



**ywam**<sup>®</sup>  
*Medical Ships - Australia*

2012 ANNUAL REPORT

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## Incorporation

YWAM Medical Ships - Australia Ltd ABN 45 070 160 904 is a company limited by guarantee. Its registered office is located at 125-127 Ingham Road, Townsville Queensland.

## Charitable Status, Tax Concessions and Fundraising

YWAM Medical Ships – Australia Ltd is registered as an Income Tax Exempt Charity. YWAM Medical Ships – Australia Ltd is registered under applicable fundraising legislation as required in each state where it raises funds as follows:

Western Australia – Registration No. 21248

South Australia – Registration No. CCP1693

Tasmania – Registration No. F1A342

Australian Capital Territory – Registration No. 19000353

Registration is not required in Victoria, Northern Territory, and New South Wales and YWAM Medical Ships is exempt from registration in Queensland.

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# 2012 at a Glance

1.1 Milestones and  
Highlights

1.2 Summary Statistics

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# 2012 at a Glance

## 1.1 Milestones and Highlights

It has been another incredible year for YWAM Medical Ships Australia (YWAM MSA). Milestones and highlights include:

### New Patron

Right Honourable Sir Rabbie Namaliu accepted the role as YWAM MSA Patron of Papua New Guinea (PNG), joining the Honourable Mike Reynolds AM, Patron of Australia.

### Strengthened Strategic Relationships

Partnerships have been strengthened between the National Department of Health (NDoH) and the Gulf and Western Provincial Administrations.

### Lymphatic Filariasis Eradication Programme

A major step forward in project implementation took place with a successful pilot project in Kerema town, Gulf Province.

### Hydrographic Surveying

Surveying 3440km of river greatly improved logistics of service delivery to previously difficult to access communities.

### Urban Disadvantaged

An extension of services into urban settlement areas in the National Capital District (NCD) alongside our continuing focus on the rural majority has supported the urban disadvantaged.

### Engagement in New Regions

The NCD was added to previously existing relationships with the Gulf and Western Province. Additionally, services were extended into the Bamu region of the Western Province.

### PNG Health Workforce Capacity Building

Increased engagement with the PNG national health care workforce including ophthalmology, oral health and primary health care workers.

### Community Empowerment through Education in PNG

Community and school health promotion programmes were extended with broad coverage in Port Moresby.

### Community Empowerment through Education in Australia

More than 3 000 school students were encouraged to learn about PNG through YWAM MSA's involvement with the Newspapers In Education (NIE) programme.

### Ship Improvements

Continued work on the MV *Pacific Link* enhanced our operational capacity; specifically an enlarged storage capacity which improves supply chain logistics.

### Partnerships

Exponential growth was seen in the number of PNG nationals volunteering with YWAM MSA (21 in 2012 compared to 5 in 2011). Overall, 16 nations were represented among volunteers in 2012.

### Project Output Volumes

Output volumes increased by 24% overall compared to 2011.

### Special Focus on Stakeholder Engagement

During outreach four in Port Moresby, YWAM MSA facilitated meetings between a range of PNG and Australian stakeholders in health, education, business, and government. These focussed on extending relationships between the two nations.



## 2012 Summary Statistics

Primary Health Care Patients	4 785
Immunisations Given	2 779
Dentistry Procedures	3 627
Optometry Clinic Patients	3 345
Ophthalmology Procedures	95
Attendees at Group Education Sessions	11 714
Attendees at Individual Education Sessions	2 768
Attendees at Health Workers Training	209
Preventative Health Resources Distributed	22 330
<b>Total Training and Health Services Provided</b>	<b>51 652</b>

YWAM MSA invested a total of **32 440 volunteer hours** into PNG.

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# Who We Are

2.1 Who We Are

2.2 History

2.3 What We Do

2.4 Community  
Development Model

2.5 Board of Directors and  
Project Management Team

2.6 Message from the Board  
Chairman

2.7 Message from the  
Managing Director

2.8 Message from the  
Australia Patron

2.9 Message from the Papua  
New Guinea Patron

2.10 Advisors

2.11 Key Partners

2.12 Additional 2012  
Supporters

2.13 2012 Financial Report

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# Who We Are

## 2.1 Who We Are

Youth with a Mission (YWAM) is a worldwide Christian movement operating in more than 150 countries since 1960. YWAM is decentralised in structure; each centre is financially and legally autonomous, allowing locations to adapt and serve the specific needs of the community.

YWAM Medical Ships - Australia (YWAM MSA) is a Christian charity that aims 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 the following:

- Access to quality 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 and vision of the PNG National Health Plan, PNG National Department of Education and AusAID's commitment to the Millennium Development Goals. YWAM MSA is implementing programmes with its Medical Ship and land-based teams in rural PNG communities in association with key stakeholders and partners. The majority of YWAM MSA staff, including the Managing Director, are full-time volunteers. YWAM MSA is a signatory to the World Relief Australia Code of Conduct.

### Vision

YWAM MSA's vision is based on the need for a respectful and collaborative partnership with the people of PNG and Australia. The aim is to see major sustainable health improvement in PNG while simultaneously seeing relationships strengthened between Australia and PNG.

### Mission

To see improved quality of life for the people of PNG through development-focused programmes, with current emphasis on the health sector, while also building Australians' capacity to serve through volunteering.

## 2.2 History

The YWAM Medical Ship, *MV Pacific Link*, came under the management of YWAM Townsville in 2010. The Pacific Link was previously managed by YWAM Marine Reach New Zealand, primarily conducting its work in Fiji and Samoa before it began working in PNG with YWAM MSA.

Before YWAM MSA commenced operations in PNG, leaders met with the PNG Secretary for Health, Dr. Clement Malau (2007-2011). During this meeting, Dr. Malau gave his endorsement of the project and invited YWAM MSA to commence operations in PNG. Dr. Malau's advice was to focus predominantly on the Gulf and Western Provinces where health care services were most lacking.

YWAM MSA launched operations in February 2010 with a 16-port public relations tour along the east coast of Australia. During this campaign, 7.6 million people heard the 'I WANT TO LIVE' message, through either a tour of the Ship, school presentation, civic reception or media campaign. The tour was beneficial in building YWAM MSA networks across Australia, as well as strengthening the partnership between Australia and PNG.

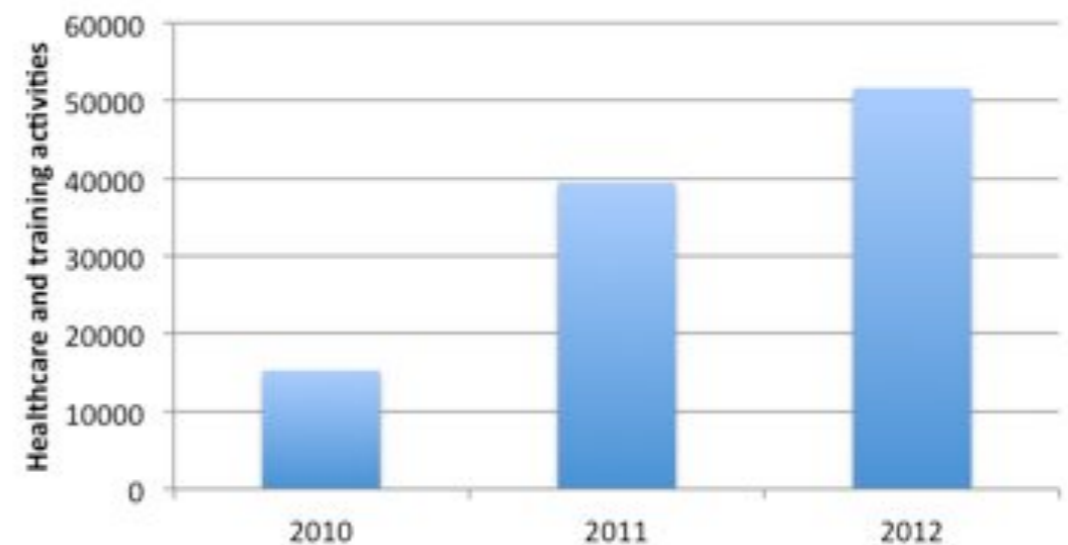
The YWAM Medical Ship made its maiden voyage to PNG in August 2010 to commence a three month pilot programmes in the Gulf Province. Building on three years of surveys and assessments, YWAM MSA

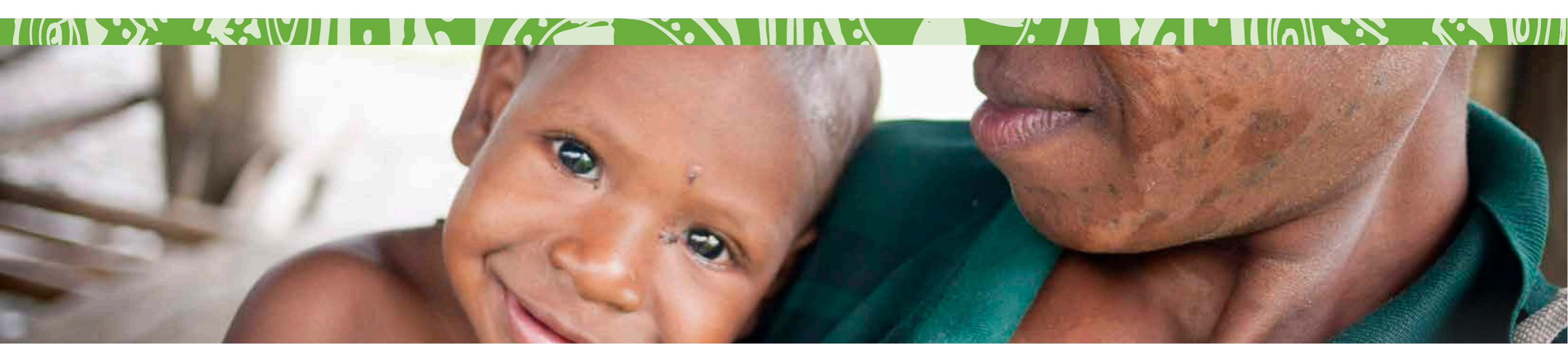
found the model to be successful and was invited to return the following year by the Gulf Provincial Government, village leaders, and rural health care workers.

In 2011, YWAM MSA expanded its operations and conducted a total of eight two-week outreaches across the Gulf Province, Western Province and National Capital District of PNG. In addition to this, a Memorandum of Understanding (MOU) was signed between YWAM MSA and the PNG NDoH in October of that year.

In 2012, YWAM MSA conducted its third outreach season in PNG, increasing overall project output volumes by 24% in comparison to 2011.

### Total Annual Output Volume





## 2.3 What We Do

### Papua New Guinea

YWAM MSA has the ability to overcome isolation and lack of infrastructure through the use of a ship, allowing access to many PNG communities which lack basic service delivery. YWAM MSA facilitates outreaches with its Medical Ship and land-based teams to rural areas of PNG. The clinics include: dentistry, primary health care, immunisations, antenatal checks, malaria and haemoglobin testing and treatment, optometry, and ophthalmology. In addition, training programmes for rural healthcare workers and various health promotion initiatives for school children and the general community run simultaneously to the clinics.

YWAM MSA has a strong focus on training and empowering local health care workers and villagers to be able to serve themselves. YWAM MSA offers training, health awareness, community goodwill, logistical support, access to health care, preventative resources, and regular reporting and assessments. Furthermore, YWAM MSA engages with Papua New Guinean medical and dental students, offering them a place onboard the Ship to complete their rural placement and/or gain further training and hands-on experience while exposing them to the need for medical and dental personnel in rural and remote areas.

Furthermore, YWAM MSA has land-based teams that carry out primary health care clinics and lymphatic filariasis (LF) mass drug administration (MDA) in remote inland areas that the Ship is unable to access.

### Australia

“PNG is Australia’s nearest neighbouring country. Improving the life and promoting stability within the nation is central to Australia’s interests. Australia’s role as PNG’s leading bilateral donor is globally recognised. Australian aid is having an impact on the lives of Papua New Guineans and Australia will continue to play a leading role in supporting PNG’s development through aid.”<sup>1</sup>

YWAM MSA seeks to build on and enhance the current partnership that is established between PNG and Australia. The goal is to educate Australians on some of the challenges in PNG, while helping to generate practical involvement through providing volunteering opportunities as well as opportunities to donate finances, spectacles, toothbrushes, toothpaste, and medical supplies. YWAM MSA actively engages schools, churches, service clubs, businesses, and various community groups.

