM CEO, Ken Mulligan, and the Medical Ship program patron, Hon Mike Reynolds, met with me to discuss the prospects of the medical ship program being extended to PNG.

It took me about 10 minutes to realise this program was exactly what Papua New Guinea, and its people, desperately needed and deserved.

The first visit to the Gulf Province in 2010 exceeded the



HOPE FLOATS: a group of patients board the YWAM Medical Ship in the Gulf Province of Papua New Guinea

best expectations of YWAM. It also paved the way for this year's expanded program, and brought into focus the long-term need to expand the program considerably.

Papua New Guinea is resource rich, but when it comes to the delivery of basic services to the seven million people of PNG, the performance is poor. Improvements are being made by the national and provincial governments, but it will take years to ensure every Papua New Guinean family has access to even the most basic health, school education services and reliable fresh water and sanitary services.

The health services YWAM is taking to Papua New Guinea are making a real difference in the lives of thousands of villagers in the Gulf and Fly River provinces.

Last year, in just 26 days, a total of 15,296 services were provided in 15 villages along the Papuan coast.

For many of the villagers, the visit by the YWAM vessel was their first contact with dentists, optometrists, doctors and other health workers in years and for some many years.

The impact this year will be even greater, and it will extend inland to villages along the Fly River, which suffered enormous

environmental damage when the Ok Tedi mine began operations almost 30 years ago.

The Townsville business and professional communities have been generous in supporting the YWAM Medical Ship project. It is always dangerous to single out individuals, but Peter Honeycombe and Daryl Holmes are setting a magnificent example they should be proud of. And so have the churches and community groups, the Townsville Regional Council and federal and state political representatives.

That support is invaluable, but as the magnificent services YWAM is providing thousands of our closest neighbours in their time of need becomes more widely known in Papua New Guinea, the demand will escalate. The capacity of YWAM to meet that demand with the existing ageing vessel will be stretched to the limit.

Ken Mulligan, Mike Reynolds, and their team at YWAM know this. That is why plans are well advanced for a new vessel.

Through supporting the YWAM medical ship program, we can 'make a difference' in the lives of tens of thousands of village people who live closer to Townsville than the people of Brisbane do.

Jeffrey Wall was awarded the OBE (1992) and CBE (2009) for his services to the government and people of Papua New Guinea.

\*Courtesy of the Townsville Bulletin

# LIFE ON A SHIP IN PNG

Helping patients and meeting the locals is all in a day's work...



## ALL ABOARD...

Debbie Bollinger is a volunteer on the YWAM ship who is in charge of running clinics during the outreaches. She loves PNG and loves living on the ship! Read what she has to say about it:

### What's fun about living on a medical ship?

"I love that there are so many fun people living on board. You can play games together, and hang out and talk with them."

Another thing is being able to walk out on to the deck and looking out and just seeing jungle. It feels like you've stepped into National Geographic."

### What is it like to sail?

"Some people get sick, but I am able to take medicine that helps me avoid that. If you try walking around the ship during a sail, you can't walk in a straight line. It's quite fun!"

"Sometimes there are dolphins that swim next to the ship, and we just sit on the edge up against the railing and watch them swimming and jumping."

### What's the most interesting thing you've seen at a clinic?

"Some people have come to the clinics with parrots or a cuscus on their heads!"

"We've had people come who are completely blind from cataracts, which means that they have a white film over their eyes, but we are able to do surgeries that remove it so they can see again."

### What is it like hanging out with kids in PNG?

"They love playing chasing games, like tag. There are some that can't speak English, but they love to hang out with you anyway. They follow you around and ask to carry your stuff and hold your hand."

"They help their parents with gardening and other work, and are always the first to volunteer to help the ship when we need something!"

"They don't have much, and they don't have many nice things, but they're the happiest people you'll meet!"

What an adventure it is to live on a medical ship! What have you dreamed of doing when you get older? What adventures can you make happen right now even while going to school?