<sup>1</sup>AusAID, “Why we give Aid to Papua New Guinea”, Available: [www.ausaid.gov.au](http://www.ausaid.gov.au) [Oct 2012].

## 2.4 Holistic, Asset-Based Approach to Our Programming

YWAM MSA takes an holistic, asset-based approach to developing its programmes, currently focused in the health sector but with plans for considered diversification underway. The overarching goal is to empower communities to achieve long-term sustainable development outcomes.

YWAM MSA’s holistic 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, judicial)
- Religion (local church and mission)
- Education (preschool, primary, secondary, tertiary, and vocational)
- Celebration (arts, entertainment, and sports)
- Media (print and digital)

YWAM MSA believes that the above are key building blocks in sustainable community revitalisation and development. YWAM MSA seeks to actively engage all spheres and to collaborate with PNG nationals to exchange skills and experience in order to empower and strengthen the nation.

YWAM MSA’s community development philosophy is based on the asset-based community development (ABCD) model.<sup>1</sup> This approach focuses on building relationships, honouring authorities, appreciating and mobilising individual and community talents, skills and assets. This direct focus on strengths helps to empower communities by instilling hope and a positive vision of themselves and their collective future. This encourages self-mobilisation for change. Particularly in Western and Gulf Provinces, where there is great isolation, YWAM MSA uses its networks to facilitate partnerships to strengthen communities.

<sup>1</sup>The Asset-Based Community Development Institute, Northwestern University, Illinois, USA. [www.abcdinstitute.org](http://www.abcdinstitute.org)

## 2.5 Board of Directors and Project Management Team

### Board of Directors (based Australia wide)

David Skeat – Chair  
Ken Mulligan – Managing Director  
Rebekah Hoover – Treasurer/Director  
Steven Aherne – Director  
David Stephenson – Director  
Captain Jeremy Schierer – Director  
Anna Scott – Honourary Secretary

YWAM MSA administrative and logistical support office is based at YWAM Townsville, Australia. The Board can be contacted via this office. See contact details backcover.

### Project Management Team (based at YWAM Townsville)

Ken Mulligan – Managing Director (Board representative)  
Hannah Peart RN – Medical Coordinator  
Rebekah Hoover – Public Relations Coordinator (Board representative)  
Joanne Blaik  
Ryan Booker  
Fiona Saxby  
Jared Hoover





## 2.6 Message from the Board Chairman

Over the past twelve months, YWAM Medical Ships - Australia has seen enormous doors of opportunity open. Opportunities for greater cooperation with the government of Papua New Guinea, greater opportunities to work with our donors and the corporate sector and greater opportunities to work with the people of Papua New Guinea in their villages.

There is something that is life changing when you see that the little things that you are doing are transforming lives, sometimes before your eyes.

We at YWAM MSA are only too aware of the great privilege that has been given to us. We are also very thankful to the many thousands who have supported us, donated towards our needs and joined us on the adventure that has been placed before us. Thank you for your faithfulness. We are so thankful to have you journeying with us.

As we look ahead, we are also aware that the task does not stop here; and that as time goes on the vision will grow, the needs will increase and even the number of vessels needed will multiply. We are confident that as we move forward, even more people will journey with us.

YWAM MSA is about collaborating with our PNG neighbours and the Australian community to see sustainable development projects reach those who need it most. As we look ahead to the next 12 months, we see further opportunities to expand and, with much help, we are sure that we are up to the task.

Sincerely,



David Skeat  
Board Chairman  
YWAM Medical Ships – Australia



## 2.7 Message from the Managing Director

It brings me much joy to bring you YWAM Medical Ships - Australia Annual Report 2012. We have a lot to celebrate as we reflect on lives that have been restored, healthcare workers that have been upskilled and young Australians that have been empowered through service.

The 'I WANT TO LIVE' message that we launched three years ago continues to ring true in our hearts as we conclude another successful outreach season. One of my personal highlights from the year was seeing a group of four teenagers from Townsville travel to the Gulf Province of PNG, alongside two of our medical workers, to assist in delivery of lymphatic filariasis treatment in Kerema. Over three days they were able to provide treatment to 3 474 people, 47% of the district's population! As we continue to work alongside the PNG National Department of Health (NDoH) and the World Health Organisation (WHO) to eradicate this disease, it is wonderful to have young Australians be a part of the solution.

We also expanded our reach into the Bamu Region of the Western Province this year, where we were exposed to some of the most devastating conditions we have ever encountered. One of the most heart-wrenching stories I heard from this region was that of a mother from Miruwo village, Western Province, who gave birth outside in the mud and rain; a scenario that is sadly quite common for the people of that region. Fortunately, both the mother and baby survived but it made the statistic that 1 in 7 women in rural areas die during childbirth a sobering reality as we witnessed these conditions first hand.

Despite the many challenges that Papua New Guineans face, I believe we are in a season where the opportunities to make a difference are significant. There is no shortage of people willing to engage. As I write this letter, our outreaches for 2013 are already filling up with volunteers, portable dental chairs are on their way in preparation for training rural dental workers and both the Gulf and Western Provinces are writing YWAM MSA into their annual implementation plans.

I would like to thank our dedicated staff, the YWAM MSA Board of Directors and the hundreds of individuals and partners that give their time and expertise to strengthen the proud nation of Papua New Guinea.

Sincerely,



Ken Mulligan  
Managing Director  
YWAM Medical Ships - Australia



## 2.8 Message from the Patron - Australia

This is the fourth year that I have been associated with YWAM Medical Ships - Australia (YWAM MSA) as its Patron. Once again, it has been an outstanding year of delivering health outcomes and training opportunities to the people of Papua New Guinea (PNG).

We can be justly proud of the hundreds of volunteers who have worked in both the Gulf and Western Provinces of PNG over the last three years. In 2012 we completed our third consecutive year of outreaches to the Gulf Province and our second year of outreaches in the Western Province. In the last three years we have successfully delivered 106 384 health outcomes and training opportunities to the people of these provinces.

This year also saw YWAM MSA showcased in Port Moresby. During the last week of July, we were able to illustrate to our many partners, both in Australia and PNG, the extraordinary need that exists in the nation of PNG and how YWAM MSA can play such a wonderful and valuable part in creating solutions.

It is a great delight to be Patron of this organisation and to work with the Managing Director, Ken Mulligan, and the staff of YWAM MSA. Once again, we have seen an expansion of the successful partnerships and collaborations with government agencies, business, the medical community, educational institutions and non-government organisations.

Sincerely,



Honourable Mike Reynolds AM  
Patron - Australia  
YWAM Medical Ships - Australia



## 2.9 Message from the Patron - Papua New Guinea

It was with great pleasure I accepted the role as PNG Patron for YWAM Medical Ships – Australia (YWAM MSA) after my visit to Townsville to speak at the YWAM annual fundraising breakfast earlier this year.

I was enormously impressed by the outstanding work YWAM is doing in remote areas in Papua New Guinea (PNG), and am privileged to be part of the team as we strengthen the relationship between PNG and Australia, and deliver much needed and highly professional and caring medical and other health services to our people in remote and distant communities.

When I was briefed on the YWAM medical ships program, and after I witnessed the enthusiastic support the Townsville community gives it so generously, it was impossible to decline the invitation to be Patron of the Medical Ships Program in Papua New Guinea.

I also had the privilege of being onboard the YWAM Medical Ship in Port Moresby and Daru on two outreaches this year; on both occasions I had was able to see at first hand the medical teams in action. It was impossible not to be greatly moved by the dedication and compassionate commitment of the medical teams and support unit - young men and women proudly doing good work in our areas of real need.

I congratulate YWAM Medical Ships on another successful outreach season, and I look forward to helping make the 2013 program even more successful and fulfilling.

Sincerely,



Right Honourable Sir Rabbie Namaliu GCL KCMG CMS  
Patron – Papua New Guinea  
YWAM Medical Ships – Australia





*Australian Patron, Hon Mike Reynolds, and PNG Patron, Right Honourable Sir Rabbie Namaliu*

## 2.10 Advisors

### **Right Honourable Sir Rabbie Namaliu GCL, CSM, KCMG**

The Right Honourable Sir Rabbie Namaliu served as the fourth Prime Minister of PNG from 1988 to 1992. In 2012 he became Patron - Papua New Guinea for YWAM MSA, providing valuable insight in regards to operating in PNG and achieving long-term outcomes.

### **Honourable Mike Reynolds AM**

The Honourable Mike Reynolds AM is the former Speaker of the Legislative Assembly of Queensland and represented the electorate of Townsville. He served as Mayor of Townsville for nine years and initiated the sister city relationship between Townsville and Port Moresby in 1983. Mr. Reynolds has served as YWAM MSA's Patron - Australia since 2009 and offers advice and expertise when engaging government, business and the media within PNG and Australia.

### **Honourable Havila Kavov MP**

Governor of the Gulf Province, Hon. Havila Kavov, has been a great support to YWAM MSA. He has provided much needed advice on liaising with village leaders and officials in a culturally relevant manner.

### **Alice Honjepar**

Ms. Alice Honjepar is the Director of Rural Health Services for the Western Province of PNG. She has played a valuable role in offering advice as YWAM MSA commenced its work in 2011 and 2012 in the Western Province.

### **Ben Bal**

Mr. Ben Bal is the Director of Health Services for the Gulf Province of PNG. He has enabled YWAM MSA to connect with Provincial Health Administration and was instrumental in including YWAM MSA in the Gulf Province Annual Implantation Plan and budget for 2013.

### **Right Reverend Sir Samson Lowa**

The Right Reverend Sir Samson Lowa is the Moderator of the United Church in PNG. He has been a great support to YWAM MSA through networking with other ministers within PNG. He also helped provide food relief for the Western Province food victims which was transported by the Medical Ship in August and September 2012.

### **Marc Avai**

Gulf Provincial Administrator, Mr. Marc Avai, has been key in connecting YWAM MSA at a Provincial level. He has provided YWAM MSA advice on how to best align with the Gulf Province 2020 Vision Plan and has been instrumental in establishing an Memorandum of Understanding (MOU) between YWAM MSA and the Gulf Provincial Administration.

### **Melinda Susapu**

Ms. Melinda Susapu is the National Coordinator for Elimination of Lymphatic Filariasis & Intestinal Worms with PNG NDoH. She has been active in initiating a partnership with YWAM MSA to help eradicate lymphatic filariasis in the Gulf Province. She offers ongoing advice and assistance for YWAM MSA's treatment programme.

### **Dr. Jambi Garap**

Dr. Jambi Garap is a senior ophthalmologist at the Port Moresby Hospital in Papua New Guinea. She is very active in the development of eye care services in PNG and founded the NGO PNG Eye Care in 2008. Dr. Garap also played a major role in the development of the PNG National Eye Plan 2011 - 2015 and continues to work to see these goals fulfilled. Since 2010, Dr. Garap has acted as host ophthalmologist to YWAM MSA's ophthalmic teams as they serve in her home nation.

### **Kuriva Aivei**

Ms. Kuriva Aivei, originally from the Gulf Province, has worked with YWAM Australia for over 10 years. She helps advise YWAM MSA on their work in the Gulf Province. Ms. Aivei has been instrumental in connecting YWAM MSA with local village leaders as well as members of the Gulf Provincial Government.

### **Gulf Christian Services**

YWAM MSA has been working with Kikori and Kapuna District Hospitals since 2009. Gulf Christian Services staff have been helpful in providing on the ground knowledge and expertise and have assisted with numerous patient referrals.

### **Daru General Hospital**

YWAM MSA has been working with the Daru General Hospital since 2011. The experience and knowledge of local staff has been of great assistance to YWAM MSA.

### **Jeffrey Wall OBE, CBE**

Mr. Jeffrey Wall is a Political Consultant and has served as Advisor to the former PNG Prime Minister, Sir Rabbie Namaliu. He has played a valuable role as advisor to YWAM MSA in engaging with various stakeholders within PNG and Australia.

### **Peter Honeycombe**

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

## 2.10 Advisors continued

### **Dr. Daryl Holmes**

Dr. Daryl Holmes is the founder of 1300SMILES Limited and serves as Managing Director. He has practiced dentistry with the Royal Australian Air Force and, in 1991, established his own private dental practice in Townsville. Dr. Holmes has been a key advisor to YWAM MSA's dental services, as well as assisting networking with various dental companies within Australia and overseas. He has also volunteered on several Ship outreaches as an expert trainer to the PNG dental workforce.

### **Geoff Dutton**

Mr. Geoff Dutton is the Executive General Manager of a private Australian power company, Ratch Australia Corporation. He has been involved in strategic planning and leadership in power and mining projects in Australia, China, South East Asia and PNG. Mr. Dutton has been of great assistance in providing advice as YWAM MSA pursues acquiring a new medical ship.

### **Cristi Morf**

Ms. Cristi Morf is an international development and programme management specialist with over 13 years of experience in the delivery of public health programming and aid within several developing countries. She has worked for nearly a decade with the United Nations in PNG, and is a valuable advisor for YWAM MSA's programme planning.

### **Ivan Baxter**

Mr. Ivan Baxter is a lawyer and Partner at O'Shea & Dyer Solicitors in Townsville and has over 20 years experience in litigation. He advises YWAM MSA on legal matters as operations continue to expand.

### **Carl Valentine**

Mr. Carl Valentine is a Partner in PricewaterhouseCoopers Townsville and is a business and taxation advisor with over 16 years experience in Australia and PNG. He is a registered tax agent and a member of the Institute of Chartered Accountants in Australia. Mr. Valentine advises YWAM MSA on establishing, managing and growing operations in Australia and PNG.

### **Lynette Grubwinkler**

Mrs. Lynette Grubwinkler works as an ophthalmic theatre nurse and Infection Control Coordinator at Queensland Eye Hospital and ophthalmic nurse at the Northside Eye Specialists in Brisbane. She has assisted in the development of the YWAM MSA ophthalmic programme and helped source equipment. Mrs. Grubwinkler has participated in multiple ophthalmic outreaches over the years and has a strong passion to see PNG nationals trained in the area of eye health.

### **Dr. Alan Hauquitz**

Dr. Alan Hauquitz, senior lecturer at James Cook University, specialises in health economics, management and policy. His research interests currently focus on PNG in the areas of HIV and other infectious diseases. Dr. Hauquitz provides advice to YWAM MSA on programme monitoring and evaluation.

### **Reverend Bruce Cornish**

Rev. Bruce Cornish is Chairman of the Uniting Church, North Queensland. He has a long association with PNG and has been instrumental in connecting YWAM MSA with United Church ministers in the nation.

### **Lloyd Honeycombe**

Mr. Lloyd Honeycombe is a mechanical engineer and naval architect with over 40 years of experience in ship design and construction. He now acts as a marine design consultant and has been of great assistance in offering advice as YWAM MSA pursues plans for a new medical ship.

### **Brett Curtis**

Mr. Brett Curtis is the Director of YWAM Ships - Orange County, USA. Mr. Curtis has had extensive experience with operating ships throughout the world and is a great source of knowledge in the maritime field.

### **Dr. Doug Randell**

Dr. Doug Randell is a general practitioner (GP) whose interests include international health, military and aviation medicine. Alongside GP responsibilities in Canberra, he serves as Senior Contracted Clinician at the Royal Military College, Duntroon, and as an Aviation Medicine Specialist with the Australian Civil Aviation Safety Authority (CASA). Dr. Randell's previous work has included primary health care projects in Australian Aboriginal communities, Afghanistan, East Timor, Indonesia, PNG and Vanuatu. He provides advice to YWAM MSA regarding primary healthcare clinics.

### **Professor Wayne Melrose**

Prof. Wayne Melrose has been involved with ground-breaking parasitology research and public health campaigns in PNG, East Timor, and the Pacific Islands. He is Director of the World Health Organisation Collaborating Centre for Control of Lymphatic Filariasis and Soil-Transmitted Nematodes based in Townsville. Prof. Melrose has been active and instrumental in developing YWAM MSA's Lymphatic Filariasis eradication programme. He has also been key in connecting YWAM MSA with James Cook University and NDoH.

### **Dr. Jeff Warner**

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

### **Matthew Colwell**

Mr. Matthew Colwell is an administrator and policy analyst with many years of experience in community development and finance. After a successful career in the Australian Government, he has served for the last 20 years in various leadership roles within YWAM. Mr. Colwell has been of great assistance to YWAM MSA on various projects and programmes.

### **Mark Colwell**

Mr. Mark Colwell is a lawyer who has previously worked as a provincial legal advisor to the Governor and Provincial Administrator of Eastern Highlands Province, PNG. Mr. Colwell has a Masters in International and Community Development and has provided YWAM MSA with advice on community development projects, as well as legal and reporting practices.

### **Dr. Anna Colwell**

Dr. Anna Colwell is a medical practitioner with a Masters in Public Health and Tropical Medicine. She has worked as a volunteer for Marie Stopes PNG and assisted with the rollout of a new method of contraception in PNG. Dr. Colwell has provided YWAM MSA with advice on programme planning.

### **Dannielle Brougham**

Ms. Dannielle Brougham is the Training Coordinator for 1300SMILES Limited. She is a qualified dental assistant and trainer assessor and has been instrumental in assisting YWAM MSA to source dental equipment and consumables. She is passionate about enhancing the clinical standards of the YWAM MSA dental clinic and has advised on industry best practices. Clinic leaders, local PNG dental workers and general volunteers have been trained by Dannielle to deliver a high standard of oral health care services.

## 2.11 Key Partners

### **PNG National Department of Health**

PNG National Department of Health (NDoH) signed a memorandum of understanding with YWAM MSA in 2011 supporting MSA's training, health and community development programmes in some of the most remote regions of PNG. YWAM MSA has been deliberate in aligning with the PNG National Health Plan 2011-2020 and has received strong support from NDoH including provision of medication and immunisations. NDoH has also been a key source of advice on how to strengthen existing healthcare systems in PNG.

### **Steamships Trading Company**

Steamships' 94 years of experience in the Western Province of PNG, and the shipping industry overall, makes them an ideal partner for YWAM MSA. They have offered both financial and major logistical support including wharfage in Port Moresby, in-kind services and valuable insights regarding shipping operations in PNG.

### **PNG Sustainable Development Program**

PNG Sustainable Development Program (PNG SDP) aims to improve the wellbeing and self-determination of local communities in PNG. Their desire to produce sustainable outcomes has made them a great partner for YWAM MSA. PNG SDP provided funding for the YWAM MSA outreaches in the Bamu Region of the Western Province in 2012.

### **InterOil**

Oil and gas company, InterOil, has extensive experience operating within PNG, particularly the Gulf Province. As YWAM MSA continues to actively address the health care and training needs of the Gulf Province, InterOil has been of support by supplying fuel for the Medical Ship to complete three medical outreaches in the Gulf Province in 2012.

### **Gulf Province of Papua New Guinea**

The Gulf Provincial Governor, Honourable Havila Kavo, officially invited the YWAM Medical Ship to the Province in 2009. Since then, a strong partnership has been formed to extend healthcare delivery in the Gulf. The Provincial Government provided funding in 2012 and have been instrumental in connecting YWAM MSA to various networks in the Province.

### **Western Province of Papua New Guinea**

YWAM MSA has been conducting outreaches in the Western Province since 2011. During this time, a partnership has been formed to strengthen healthcare systems in the Western Province. YWAM MSA has been included in the 2013 Annual Health Implementation plan for the Middle Fly districts.

### **Ok Tedi Mining Limited and 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 health care to the Western Province, the OTFRDP has been a support by supplying fuel for the Ship to complete its second outreach to the Western Province in 2012.

### **Curtain Bros**

Major civil construction company, Curtain Bros, has a long history of working in PNG and Australia. Their experience and expertise in shipping in PNG has been of great value to YWAM MSA. Curtain Bros has provided logistical support and wharfage at their shipyard on Motukea Island in Port Moresby.

### **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 assisting with the distribution of mosquito nets in remote villages.

### **United Church of Papua New Guinea**

The United Church is one of the key health service providers in PNG's Gulf Province. YWAM MSA collaborates with United community health workers, maximising the reach of services and providing further training to workers in their own rural setting.

### **Living Light Health Services**

Founded in 2000, Living Light Health Services (LLHS) is an operation of Four Square Church, Kaugere settlement, Port Moresby. Under contract with PNG NDoH, LLHS provides a range of health services to desperately underserved settlement communities. LLHS has dual aims of 'training and treating', with services including well child and antenatal checks, TB treatment and HIV VCT as well as acute primary health care services. YWAM MSA partners with LLHS during Port Moresby-based outreaches.

### **Honeycombes Property Group**

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

### **1300SMILES**

1300SMILES is one of the largest dental service providers in Australia. It has been a key partner of the YWAM MSA dentistry programme by providing dental personnel, funding and advocacy amongst dentistry networks. The company has also facilitated the donation of dental supplies and equipment.

### **Henry Schein Halas**

Henry Schein Halas (HSH) is one of Australia's largest providers of dental products and has a priority objective to demonstrate global social responsibility in respect to disadvantaged countries. HSH provides many of the consumables and equipment needed to operate the YWAM MSA dentistry clinics in PNG.

### **Lions Australia**

Lions Australia's long history of community service have made them an ideal partner to promote volunteerism and assist the disadvantaged. They greatly facilitate the YWAM MSA spectacle donation programme by assisting with sorting, cleaning, tagging and repackaging spectacles for distribution in PNG. In 2011, Lions Australia also donated a Zodiac to YWAM MSA, improving transport logistics for teams and patients to and from the Medical Ship.

### **Port of Townsville**

The Port of Townsville is a cornerstone of North Queensland's economy and has been a generous supporter of YWAM MSA. The Port has provided in-kind services, new life jackets and berthing at the Marine Precinct when the Medical Ship is in Townsville.

### **Townsville Bulletin**

The Townsville Bulletin has given strong support to YWAM MSA and shares the vision to encourage Australian youth to volunteer. The Bulletin's weekly Newspapers in Education programme devotes a page of its section once a month to educating over 3000 students about PNG and the YWAM Medical Ship. It offers practical ways for students to engage both locally and abroad.

### **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 its own. There has been much community support from schools, service clubs, churches, businesses and individuals.

### **Alcon Australia**

Alcon is a global leader in eye care. Its mission is to enhance quality of life by providing innovative products that improve vision. Alcon provided a significant volume of ophthalmology consumables for YWAM MSA in 2012, helping restore vision and enhance the sight of individuals in PNG.

*Logo reproduced with permission of Alcon*



## 2.11 Key Partners continued

### YWAM Institute of the Nations

YWAM Institute of the Nations offers both accredited and non-accredited training programmes. Partnership with the Institute enables YWAM MSA to extend the “train the trainer” approach of its programmes. The Institute’s Introduction to Primary Health Care (in developing nation communities) training programme, for example, enables YWAM MSA to mobilise primary health care workers who can provide training support to PNG health care workers.

### Australian Relief and Mercy Services

Australian Relief and Mercy Services (ARMS) has over 20 years experience in aid and development work both in Australia and overseas. ARMS joined forces with YWAM MSA in 2012 as part of their BUZZ-OFF campaign. This is a direct, multi-faceted action campaign which offers education, testing and treatment to prevent and combat malaria. In 2012, BUZZ-OFF provided mosquito nets, malaria testing kits and hemoglobin test kits for YWAM MSA outreaches in PNG.

### Network Communications

Network Communications is recognised as the largest Optus regional dealer in Australia. Network Communications support YWAM MSA through their Charity Mobile Plan, offering customers the opportunity to donate 5% of their monthly bill to YWAM MSA.

### 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 programmes 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.

### AEC Group

Leading Australian consulting group, the AEC Group, provided an economic value assessment of YWAM Medical Ships in 2012. Their report was of great assistance in providing YWAM MSA an economic value on the donated services and labour that is provided by the many YWAM volunteers in Papua New Guinea on an annual basis.