Debbie Bollinger

Congratulations to our bilum winners: Helen White, age 11, from Bluewater State School and Emma Jenkins, age 7, from St Joseph's The Strand

The YWAM Medical Ship



Kathy from Veraibari Village practises her weaving

## LEARN PIGIN ENGLISH

My name is \_\_\_ = Nem bilong mi  
 What is your name? = Kolim nem bilong yu?  
 Food = Kalkal  
 Water = Wara

Thank you = Tenkyu  
 Good Morning = Gud moring  
 Good Afternoon = Gud afinun ( apinun )  
 Good Night = Gud nait

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\*Courtesy of the Townsville Bulletin

# REPAIRING SIGHT IN PNG

Volunteers test children's eyesight to give them a clearer future...



## LOOKING AHEAD...

While the YWAM Medical Ship was on outreach in Papua New Guinea, an optometrist from Cairns went to a school in Port Moresby to test the kids' eyesight. His last patient of the day, however, wasn't a kid - he was the bus driver, and the one who was also driving the outreach team around!

"He complained his glasses weren't working," Alex, the optometrist, said.

"He wasn't seeing too well with them at all."

"We were able to find him a pair of glasses that worked much better, and he drove the whole optometry and medical team home with a big grin and a thumbs up. The ride wasn't much smoother, but we did feel safer."

There's not very much help for the people in PNG who need glasses, so our optometrist was glad to be able to give so

many people the chance to see properly.

Alex said he was amazed at how many people they could help, and that many of those people knew they needed glasses, but just couldn't afford them.

**Something to think about:** Could you imagine what life would be like not being able to see properly? Take a look at the activity for this week and see how you can help out those people who can't see properly and can't afford the glasses they need.

**Activity:** Drop off glasses at your local Lions Club! Do you or your family members have used glasses or sunnies lying around which no one uses anymore? Ask them if they would donate them to help people in PNG, and then deliver them together to your local Lions Club. They will get them to PNG for our outreach teams to give out to people who need them!



Volunteer Casey Unruh testing eyesight



Warren is hoping for a big catch



Donated glasses waiting for their new owners



Joel Maikere checks out his new glasses

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\*Courtesy of the Townsville Bulletin

# DID YOU KNOW ... ABOUT PNG?



**DID YOU KNOW...?**

Facts about our closest neighbour...

Did you know that PNG is the closest country to us?  
 Did you know that almost 7 million people live there?  
 Or that the highest mountain peak there is 4509m tall?  
 Here are some other facts about PNG:

- The capital is Port Moresby.
  - The amount of land in PNG is a little over 460,000 square km.
  - There are 20 provinces (including the National Capital District)
  - PNG became a nation in 1975.
- Now let's look at how that compares to Australia!
- A little over 22 million people live here.
  - Mount Kosciuszko is the tallest point in Australia at 2228m.
  - Our capital is Canberra.
  - The amount of land in Australia is 7,686,850 square kilometres.
  - There are six states and two territories.
  - Australia became a nation in 1901.

It's a big world... what other countries are around Australia?  
 How do they compare to Australia? While it's fun to find out these facts, a lot of nations aren't as well off as we are here in Australia. That's why the YWAM Medical Ship does what it does!

But you don't need a ship to make the world a better place...what can you do to help someone around you today?



Children from a fishing settlement in the Western Province show off their balloons

**KIDS LIKE ME...**

use community long drops...



Kababa showing the community long drop

**ACTIVITY: WORD SCRAMBLE**

Unscramble these words from the article, and then put the circled letters in order in the spaces below to reveal the sentence:

- EARCBRNA = ( ) \_\_\_\_\_
- DLIMECA = ( ) \_\_\_\_\_
- ROPT BEOMRYS = ( ) \_\_\_\_\_
- UAAPP WNE NIEUGA = ( ) \_\_\_\_\_
- HPS = ( ) \_\_\_\_\_
- SAIRLAAUT = ( ) \_\_\_\_\_
- PNG OUR \_\_\_\_\_ NEIGHBOUR

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\*Courtesy of the Townsville Bulletin

# CLOSER LOOK AT PACIFIC LINK



Dissecting the YWAM Medical Ship ...

**ALL ABOARD...!**

If you've ever been on a medical ship you might have heard the crew talking about areas of the ship or names for things and you had no clue what they were!