## 2.12 Other Supporters

Advanced Analytical Centre – James Cook University  
 AEC Group - Townsville  
 Alphapharm  
 Aquacorp  
 Atlas Copco  
 BOC Ophthalmic Instruments  
 Bootle Timber Queensland  
 Brady Industries  
 Brisbane Yamaha Family Boating Centre  
 Boehringer Ingelheim  
 Carl Zeiss  
 Cello Paper  
 Christian Family Centre, Bowen  
 Combined Metal Fabrication  
 Cook Islands Trust Corporation  
 Coutts Redington  
 Critical Dental  
 Dawson & Associates  
 Dentavision  
 Device Technologies  
 Design for Vision (Vision Blue)  
 Ergon Energy  
 Filter Supplies (WA)  
 Food Relief NQ  
 Gough Plastics  
 Green and Blue  
 Haymans Electrical  
 ISAS  
 I-TEC  
 Jas & Co, PNG  
 Jessups North Queensland  
 Jardine Lloyd Thompson  
 MarineSafe Australia

Maritime Cook Islands  
 Maritime Safety Queensland  
 Medical Dental Solutions North Queensland  
 Melbourne Rope and Splicing  
 Metro Pharmacy Townsville  
 Multigate Medical Supplies  
 Northside Eye Specialists  
 NQ Resource Recovery (Transpacific)  
 Pacific Coast Engineering  
 Pacific Marine Group  
 Plateau Dental Care  
 PNG Ports Corporation  
 Powell Industrial - Townsville  
 PricewaterhouseCoopers Australia  
 Qantas Link  
 QBE Insurance Group  
 RA Tech Engineering Services  
 Rosshaven Marine  
 Rotary Club - Ayr  
 Safe Option Solutions  
 Surgical Eye Expeditions International (SEE)  
 St Anthony’s Catholic College, Deeragun  
 The Navigation Centre  
 Townsville Chamber of Commerce  
 The Townsville Hospital  
 University of Papua New Guinea  
 Vetta Productions  
 Wantok Association  
 Whitsunday Sailing Club  
 YWAM Tribe to Tribe, Newcastle  
 ZOLL Medical Australia

## 2.13 2012 Financial Report

### YWAM Medical Ships - Australia LTD Profit and Loss

<b>Income</b>	<b>Jan - Dec 12</b>	<b>Jan - Dec 11</b>
Volunteer - Labour in Kind.....	\$1,712,514	\$1,866,145
Donations .....	\$117,239	\$186,768
Donations - Care Trust Fund .....	\$23,707	\$72,852
Gifts in Kind .....	\$494,450	\$686,115
Volunteer Contributions.....	\$114,703	\$136,557
Grants & Sponsorship.....	\$439,859	\$187,121
Miscellaneous.....	\$12,936	\$8,151
<b>Total Income.....</b>	<b>\$2,915,408</b>	<b>\$3,143,709</b>
<b>Expenses</b>		
Volunteer Labour Value .....	\$1,712,514	\$1,866,145
Employee Expense .....	\$36,489	\$0
Ship Expenses.....	\$272,732	\$383,840
Medical Expenses .....	\$253,226	\$121,199
Administration.....	\$116,670	\$112,946
Donations .....	\$96,059	\$78,863
Travel .....	\$75,877	\$74,189
Insurances .....	\$44,550	\$63,682
Other Outreach Expenses.....	\$67,066	\$55,810
Depreciation .....	\$48,755	\$34,301
Miscellaneous.....	\$58,268	\$25,745
Advertising/Marketing .....	\$1,558	\$6,321
<b>Total Expenses.....</b>	<b>\$2,783,764</b>	<b>\$2,823,041</b>
<b>Net Surplus.....</b>	<b>\$131,644</b>	<b>\$320,668</b>



I want  
to live

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## 2012 Goals in Review

3.1 Primary Health Care

3.2 Maternal Health

3.3 Child Health

3.4 Malaria, Tuberculosis  
and Lymphatic Filariasis

3.5 Ophthalmology

3.6 Dentistry

3.7 Optometry

3.8 Engaging Australians

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# 2012 Goals in Review

## 3.1 Primary Health Care (PHC)

### PHC Goal 1: Decrease the burden of illness and injury

#### Focus: Collaborative Service Provision

#### PHC 1.1 Decrease burden of illness

**Background:** PNG's significant burden of illness and disease, coupled with health workforce challenges, are most pressing in remote rural areas where the vast majority of the population reside.<sup>1</sup> YWAM MSA collaborates with Provincial Health authorities to provide services to some of the most isolated communities. Direct service provision runs parallel to YWAM MSA capacity-building initiatives to develop local workforce and community resources to improve health and wellbeing.

**Target:** Treat 50 people per PHC clinic day.

**Outcome:** Mean number of patients treated per PHC clinic day across all outreaches: 96 (range: 50 – 192 per outreach).

YWAM MSA PHC clinics consistently provided services for at least 50 people per clinic day. This number was often greatly exceeded.

#### PHC 1.2 Decrease the burden of musculoskeletal (MSK) pain and injury

**Background:** Musculoskeletal problems, particularly arthritic-type complaints involving major joints and low back pain, are common presentations to YWAM MSA PHC clinics, likely related to the physical

nature of everyday work in rural PNG. MSK pain and disability have a significant impact on quality of life and productivity for individuals and their communities.

**Target:** Physiotherapy treatment for 20 people per clinic day (when a physiotherapist is present).

**Outcome:** Mean number of MSK services provided per PHC clinic day across all outreaches: 17 (range: 9 - 42).

Physiotherapy treatment was provided by a range of health personnel dependent on resources available on each outreach.

#### Focus: Capacity Building

#### PHC 1.3 Empower communities to improve health status through education

**Background:** Community empowerment, possible in part through health education, is a central pillar of development<sup>1</sup> and an important strategy in achieving YWAM MSA's goal of helping PNG realise its hopes of improved health outcomes for all.<sup>2</sup>

**Target:** Deliver basic PHC education to 200 people per outreach.

**Outcome:** Mean number of education services provided per outreach: 1168 (range: 275 - 3532).

Clinic leadership for each outreach sought to engage with local village leaders regarding topics and mode of delivery of community education. This resulted

in a programme of services tailored to each area as much as possible. Commonly requested health topics included HIV/AIDs, maternal health and malaria. Examples of mode of delivery: dedicated full clinic day of community education, school programmes, small group sessions in clinic waiting area.

Availability of YWAM MSA personnel to be released from direct clinical duties was sometimes a limiting factor. This was addressed in part by drawing on personnel from outside the PHC team. Flip-chart training aids, coupled with a basic induction, were used to equip general volunteers as basic health promoters thus maximising education opportunities.

**Lessons learnt:** Building on services provided in 2012, teaching resources need to be further developed with specific attention to cultural relevance and effectiveness. As part of initial discussions with village leaders, emphasis must continue to be placed on effective scheduling of education events and eliciting learning needs specific to each community. YWAM MSA personnel delivering training need to be well prepared and patient flow managed to release them for education sessions.

### PHC 1.4 Increase knowledge and skill level of local Community Health Workers (CHW) in the area of PHC

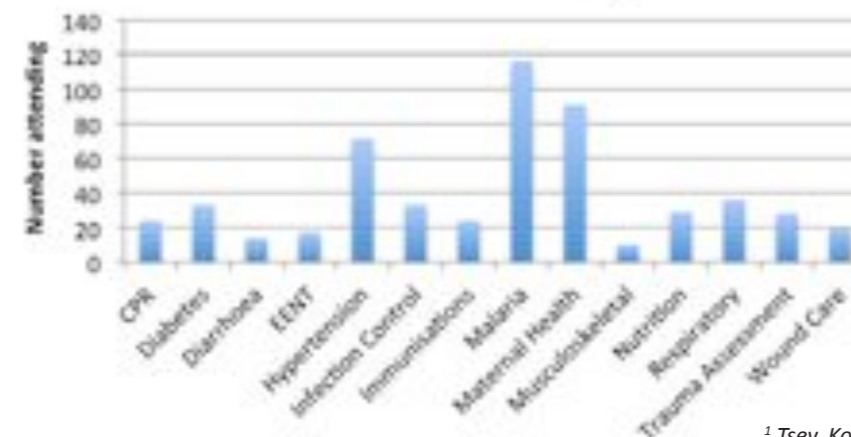
**Background:** PNG National Health Plan *Key Result Area 3* focuses attention on health workforce development (*Objective 3.2*).<sup>2</sup> The most recent published workforce data for PNG (2005) indicate 0.5 medical officers per 10 000 population (Western Pacific Region, WPR, average 14.8) and 4.6 nurses or midwives per 10 000 (WPR average 18.4).<sup>3</sup> Anecdotal evidence suggests that these numbers are much lower in many of the rural areas that YWAM MSA services. Strengthening the PNG health workforce is a key objective of all YWAM MSA operations.

**Target:** Deliver a two-day PHC seminar, targeting 2-4 CHWs per outreach.

**Outcome:** Mean number of health workers assisted with continuing professional development (CPD) services per outreach: 24 (range: 2 - 101)

A structured two-day seminar was not employed in 2012. Education was provided through group tutorials or one-on-one sessions with a range of health workers. Duration: 30 minutes to half-day sessions.

Health Care Worker Teaching Sessions



<sup>1</sup> Tsey, Komla, "Community development and empowerment". In: Population Health, Communities and Health Promotion. Oxford University Press, 2009, Melbourne, VIC, Australia, pp. 215-231.

<sup>2</sup> Government of Papua New Guinea, "National Health Plan 2011-2020", 2010.

<sup>3</sup> World Health Organisation, "Country Profile – Papua New Guinea", 2012. Available: <http://www.who.int/gho/countries/png.pdf> [Oct2012]



## 3.2 Maternal Health (MH)

### MH Goal 1: Decrease maternal mortality

**Background:** Maternal health is a significant problem in PNG. The most recent Maternal Mortality Ratio (MMR) reported by local health authorities estimates 733 maternal deaths per 100,000 live births.<sup>1</sup> This is the highest in the Pacific Region; more than 3 times that of Fiji and more than 150 times that of Australia. According to these reports, the MMR increased between 1996 and 2006.<sup>2</sup>

YWAM MSA is committed to collaborating with the PNG NDoH and Provincial Health Administration to address this issue. **MH Goal 1** correlates with United Nations *Millennium Development Goal (MDG) 5: Improve Maternal Health* (includes a focus on reducing MMR and improving access to family planning services) and PNG's National Health Plan *Key Result Area 5: Improve Maternal Health*.

#### Focus: Collaborative Service Provision

#### MH 1.1 Provide antenatal checks

**Background:** Quality antenatal care is a key evidence-based intervention to reduce maternal mortality, supported by the WHO Making Pregnancy Safer Initiative and outlined in the WHO guide to quality in maternal health services.<sup>3</sup>

**Target:** Perform comprehensive antenatal checks of every pregnant woman presenting to the Primary Health Care clinic.

**Outcome:** Mean number of comprehensive antenatal checks provided per outreach: 39 (2 - 122).

Apart from outreach three, each 2012 YWAM MSA outreach included a registered midwife on the PHC team. Outreach three included a registered nurse with special interest in women's health.

#### MH 1.2 Provide family planning services to women

**Background:** The PNG National Health Plan emphasises the need for women, especially the isolated, rural majority, to receive improved family planning services (*Objective 5.1*). This has a direct positive impact on maternal mortality and wellbeing in addition to child health and economic indicators.<sup>3</sup>

**Target:** Provide family planning services to ten women per outreach

**Outcome:** Mean number of women who received family planning services per outreach: 50 (range: 19 - 122)

Medical forms of contraception offered by YWAM MSA clinics in 2012 were injectable progestogen and oral contraceptives. The most popular choice among women who accessed these services was Depo-

MedroxyProgesterone Acetate (DMPA, common trade name Depo Provera). Some supplies were able to be left with health workers in the field for ongoing distribution.

Total DMPA injections administered: 258

Total oral contraceptive packets dispensed: 91

#### Focus: Health Promotion

#### MH 1.3 Distribute birth kits

**Background:** A clean birthing environment is essential to reducing the incidence of maternal mortality. Consequently clean birth kits are included in international guidelines for birthing in developing nations.<sup>4</sup> These kits have been shown to contribute to safer birthing practices for rural women in low resource healthcare settings.<sup>5</sup>

**Target:** Distribute 100 birth kits per outreach, to rural midwives and CHWs where possible.

**Outcome:** Mean number of birth kits distributed per outreach: 53 (range 0 - 154).

The distribution mean was affected by outlying results from outreaches four and seven; both were in urban settings where local hospitals made distribution of birth kits unnecessary. Distribution was reduced on other outreaches due to lack of clarity for some staff around process and supply.

These issues were addressed in part through a real-time audit and response process, resulting in improved performance later in the outreach season.

**Lessons learnt:** The need for a review of processes around birth kit distribution was identified to standardise procedures and secure more consistent performance. This review has been initiated.

#### Focus: Capacity Building

#### MH 1.4 Provide antenatal education

**Background:** Provision of antenatal education to pregnant women is included as an element of 'essential care' in WHO Making Pregnancy Safer guidelines.<sup>6</sup>

**Target:** Provide antenatal education to all pregnant women presenting to PHC clinics.

**Outcome:** Mean number of pregnant women who received antenatal education per outreach: 40 (12-81).

New teaching resources (antenatal teaching flip charts and baby/pelvis models) were introduced this year with positive responses from women. An emphasis was placed on maintaining wellbeing during pregnancy as well as early recognition of symptoms and signs indicating the need to seek urgent medical assistance.

### 3.2 Maternal Health continued

#### MH 1.5 Increase knowledge and skill level of local midwives, community health care workers and village birth attendants

**Background:** The presence of a trained attendant during birthing is an essential element of quality maternal health services.<sup>6</sup> It is reported that maternal mortality and severe labour-related morbidity could be reduced by 95% if ‘essential care’, such as the assistance of a trained attendant, was available to all birthing women.<sup>3</sup> Current estimates of service delivery in PNG indicate that the majority of women birth without such assistance.<sup>7</sup> This is of particular concern for women in isolated, rural communities.

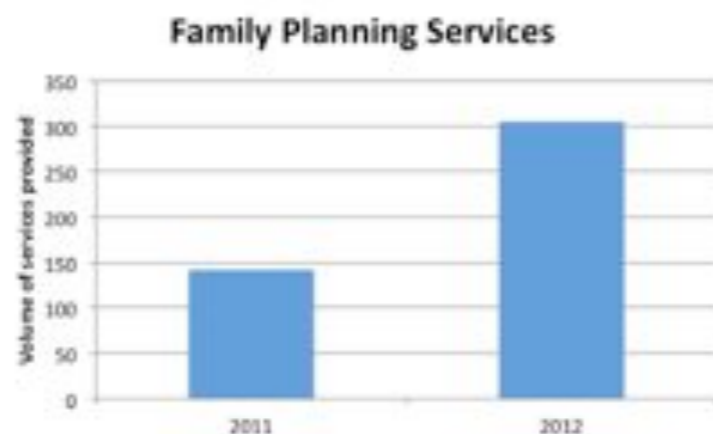
**Target:** Training sessions provided by a skilled midwife (when present on an outreach) targeting 2-4 midwives, CHWs or village birth attendants per village.

**Outcome:** Mean number of participants at women’s health training sessions per outreach: 15 (range: 2 - 28).

NB: This is an aggregate figure of attendees at all sessions; an individual health worker may have attended more than one session.

A wide spectrum of health care personnel received maternal health training during the 2012 season ranging from trained professionals to traditional birth attendants in the various settings encountered. Content was tailored to the audience and delivered by a range of YWAM MSA personnel. Standardised training resources were available and supplemented by materials produced directly by MSA volunteers.

**Lessons learnt:** There were no specific concerns with antenatal training in 2012 although this area of service remains under development. To extend the quality and consistency of training across all YWAM MSA outreaches, further standardised training resources need to be incorporated into a specific induction for volunteers who deliver training. These must include direct reference to the PNG health context and relevant international guidelines.



<sup>1</sup>National Statistical Office, “Demographic and Health Survey 2006”, Papua New Guinea, 2009.  
<sup>2</sup>Government of Papua New Guinea, “National Health Plan 2011-2020”, Chapter 3 “State of Our Health”, 2010.  
<sup>3</sup>World Health Organisation, “Packages of Interventions”, 2010. WHO/FCH/10.06  
<sup>4</sup>Department of Making Pregnancy Safer, “Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice”, World Health Organisation, 2009.  
<sup>5</sup>Balsara et al. “Impact of clean delivery kit use on clean delivery practices in Beni Suef Governorate, Egypt”, J Perinatol. 2009 Oct;29(10):673-9  
<sup>6</sup>World Health Organisation, “Recommended Interventions for Improving Maternal and Newborn Health”, WHO/MPS/07.05  
<sup>7</sup>World Health Organisation, “Country Profile – Papua New Guinea”, 2012. Available: <http://www.who.int/gho/countries/png.pdf> [Oct2012]





### 3.3 Child Health (CH)

#### CH Goal 1: Decrease infant and child mortality

Background: PNG has some of the highest infant and child mortality rates in the Pacific (61 under-5 child deaths per 1 000, 2010 data).<sup>1</sup> YWAM MSA is focussed on implementing programmes to help PNG move toward achieving MDG 4: *Reduce under-5 mortality* and the corresponding PNG Health KRA 4: *Improve Child Survival*. CH 1.1 and CH 1.2 address two of UNICEF's 'Priority Child Survival Interventions': immunisation coverage and a focus on feeding including deworming and treatment of malnutrition.<sup>2</sup>

#### Focus: Health Promotion

#### CH 1.1 Administer scheduled childhood immunisations

**Background:** Immunisation significantly reduces child mortality, including in PNG.<sup>3</sup> Promotion of immunisation is included in quality guidelines for child health in developing nations<sup>4,5</sup> and increasing immunisation coverage is a specific objective of the PNG National Health Plan (*Objective 4.1*).<sup>6</sup> YWAM MSA follows the PNG NDoH childhood immunisation schedule including co-administration of vitamin A.

**Target:** Immunise 35 children per clinic day.

**Outcome:** Mean number of children immunised per clinic day across all outreaches: 30 (range: 7 - 42).

NB: Although data has been manually cleaned, a small number of adults may still be included in the aggregated child immunisation statistics.

The average number of children immunised fell below target largely because some communities engaged with PHC clinic had recently been serviced by immunisation patrols. In situations where the majority of early childhood immunisations were largely up-to-date there was some flexibility in operations to allow focus to be turned to school-age and adult immunisations e.g. tetanus boosters.

The mean daily outcome was also swayed by outreach seven which had a specific focus on education rather than duplicating services at a main centre (Daru). The mean for this outreach overall was 7 immunisations per day, however, only one clinic was held in an outlying village and at this site 38 children were immunised per day, reaching target.

**Lessons learnt:** It was positive to encounter communities with adequate immunisation coverage; however, the experience of 2012 highlights the importance of coordination with local health services to maximise our collaborative capacity to extend immunisation coverage across rural PNG.

#### CH 1.2 Growth chart children

**Background:** WHO regards assessment of nutritional status and feeding counselling as basic interventions at first level health services.<sup>4</sup> YWAM MSA uses growth charting as a prompt to standardise the assessment of child nutrition, growth and development. Coupled with education and intervention where indicated, this goal is designed to help improve child nutrition in accordance with the PNG National Health Plan (*Objective 4.4*).

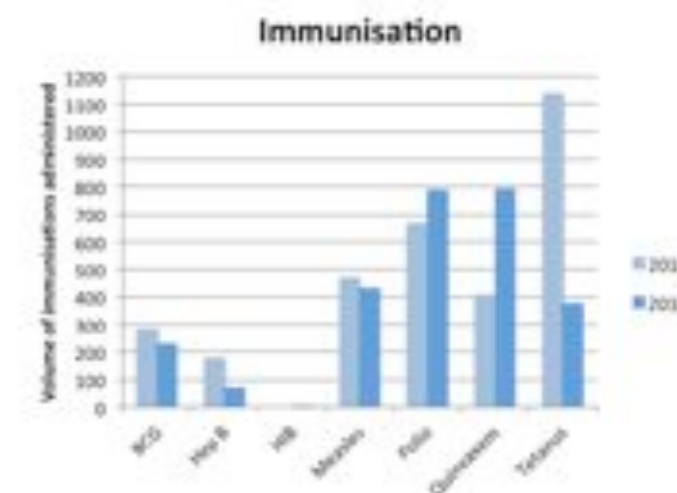
**Target:** Growth chart 35 children per PHC clinic day.

**Outcome:** Mean number of children growth charted per day across all outreaches: 23 (range 9 - 35).

Outreach seven skews data for this goal as outlined in CH 1.1. Also, outreach four was a unique collaboration with an urban clinic who encourage child presentation for well-child checks once a week, thereby reducing the daily mean number of paediatric services provided by YWAM MSA at this location.

Outreaches one and six were good examples of collaboration maximising output as the community was well prepared in advance and presented many children to PHC clinic. Targets were easily met at these locations, which are models for future work. On some other outreaches, the overall number of presenting children was lower than expected resulting in smaller volume outputs.

**Lessons learnt:** YWAM MSA continues to look at ways to increase awareness of clinic dates among communities engaged. This increases the opportunity for people to choose to stay in their village to attend clinic on those days rather than travel away, often taking children with them.



<sup>1</sup> Countdown to 2015: Maternal, Newborn and Child Survival, "Country Profile 2012 - PNG". Available: [http://countdown2015mnch.org/documents/2012Report/2012/2012\\_PapuaNewGuinea.pdf](http://countdown2015mnch.org/documents/2012Report/2012/2012_PapuaNewGuinea.pdf) [Oct 2012]

<sup>2</sup> Available: [http://www.unicef.org/health/index\\_childsurvival.html](http://www.unicef.org/health/index_childsurvival.html) [Oct 2012].

<sup>3</sup> Lehmann et al. "Benefits of routine immunizations on childhood survival in Tari, Southern Highlands Province, Papua New Guinea", *Int J Epidemiol.* 2005;34(1):138-48.

<sup>4</sup> World Health Organisation, "Packages of Interventions", 2010. WHO/FCH/10.06

<sup>5</sup> Partnership in Maternal, Neonatal and Child Health (PMNCH), "Essential Interventions: Child Health", 2011. Available: <http://www.who.int/pmnch/activities/interventions/en> [Oct 2012]

<sup>6</sup> Government of Papua New Guinea, "National Health Plan 2011-2020", 2010.



### 3.4 Malaria, Tuberculosis and Lymphatic Filariasis (MTLF)

#### MTLF Goal 1: Decrease the burden of communicable disease

**Background:** PNG carries a heavy communicable disease burden and these diseases make up the majority of 'years of life lost' for PNG in international comparisons.<sup>1</sup> Reducing this has high priority in the PNG National Health Plan 2011-2020 (*Key Result Area 6*).<sup>2</sup> Combating communicable disease is also included in *MDG 6: Combat HIV/AIDs, Malaria and Other Diseases*.<sup>3</sup>

#### Focus: Collaborative Service Provision

#### MTLF 1.1 Treat individuals with malaria

**Background:** Ninety four percent of the PNG population live in areas classified as having high transmission rates of malaria (>1/ case per 1 000 population). In many areas, case rates exceed 100 per 1 000 population.<sup>4</sup> Malaria remains a leading cause of death in PNG, especially for children less than five years old.<sup>2</sup>

**Target:** Treat all individuals presenting with malaria as diagnosed by Rapid Diagnostic Tests (RDTs)

**Outcome:** RDTs were utilised by diagnostic personnel in all PHC clinics. Patients were treated accordingly with artemisinin-based combination therapy as per PNG guidelines.

#### MTLF 1.2 Provide testing for tuberculosis (TB) including Multi-Drug Resistant Tuberculosis

**Background:** Tuberculosis is a major cause of morbidity and mortality in PNG. Excluding obstetrics, TB uses more in-patient bed resources than any other disease.<sup>2</sup> In 2010, prevalence was estimated at 465 cases per 100 000 population (WHO WPR estimate of 139 cases per 100 000).<sup>1</sup> Co-existence with HIV and the emerging threat of multi-drug resistance (MDR) are major concerns.<sup>2</sup> A November 2010 WHO report on PNG's progress toward commitments under the Stop TB programme, described the situation as "an emerging health emergency".<sup>5</sup> This was principally due to concern regarding large disease burden coupled with rising MDR and poor laboratory and technical capacity to support treatment. YWAM MSA plans to assist Gulf and Western Provincial Health Administration to deliver quality diagnostic services to isolated communities currently receiving limited, if any, services in this area. Where possible, HIV testing (VCT) will be offered in conjunction with TB tests.

**Target:** Establish an onboard TB testing facility (Xpert MDB/RIF Diagnostic Test Unit).

**Outcome:** The target was not achieved in the 2012 outreach season although planning and preparation has progressed significantly.

#### MTLF 1.3 Facilitate lymphatic filariasis (LF) mass drug administration

**Background:** According to WHO classifications, LF is a neglected tropical disease and the second most common cause of chronic disability worldwide (principally through physical impairment and the social stigmatisation of massive lymphoedema and scrotal hydrocele).<sup>6</sup> The disease is endemic in PNG, with a prevalence thought to be among the highest in the world.<sup>7</sup> Eradication is possible, although a systemic approach must be taken with at least 65% of the population in an affected area treated with appropriate medication annually for five years. Currently, this target is not being met in PNG.<sup>6</sup> YWAM MSA is partnering with Provincial and National Health Administration to support service delivery through supplying human resources, training and health promotion activities and innovative transport solutions, to access isolated populations.