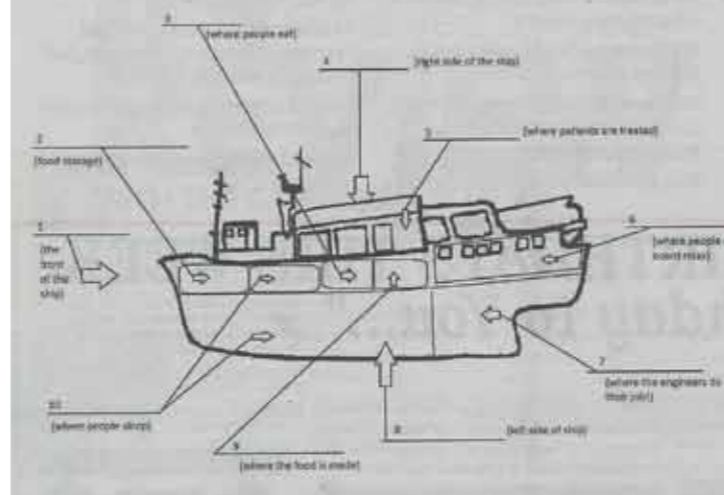
Well, today we're going to look at different areas of the Pacific Link (the YWAM Medical Ship) and figure out what all these words mean! Here are a few terms you might hear if you're on board:

- Lounge** - where everyone on board goes to relax and hang out.
- Port Side** - the left side of the ship when on board and looking towards the bow
- Engine Room** - where the engineers do their job!
- Berths** - beds that sailors sleep in
- Starboard Side** - the right side of the ship when on board and looking towards the bow
- Bow** - the front of the ship
- Foc'sle** - (pronounced like "folk" and "cil") where the food is stored
- Galley** - the kitchen
- Mess Hall** - the dining room
- Clinic** - where patients are treated

Now that we've got these areas on the ship in our vocabulary, take a look at the activity for this week and see if you can complete it!



Kids from Abam Village wave hello to the YWAM team



**KIDS LIKE ME...**  
 like playing jump rope even in the dirt...

- 10. Berths
- 9. Galley
- 8. Port
- 7. Engine Room
- 6. Lounge
- 5. Clinic
- 4. Starboard
- 3. Mess Hall
- 2. Foc'sle
- 1. Bow

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\*Courtesy of the Townsville Bulletin

# ONE BOY'S STORY IN PNG

Gabe Davies and his dad join the YWAM Medical Ship...



## GABE'S ADVENTURES...

OVER the June/July school holidays, Annandale Christian College Year 1 student, Gabe Davies and his dad, Brad, headed to Papua New Guinea to join the YWAM Medical ship.

One thing Gabe wanted to contribute while in PNG was to give the kids something to do while they waited at the clinics so he began to collect crayons, balloons, bubbles and colouring in pages.

With the help of the Annandale Christian College community Gabe was able to collect more than 900 items!

Gabe's classmates joined in the preparations and made a big book with information about Townsville, what they like to do for fun and questions about life in PNG. They gave it to Gabe to take to PNG in the hope that he would be able to visit a school while over there.

While in the Western Province Gabe went with the Primary Health Care Team to a remote village called Abam. It has a population of about 500 people and a beautiful little school.

Gabe was really happy to present the book and had a great time with the kids. The school building was made out of wood, had a thatched roof, wooden bench seats and a blackboard.

When asked about what his favourite things during his visit with the medical ship, Gabe said: "It's really cool because we got to visit the hospital. In the villages I played with some kids, it was really fun."

His favourite memory is riding in the Zodiac boat to get to the villages. "It's fun bouncing up and down on the front of the Zodiac!"



Gabe Davies, centre, with his big book and children from the village of Abam



Gabe Davies with the supplies he took to PNG



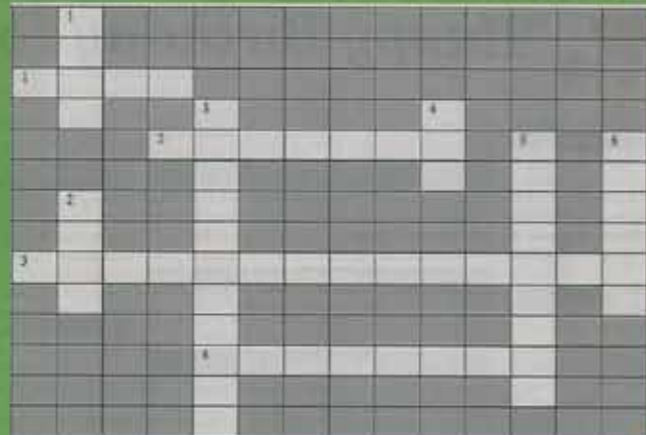
KIDS LIKE ME... Like helping at the markets...

## Something to think about

With the help of others, Gabe was able to really help the kids in Abam village. Can you think of ways that you and others can show some kindness together?

## GABE'S CROSSWORD PUZZLE...

- ACROSS:**  
 1. The name of the boy in the article  
 2. The Province that he went to in PNG  
 3. The country he went to  
 4. The building (besides the school) that was visited
- DOWN:**  
 1. The village where the boy gave the book to the kids  
 2. The organisation that runs the ship  
 3. The type of ship that the Pacific Link is (hint: two words)  
 4. The grade that the boy is in  
 5. The school that helped collect supplies  
 6. The smaller boat that the boy liked riding in!



- ANSWERS:**  
 Across:  
 1. Gabe  
 2. Western  
 3. Papua New Guinea  
 4. Hospital  
 Down:  
 1. Abam  
 2. YWAM  
 3. Medical Ship  
 4. One  
 5. Annandale  
 6. Zodiac

\*Courtesy of the Townsville Bulletin

# GROWING UP IN PNG

A new student to Townsville shares her story of PNG...



## MEET GRACE...

GRACE is 20 years old and a new student in Townsville.

She is studying at YWAM's Training Centre for the next few months. She is from Port Moresby, PNG, and wanted to share what it was like growing up there!

When Grace was little, most of her friends were boys, so she did a lot of outside activities and played a lot of outside games. Some of her favourites were police and rascals (what we might call cops and robbers), touch peggy (which is like tag), and of course, rugby! She would also climb trees and run up big hills!

Grace loves her family. Growing up she travelled to many different places in PNG with them, including Wewak in the the East Sepik Province, Lae in the Morobe Province, and Kainantu in the



Grace Favu, second from left, with friends, from left, Analahi Finau, Hajeong Yun, Abby Walker and Eunice Lui

Eastern Highlands Province.

Another thing she loved to do was learn skits and songs. She and her two brothers and two sisters would learn them and perform them at church!

Grace has a lot of great memories from her childhood, and while growing up in PNG is different to growing up in Australia, it has a lot of similarities too! What similar things do you like to do?

## Something to think about

What do you have fun doing with your friends or family? Do you want to see more of Australia and the world? Where do you dream of going when you're older?

## KIDS LIKE ME...

Live in villages...



Boys from Maduduwo Village represent their village in the Western Province

## COLOUR IN THE MAPS...



LEFT: This map of PNG is split into its provinces... colour in the ones that Grace has visited with her family!



RIGHT: This is a map of the world... colour in which countries you have been to or would like to go to!



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\*Courtesy of the Townsville Bulletin

# SMOOTH SAILING IN PNG

A look at the team on board the Pacific Link...



**TOP TEAM...**

A FEW weeks ago, we took a look at the YWAM Medical Ship and its different areas.

This week, we're going to find out who makes it run! From the captain to the dentist and the cook to the doctor, everyone has their own ways to contribute to the running of the ship.

Let's take a look at a few roles that fill the ship:

- Captain** - Responsible for the safety and navigation of the ship.
- First Mate** - Responsible for deck maintenance and operations including cargo.
- Chief Engineer** - Responsible for keeping all the machinery operating.
- Bosun** - Similar to foreman on a construction site, works with the deck hands to coordinate their daily activities.
- Deck Hand** - Stands watch as lookout while under way and assists with deck maintenance and operations.
- Chief Steward** - Directs the cooking, cleaning, and orders food.
- Galley Hand** - Assists the cook and helps with cleaning.
- Clinic Team Leader** - Leads one of the medical teams.
- Dentist** - Responsible for treating dental patients.
- Dental Assistant** - Helps the dentist with cleaning and treating patients.
- Doctor** - Responsible for seeing patients with medical problems or children for checkups.
- Nurse** - Looks after patients in the health clinic and refers them to the doctor if necessary.
- Ophthalmologist** - Responsible for performing eye surgery on board.
- Ophthalmic Assistant** - Helps the ophthalmologist and gives post-op care to the patients.
- Optometrist** - Tests vision and gives prescription glasses to patients in need.
- Optometrist Assistant** - Helps facilitate vision tests.
- Physio** - Teaches patients how to stretch and take proper care of their bodies to prevent pain.