**Target:** LF medication uptake by 80% of the population in villages where PHC clinics are based. [NB: based on previous guidelines, recently shifted by WHO to 65% target]

**Outcome:** The YWAM MSA LF programme remains under development. A further step in implementation was achieved in October 2012 when senior members of the YWAM MSA LF team oversaw

a three day LF eradication campaign in Kerema. The team consisted of selected Australian youth and worked in close association with Gulf Provincial Health Administration (see Kerema District Report on page 61).

Percentage of Kerema town population that received LF eradication medication during the project: 47%.

#### Focus: Health Promotion

#### MTLF 1.4 Distribute mosquito nets

**Background:** See also MTLF 1.1. Use of long-lasting Insecticidal Nets (LLIN) is a key evidence based intervention to reduce the incidence of malaria.<sup>8</sup> YWAM MSA, in partnership with Rotarians Against Malaria and BuzzOff Campaign, provides strategic capacity to deliver nets and associated training to isolated rural communities.

**Target:** Provide 200 mosquito nets to remote villages per outreach, targeting pregnant women and households with children under 5 years of age.

**Outcome:** Mean number of nets distributed per outreach: 248 (range: 0 - 500).

A robust supply chain was secured during 2012. Adaptation to local factors dictated a variation in the volume of distribution between outreaches.



### 3.4 Malaria, Tuberculosis and Lymphatic Filariasis (MTLF) continued

The mean distribution figure is distorted by outlying data from outreaches four and seven. These were both urban centres with adequate LLIN supplies.

Nets were not distributed at these locations but rather set aside for communities in greater need. Outreach six saw the distribution of 196 LLINs. All other outreaches achieved or exceeded the target.

#### Focus: Capacity Building

#### MTLF 1.5 Provide malaria prevention education

**Background:** See also MTLF 1.1. Empowering communities to break malaria transmission through delivering quality health education is a driving force of anti-malarial programmes worldwide.<sup>8</sup> YWAM MSA is committed to taking every opportunity during outreaches to reach communities with malaria prevention education.

**Target:** Provide malaria prevention education to 200 people per outreach

**Outcome:** Mean number of people attending malaria education activities per outreach: 376 (range: 0 - 931).

See PHC 1.3 for further information on community education programmes.

#### MTLF 1.6 Distribute malaria RDT kits

**Background:** See also MTLF 1.1. Parasitological confirmation, for example by RDT, prior to commencing treatment of suspected malaria, is best practice by global standards.<sup>9</sup> This is step one of the WHO T3 Initiative: Test, Treat and Track. RDTs improve the management quality of the febrile patient by improving diagnostic certainty and targeting use of anti-malarials, minimising the spread of drug resistance. RDTs also assist with disease surveillance.

**Target:** Distribution of 1 000 RDT kits per outreach coupled with appropriate education

**Outcome:** Mean number of malaria RDT kits distributed per outreach: 594 (range: 0 - 2290).

Mean number of health workers trained in the new malaria treatment guideline for PNG per outreach: 21 (range 2 - 91).

A robust supply chain was secured in 2012 to achieve this target. Adaptation to factors on the ground resulted in variation in the volume of distribution between outreaches. For instance, some areas had adequate stock whilst others were in great need of supply. In areas with adequate stock, there was still significant need for training, to enable

health workers to make use of this equipment and implement the Test, Treat, Track initiative as well as the PNG malaria treatment guidelines.

#### MTLF 1.7 Train Tuberculosis support workers

**Background:** See also MTLF 1.2. Goals three and five of the six-point WHO Stop TB strategy<sup>10</sup> are to strengthen the primary healthcare system and empower people to foster quality TB care within their communities.

YWAM MSA is committed to collaborating with various partners in PNG to strengthen local health services and provide training in remote settings to help achieve Stop TB strategic goals.

**Target:** Facilitate the WHO approved TB treatment supporters training for ten individuals over the 2012 outreach season

**Outcome:** YWAM MSA's TB programme remains under development. Training of TB support workers is yet to commence.

#### MTLF 1.8 Deliver Tuberculosis medication to remote areas

**Background:** See also MTLF 1.2. Over 85% of the population live in rural areas of PNG, many of which

are difficult to access and very remote from central medication depots. This makes supply chain management difficult. YWAM MSA has strategic capacity to provide reliable medication delivery to these areas.

**Target:** Transport and deliver these medications to health workers currently distributing treatment to communities serviced by YWAM MSA

**Outcome:** Capacity for transport and delivery of these medications was available in 2012, however, a reliable drug supply could not be secured due to a PNG nationwide shortage.

<sup>1</sup>World Health Organisation, "Country Profile – Papua New Guinea", 2012. Available: <http://www.who.int/gho/countries/png.pdf> [Oct 2012]

<sup>2</sup>Government of Papua New Guinea, "National Health Plan 2011-2020", Chapter 3 "State of Our Health", 2010.

<sup>3</sup>United Nations, "Millennium Development Goals". Available: <http://www.un.org/millenniumgoals/> [Oct 2012]

<sup>4</sup>World Health Organisation, "PNG Country Profile: World Malaria Report 2011". Available: [http://www.who.int/malaria/publications/country-profiles/profile\\_png\\_en.pdf](http://www.who.int/malaria/publications/country-profiles/profile_png_en.pdf) [Oct 2012].

<sup>5</sup>Integrated Regional Information Networks (IRIN), "PNG – MDR an emerging 'health emergency'", Available: <http://www.irinnews.org/Report/91096> [Oct 2012].

<sup>6</sup>Department of Neglected Tropical Diseases, "Global Program to Eliminate Lymphatic Filariasis: progress report 2011", World Health Organisation. Available [http://www.who.int/wer/2012/REH\\_37.pdf](http://www.who.int/wer/2012/REH_37.pdf) [Oct 2012].

<sup>7</sup>Bockarie et al, "Lymphatic filariasis in PNG: prospects for elimination", Med Microbiol Immunol 2003;192(1):9-14.

<sup>8</sup>World Health Organisation, "Community Based Reduction of Malaria Transmission", 2012. ISBN: 9789241502719

<sup>9</sup>World Health Organisation, "Guidelines for the treatment of malaria" Second Edition, 2010. ISBN: 9789241547925

<sup>10</sup>World Health Organisation, "The STOP TB Strategy" 2006. WHO/HTM/TB/2006.368



### 3.5 Ophthalmology (OPH)

#### OPH Goal 4: Restore and enhance sight

**Background:** The prevalence of blindness and visual impairment in PNG is high. An estimated 146 000 people over the age of 50 are visually impaired, and 44 000 of these people are blind.<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, and a leading cause of blindness. Modern cataract surgery with intraocular lens implantation has been shown to be a safe and effective means of restoring visual function and improving vision-related quality of life.<sup>2</sup> As there are no known effective means of preventing the most common forms of cataract, access to surgery is vital to addressing the scourge of cataract blindness.<sup>3</sup>

YWAM MSA's outcomes for ophthalmology align with WHO Key Result Areas: Improve Service Delivery, Strengthen Partnerships and Coordination with Stakeholders, and Strengthen Health Systems, with respect to the PNG National Health Plan 2011-2020.

#### Focus: Collaborative Service Provision

##### OPH 4.1 Provide cataract and pterygium surgery

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

**Outcome:** Mean number of people receiving eye surgery per day: 5 (range: 4 - 6).

The ophthalmology clinic ran during outreaches three and seven of 2012. The procedure volume target was not achieved during outreach three due to a lack of presenting patients. Contributing factors included weather, transport and the concurrent national election. Many individuals from the Gulf Province who were referred to the ophthalmology clinic during the previous two outreaches, were reluctant to travel to Kikori Hospital (YWAM MSA clinic base) due to heavy rain and fear of missing their opportunity to vote. Others did not have sufficient fuel to travel.

Surgical times were longer during outreach seven due to supervision of an ophthalmologist gaining confidence in Small Incision Cataract Surgery (SICS), a technique commonly used in developing nation ophthalmic practice. A surgeon experienced in SICS worked alongside his colleague and, over the course of nine clinic days, surgical time per procedure decreased significantly.

By the end of this outreach, the team was achieving treatment target.

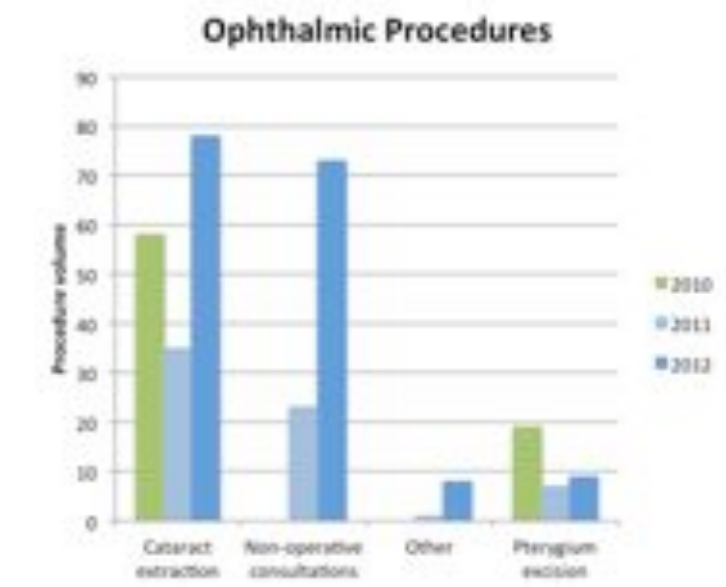
Disruption to the surgical schedule by new patient or post-operative clinical assessments was another factor contributing to reduced patient flow. This challenge was circumvented when two ophthalmologists were on the team.

#### PNG Ophthalmology Training

In line with YWAM MSA's commitment to capacity building, a PNG national ophthalmology registrar was invited to join the ophthalmology clinic. This invitation was upon the recommendation of YWAM MSA's PNG host ophthalmologist, Dr. Jambi Garap. The PNG ophthalmologist received valuable hands-on training in SICS from the YWAM MSA ophthalmologist. This training aligns with the PNG National Eye Plan 2011 – 2015 goal to work towards SICS being the standard technique used throughout PNG.

**Lessons learnt:** YWAM MSA's strong emphasis on training dictates that more time is spent on workforce development during each outreach. In turn, the target number of cataract and pterygium procedures performed each clinic day needs to be reduced to allow time for training ophthalmic doctors not familiar with the SICS procedure.

Efficiency is increased by having two ophthalmologists and an orthoptist in the clinic team.



<sup>1</sup> National Prevention of Blindness Committee, "PNG National Eye Plan 2011 - 2015", 2011.

<sup>2</sup> Khadem, M. "Outcomes of cataract surgery: implications for the developing world". J Med Syst. 1999;23(4):281-9.

<sup>3</sup> World Health Organization, "Vision 2020 The Right to Sight: Global Initiative for the elimination of avoidable blindness. Action Plan 2006 – 2011", 2007. Available: [http://www.who.int/blindness/Vision2020\\_report.pdf](http://www.who.int/blindness/Vision2020_report.pdf). [Oct 2012]



### 3.6 Dentistry (DEN)

#### DEN Goal 2: Improve oral health

**Background:** The incidence of oral disease in PNG remains incredibly high, and continues to worsen. According to the PNG National Health Plan 2001-2010, a large percentage of teenage children have dental cavities. 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, awareness, and access to oral health care increases the incidence of oral disease.<sup>1</sup>

Oral health is essential to overall quality of life. The freedom from oral pain, disease, and decay severely limit an individual's wellbeing.<sup>2</sup>

Addressing common risk factors of oral diseases and can decrease the burden of illness. Preventative measures include:

- Decreasing sugar intake and maintaining a well balanced diet
- Stopping tobacco use
- Decreasing alcohol consumption
- Maintaining oral hygiene<sup>2</sup>

#### **Focus: Collaborative Service Provision**

##### DEN 2.1 Provide oral care

**Target:** Provide oral health care for 13 individuals per dentist, per clinic day

**Outcome:** Mean number of individuals treated per dentist per clinic day: 15 (range: 11 - 22).

This target was met on all but two outreaches. YWAM MSA had difficulty meeting this goal on outreach three, due to weather and transportation difficulties. This resulted in a reduced number of patients seen per day.

The outreach seven dental team was asked to focus primarily on restoration procedures. The team partnered with the local dental therapist from the Daru Hospital, who had been unable to address the restorative needs of patients in the area. Dental restorations are a more time intensive procedure than extractions and therefore, fewer patients per day were seen. Although this outreach did not meet the target, the team was able to reduce the Daru Hospital's dental waiting list by more than six months. This reduced the burden on the local dental therapist who is the only service provider for the South and Middle Fly Districts of the Western Province.

#### **Focus: Preventative Health**

##### DEN 2.2 Provide toothbrushes and toothpaste

**Target:** Provide toothbrushes and toothpaste to 13 individuals per dentist per clinic day

**Outcome:** Mean number of toothbrushes provided per dentist per clinic day: 25 (range: 11 - 55). Mean number of toothpaste tubes provided per dentist per clinic day: 12 (range: 0 - 49).

YWAM MSA met the target in distribution of toothbrushes. Toothpaste distribution fell below target in later outreaches due to reduced supplies.

#### **Focus: Capacity Building**

##### DEN 2.3 Provide oral health education

**Target:** Deliver basic oral health education to 200 people per outreach

**Outcome:** Mean number of individuals receiving basic oral health education: 716 (range 219 - 2 776).

The target was exceeded for all 2012 outreaches. Every patient receiving dental treatment was given individual oral health education. This education was often delivered in groups within the local community also. Education included toothbrushing techniques,

common nutritional advice to prevent decay, and maintaining oral health. Group education sessions were also held in communities.

Outreach four in Port Moresby enabled over 2 500 students the opportunity to receive oral health education.

#### **PNG Dental Training**

As an extension of the PHC capacity building goal to train local health care workers, YWAM MSA took every opportunity to train PNG dental professionals. For a third consecutive year the YWAM MSA dental team supported and upskilled the dental therapist at Kapuna Hospital. For a second consecutive year the team supported and upskilled the dental therapist at Daru Hospital. In addition, three PNG national dentists joined outreaches with YWAM MSA in 2012. These were all recent graduates and eagerly received upskilling from YWAM MSA dentists from overseas, while gaining experience onboard the Ship.

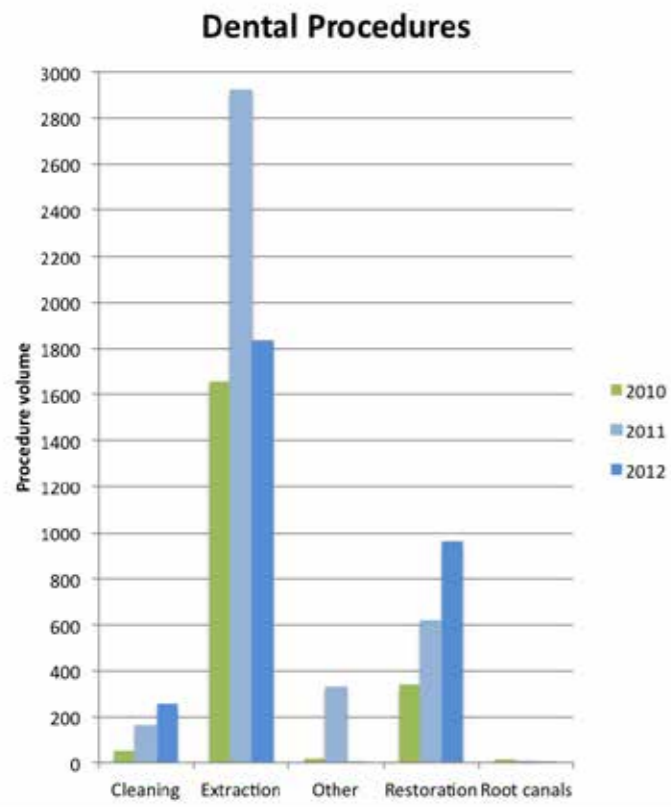
During outreach four, the YWAM MSA dental team, alongside partner Daryl Holmes of 1300SMILES, hosted students from the University of PNG Dental School onboard the Ship. The students received an orientation to YWAM MSA and the Ship and learnt about rural placement opportunities that YWAM MSA and the University of PNG are co-developing.



### 3.6 Dentistry (DEN) continued

**Lessons Learnt:** After three consecutive years in certain areas of the Gulf Province, the demand for emergency dental care, i.e. extractions, is significantly decreasing. In its place, opportunities for restorative work and ongoing preventative oral care are developing. With this progression, education on the importance of preventative health care needs a greater focus. With this it is also necessary to educate on how to maintain oral health with local resources when toothbrushes and toothpaste are not available.

A further lesson learnt was to ensure that each outreach quantities of preventative resources are adequate, available and onboard.



<sup>1</sup>Government of Papua New Guinea, "National Health Plan 2001- 2010. Program Policies and Strategies Volume II", 2000.  
<sup>2</sup>World Health Organisation, "Oral Health", 2012. Available: <http://www.who.int/mediacentre/factsheets/fs318/en/index.html> [Oct 2012]



### Morea

Since 2010, Morea, a health worker from Kapuna Hospital has worked with the YWAM Medical Ship. This year he volunteered for the duration of outreach two, expanding his skills by learning how to do fillings. Morea's confidence grew to a place where he is now able to skillfully perform these procedures in his own community. YWAM MSA was able to leave dental supplies to support his work in Kapuna. Morea was most appreciative of the support as he doesn't have access to other dental equipment or supplies.



### 3.7 Optometry (OPT)

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

**Background:** Almost 30% of the population of PNG over the age of 50 are visually impaired and close to 10% are functionally blind. Refractive error was the most frequent cause of vision impairment (45.7%) in eyes examined. “The identification and treatment of refractive error and cataracts need to be priorities for eye health services in Papua New Guinea if the burden of vision impairment and blindness is to be diminished.”<sup>1</sup> Across PNG, there are seven functioning eye clinics, the majority of which lack sufficient stocks of surgery supplies or prescription glasses.<sup>2</sup>

PNG is close to the equator and many live in coastal regions where sun exposure is high. Ultraviolet (UV) radiation causes acute and chronic damage to the eyes. This can be prevented by wearing protective eyewear (sunglasses).<sup>3</sup> Chronic effects of UV radiation include cataracts and pterygia.

#### Focus: Collaborative Service Provision

#### OPT 3.1 Provide corrective glasses

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

**Outcome:** Mean number of corrective glasses distributed per day: 44 (range: 19 - 105).

Providing corrective eyewear for 30 patients per day was not met on four of the seven outreaches due to varied circumstances. Fewer individuals visited the optometry clinic in regions where the Ship had previously visited. This was encouraging as many of the optical needs have previously been met.

The Bamu region, an area experiencing great poverty, appeared to have fewer elderly residents. Therefore, as vision deteriorates with age, it is suspected that fewer patients were seen by the YWAM MSA optometry team due to the lower average age.

YWAM MSA exceeded the target number of glasses given for the outreaches in Kikori, Port Moresby, and Daru. These locations had larger populations and many sought the benefit of corrective glasses.

**Lessons learnt:** Corrective glasses cannot improve all forms of visual impairment, i.e. cataracts and corneal scarring. Thus, the target to meet every visual impairment need through corrective eyewear is unattainable. Taking this into consideration, the target will be adjusted for 2013.

#### Focus: Preventative Health

#### OPT 3.2 Provide sunglasses

**Target:** Provide 100 pairs of sunglasses per outreach

**Outcome:** Mean number of sunglasses provided per outreach: 124 (range 40 - 425).

YWAM MSA distributed more than the target number of sunglasses on the final two outreaches of the year. During prior outreaches sunglasses were primarily provided to individuals presenting with chronic UV damage, i.e. pterygia and cataracts. However, as fewer than 100 individuals in this category presented to YWAM MSA clinics, the target for these outreaches was not met.

#### OPT 3.3 Provide vision assessments

**Target:** Conduct 40 vision assessments per clinic day.

**Outcome:** Mean number of vision assessments conducted per clinic day: 59 (range: 28 - 120).

The target was not reached for three of the seven outreaches due to the varied circumstances previously mentioned in OPT 3.1.

YWAM MSA’s outcomes for optometry align with the PNG National Health Plan 2011 - 2020 *Key Result Areas*: Improve Service Delivery, Strengthen

Partnerships and Coordination with Stakeholders, and Strengthen Health Systems.

#### PNG Optometry Education

As an extension of the PHC capacity building goal to train local health care workers, YWAM MSA upskilled two refraction workers during outreach seven in Daru, Western Province. YWAM MSA’s refraction worker partnered with the local refraction workers, assisting them in patient examinations and lending knowledge and experience. A formal education session run by YWAM MSA also took place. This training equipped the local refraction workers to improve the services they provide.

#### Innovation

YWAM MSA was able to roll out the innovative I-SEE programme during the fifth outreach of 2012. With the largest number of PNG national volunteers onboard the Ship it was the perfect opportunity to trial the programme, which is intended for use by locals in their own villages or communities.

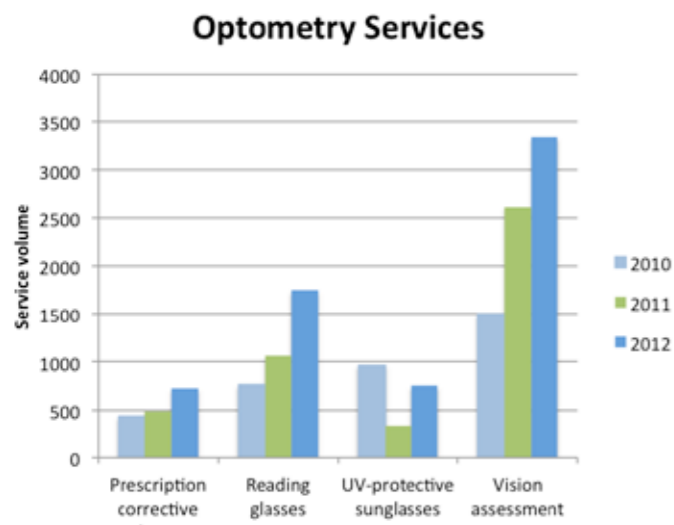
The I-SEE programme includes a short training DVD that educates the user on how to assess visual acuity. Using a ‘lens ladder’ with varying prescriptions, a layperson is then able to assess and dispense the appropriate pair of glasses. The I-SEE kit includes several hundred pairs of prescription glasses.

### 3.7 Optometry (OPT) continued

The I-SEE programme was found to be simple for a layperson to learn and several PNG nationals were able to assess the vision of their own countrymen and dispense glasses for them.

**Lessons Learnt:** YWAM MSA optometry teams observed visual impairment caused by trauma resulting from violence (including domestic) and inadequate workplace personal protective equipment. Further education regarding these risks will be implemented in 2013.

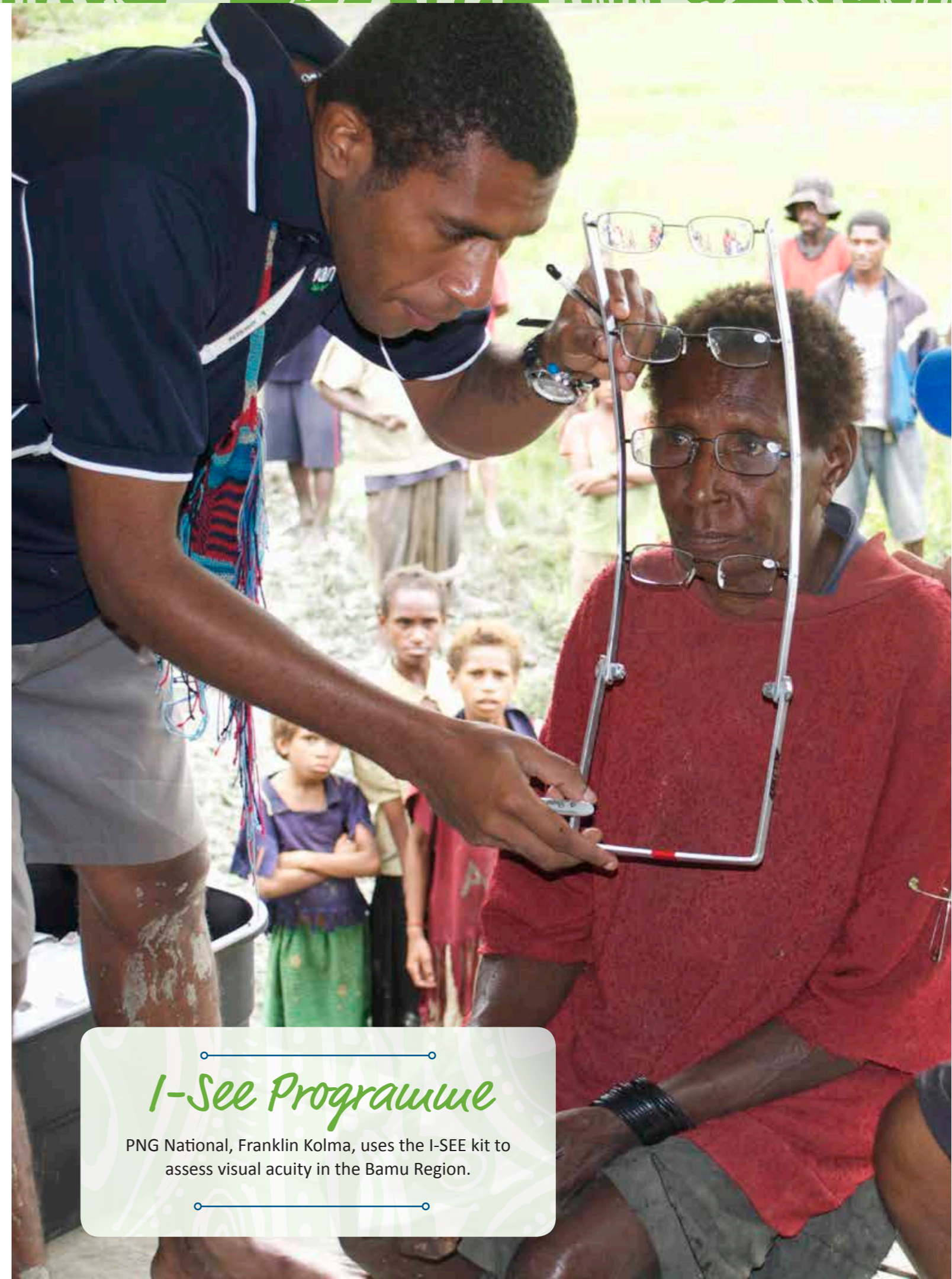
In order to meet target 3.2, individuals with high exposure to UV radiation will also be provided with protective eyewear (sunglasses).