As you can see, there are a lot of different jobs that many different people have to do to make sure the ship sails smoothly! If one of these people wasn't there, we wouldn't have a complete team, and that could mean that people don't get the help they need!

Thankfully, many people this year have volunteered their time so that the ship can sail and give medical care this year!



The team from Outreach 6 - just one of many teams of volunteers who have helped out on the YWAM Medical Ship

**Something to think about**

What other things in life need a team in order to make them happen? Are you good at being a team player and valuing everyone for the part that they play?

**KIDS LIKE ME...**

Love meeting people from different countries...



**DONATE AN ITEM TO YWAM...**

The YWAM team will be at Dairy Farmers Stadium on August 27 when the Cowboys play the Sharks. We will be collecting old spectacles, new toothbrushes and toothpaste. We want everyone to bring an item to donate? You will find us in the Community Corner at the stadium.

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**Bring toothbrushes and specs to Cowboys game**

DON'T forget to pack your toothbrush for the Cowboys game this Saturday because Youth With A Mission are on the hunt for spares.

YWAM will be in the Community Corner during the game collecting toothbrushes, toothpaste and glasses to send to remote areas of Papua New Guinea via their medical ship.

YWAM spokesperson Robekah Hoover said people living in these areas had often never seen a dentist.

"They usually have no access to health care and a lack of knowledge about personal hygiene," she said. "Their mouths are usually full of infection because they have never seen a dentist and the infection can easily spread to other parts of the body."

Ms Hoover said they also needed glasses donated as optical care could make a huge difference to the lives of people living in remote areas of PNG.

"One child couldn't go to school because he couldn't see properly," she said.

"We had an optometrist test his eyes, sort out a script for him and we gave him some glasses so now he can go to school."

YWAM have also been working with Cowboys to educate PNG locals about malaria prevention.

"They have just been wonderful," Ms Hoover said. YWAM are hoping to collect 5000 toothbrushes over the next few months.

Christie Anderson



GOOD CAUSE: Jennifer Perry, Anna Scott, Lindsey Cullison and Markus Fritsch are ready to help YWAM Photo: FIONA HARDING



Ashley and Jane Graham, ready for a big weekend

**Ashley and Jane: a couple of good sports**

THE battle over who faces the bigger game this weekend is hotting up in the Graham household.

"Mine would be," Cowboy Ashley Graham said with a smirk before wife Jane chimed in. "No, ours is pretty big too. We're playing at the new (Townsville RSL) Stadium - it's going to be pretty professional."

And that was just the start of the light-hearted banter from the ultra-competitive and super-athletic couple.

While Ashley is playing for the Cowboys in their must-win clash against Cronulla tonight, Jane will be trying to earn Saints a Townsville Netball League premiership.

"I gave him an ultimatum, playing in the Cowboys last home game or coming to watch our grand final," Jane laughed.

"I can't believe he chose the Cowboys," Ashley replied. "I can ask (his coach) Nat Hennessey



HELP: A dental procedure on the YWAM Medical Ship

**Good vibe keeps medical team up**

MEETING a grandfather who paddled through the night to reach the Youth With A Mission's Medical Ship is enough to keep the Townsville medical team motivated.

The PNG man's two-day journey saved a seven-day-old baby and, through treatment and transportation provided by YWAM - with assistance from health workers at Daru hospital - the team was able to provide

the baby with much needed nourishment.

This is just one of the happy stories the medical workers have seen during the four days of clinics at Daru, the capital of PNG's Western Province, where 2330 health care services were provided.

Education and resources were also distributed including treatment of over 200 primary health care patients, more than 200

immunisations, more than 400 dental procedures and more than 200 optometry patients.

Medical co-ordinator Hannah Peart said it was the first visit to the Western Province since the work began in PNG last year.

YWAM plans to provide medical services in the area through September before returning again in 2012.

Alexis Gillham

\*Courtesy of the Townsville Bulletin

\*Courtesy of the Townsville Bulletin

# HELPING HANDS IN PNG

Learning the importance of helping our neighbours...



## GOING ABOVE AND BEYOND...

SOMETIMES things don't turn out as planned, and we can be left to fend for ourselves or just make the most of a bad situation.

But here on the YWAM Medical Ship, we want to go above and beyond in any situation. The following story is a great example of how we have been able to do that.

Mary is an elderly woman who recently had eye surgery. A few days after surgery, the clinic leader called a few patients, including Mary, back for a post operation check-up.

After eye surgery, each patient needs someone to put drops in their eyes a few times a day in order for them to heal properly. Unfortunately, Mary is a widow without any family to help her, and because she hadn't been receiving the eye drops, her eyes weren't healing as they should have been.

The team on the ship didn't only hope for the best for Mary, they put their hope into action! They immediately started gathering people and supplies to begin her road to recovery. At lunchtime she had not yet eaten, so they fed her and packed her some food to take home. She was also given a new dress, a washcloth, and some soap.

It didn't stop there, either. A few of the team members taught some of the locals how to help Mary. They shared the importance of caring for our neighbours.

A few of the younger guys in the village promised to deliver a fish or crab to Mary whenever they went out fishing, and hopefully, others will bring her fruit.

The team was thankful that they were able to see Mary again and help her connect with those living around her.

It was a reminder that the people of PNG don't just need medical attention but also the helping hands of those closest to them.



ABOVE: Mary gets her eyes checked after surgery



RIGHT: A village boy helps clinic leader Alana Hewett as she tests eyesight

## Something to think about

Do you have an elderly neighbour? Or do you know someone who needs help but doesn't have anyone around? Can you think of ways to give them a hand or a gift to make them feel better? Have a think and be sure to ask a parent to help you give to someone who is in need!

## DID YOU KNOW...

The YWAM Medical Ship has a tracker that shows where it's going? Have a parent help you log on to our website: <http://www.ywamships.org.au/about-us/our-ship/> and see where the ship is now! Be sure to follow its path back to Townsville next week!



## KIDS LIKE ME...

Like to climb trees...

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\*Courtesy of the Townsville Bulletin

# WELCOME TO PNG

Celebrating the differences around us...



## DOING THINGS DIFFERENTLY...

HAVE you ever noticed when you go over to a friend's house how different some things can be?

From the way they eat dinner, how they clean up, or even just the way the family interacts.

The same thing happens when you travel to another country. We realize that things are done differently.

Even within a country, there are smaller groups of people that have different traditions and customs.

Everyone comes from a different culture, and it's about celebrating the differences around us.

What do you do when you want to thank someone in a big way, or welcome them into your home?

In PNG, the villagers don't only say "welcome" and "thank you for coming", but they also have traditional performances where they dance and sing songs in their own language! They also get the entire village together to prepare a large feast for their guests. Most of the food is from what they grow themselves.

Does your family live close to your aunts and uncles and cousins? In PNG, family is very important and they love to live near each other. They take care of each other and spend lots of time together!

The people of PNG are so giving and very generous. The volunteers on board the YWAM Medical Ship have been so grateful for the welcomes they have received in many of the villages!



Boys in traditional dress ready to perform

## SPOT THE DIFFERENCE...

Find the six differences between the photos below.



Answers: 1. Orange balloon missing at back. 2. Different coloured balloon. 3. Right side of tree has less leaves. 4. Words missing from sign the boy is holding. 5. Boy on the right is missing the bag strap. 6. Boy in front not holding a stick.

## THANK YOU...



Thanks to all those who came out to the Cowboys game! It was great to see the support of the community. With your help we were able to collect 175 toothbrushes, 55 tubes of toothpaste and 27 spectacles

## Something to think about

What other cultures have you heard about or experienced? What are some of the similarities or differences about them? What were some things that you wished you could have in your culture?

\*Courtesy of the Townsville Bulletin