<sup>1</sup>National Prevention of Blindness Committee, "PNG National Eye Plan 2011 - 2015", 2011.

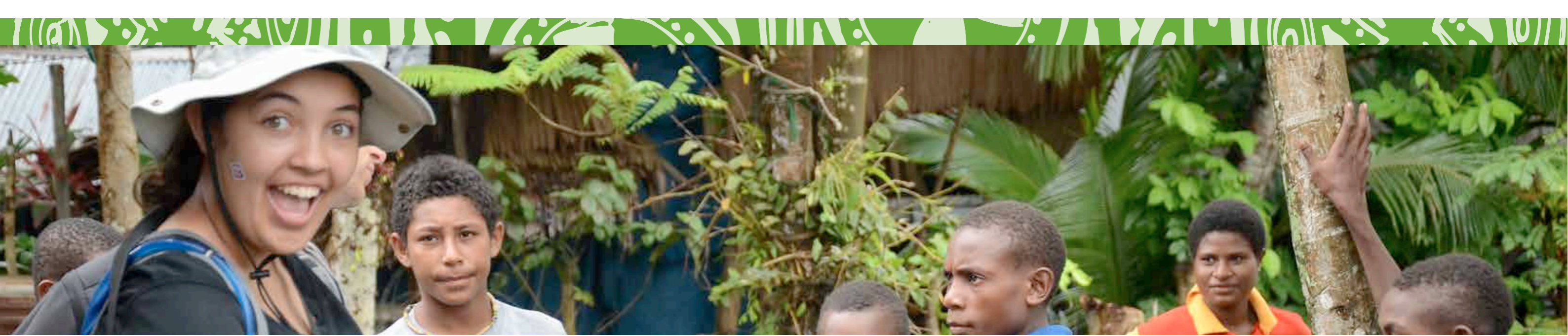
<sup>2</sup>Integrated Regional Information Networks (IRIN), "PNG - Poor eye care worsens rural suffering". Available: <http://irinnews.org/Report/95005> [Oct 2012].

<sup>3</sup>World Health Organization, "Ultraviolet radiation and human health", 2009. Available: <http://www.who.int/mediacentre/factsheets/fs305/en/index.html> [Oct 2012].



## I-See Programme

PNG National, Franklin Kolma, uses the I-SEE kit to assess visual acuity in the Bamu Region.



### 3.8 Engaging Australians (EA)

#### EA 8.1: Increase social consciousness in Australian youth

**Background:** A snapshot of today's Australian youth shows:<sup>1</sup>

- 28% of teenagers binge drink on a regular basis
- 37.7% have used illicit drugs
- 48% of females will try extreme weight loss methods
- 1 in 4 will have suffered from depression by age 18
- 10 young Australians commit suicide each week
- Self harm increased by 50% between 1996 and 2006

Today's Australian youth belong to a generation that understands the plight of the poor and needy. When given the opportunity to respond to injustice, they often do so with incredible passion. Evidence clearly indicates that providing young people with the opportunity to address some of these needs can drastically improve their behaviour and lifestyle.<sup>2</sup>

**Target:** Facilitate outreaches to PNG for Australian youth.

**Outcome:** As part of the roll out of the mass drug administration (MDA) for the eradication of lymphatic filariasis (LF) in the Gulf Province, a group of four teenagers from Townsville traveled to Kerema to work alongside YWAM MSA clinic leaders and the Provincial Health Administration. The team distributed medication to 3 474 people in just three days, covering 47% of the population in Kerema town.

**Target:** Engage Australian schools

**Outcome:** Townsville Bulletin's Newspapers in Education (NIE) programme has made an active focus on PNG, the Millennium Development Goals, and the YWAM Medical Ship. In 2012, the programme delivered information to more than 3 000 students in 25 schools each month.

YWAM MSA also facilitated a Youth Leadership Forum in conjunction with the Townsville Bulletin's NIE programme. The seminar included special interest sessions, practical interactive activities and guest speakers. Twenty students coming from five schools attended the seminar.

Furthermore, Social Media Awareness seminars were conducted by YWAM MSA in three different schools across North Queensland. A total of 110 students were present.

Many schools have also carried out toothbrush, toothpaste, and spectacles drives and fundraisers for YWAM MSA.

#### EA 8.2: Strengthen the Townsville – Port Moresby sister city relationship

**Background:** Port Moresby is Townsville's oldest sister city, established in 1983. Since that time, significant economic development has occurred between the two centres with some \$500 million in two-way trade now flowing between the ports. Townsville has many contacts in Port Moresby due to the strong business relationships and close proximity of the two centres (Townsville is closer to Port Moresby than it is to Brisbane).

**Target:** Conduct an outreach in Port Moresby

**Outcome:** YWAM MSA aims to create a sense of partnership between Townsville residents and PNG by establishing the YWAM Medical Ship in Townsville on a long-term basis.

In July 2012, YWAM MSA conducted a one-week outreach in Port Moresby with the aim of engaging more businessmen, politicians, health professionals and other individuals from Townsville to expose them to the needs in PNG, and to help them understand their role in helping and supporting the nation.

Delegates included:

- Townsville Chamber of Commerce
- Federal Member for Herbert, Ewan Jones
- 1300SMILES Managing Director, Daryl Holmes
- Townsville City Council
- Australian Idol Townsville finalist, Kim Cooper
- Health Professionals from both Townsville and PNG

YWAM MSA is an active member of the Townsville Sister Cities Forum.

<sup>1</sup>Statistics courtesy of Australian Bureau of Statistics (2001)

<sup>2</sup>Research courtesy of National Youth Affairs Scheme (2004)

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# *Our Footprint in Papua New Guinea*

4.1 Bamu Region

4.2 South Fly District

4.3 Kikori District

4.4 Kerema District

4.5 Baimuru District

4.6 Port Moresby



# Our Footprint in Papua New Guinea

## 4.1 Bamu Region (Western Province)

In 2012, YWAM MSA expanded its reach into the Bamu Region of the Western Province. Over two outreaches, the following villages were visited:

Aniadai	Oropai
Bamio	Puripuri 2
Bimaramio	Sisiami 1
Bunigi	Sogere
Emeti	Torobina
Miruwu	Upati

### Highlights

#### I-SEE Programme

YWAM MSA trialed the I-SEE programme in the Bamu Region. I-SEE is a programme that equips individuals to identify and prescribe glasses for common vision impairment. YWAM MSA was able to train two PNG nationals in carrying out a visual acuity test, helping to determine the prescription lenses required to correct their vision.

YWAM MSA found the programme to be a success, and observed a positive response from villagers as they were seen by their own people.

#### Immunisations

Over 1 200 vaccinations were administered to more than 500 children in the Bamu Region in 2012.

Many children did not have up-to-date immunisations, although immunisation patrols had been visiting the region once or twice a year. YWAM

MSA was able to administer immunisations to newborns in the region, which significantly increases their chance of survival.

### Challenges

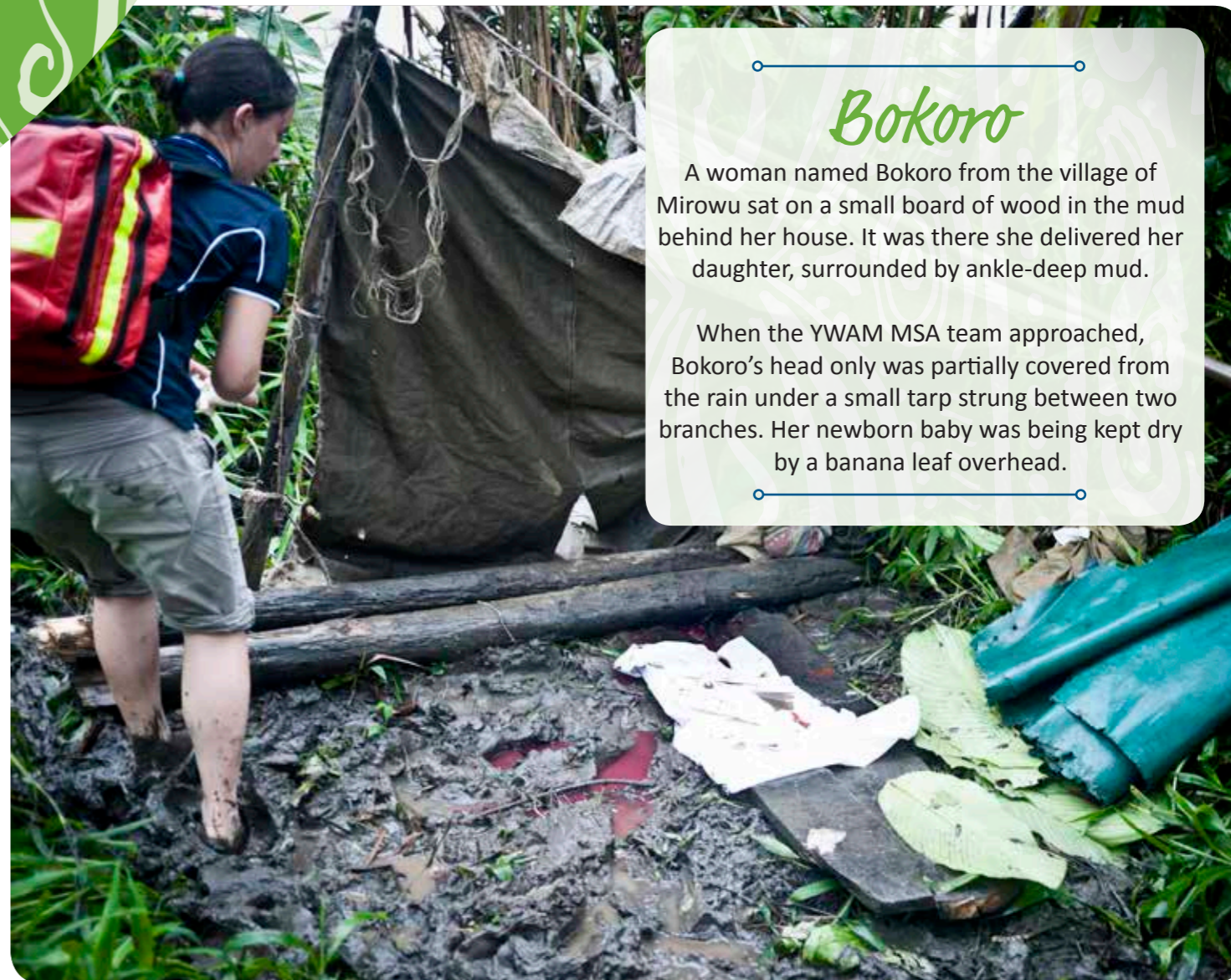
#### Poverty

While visiting the Bamu region, YWAM MSA volunteers were struck by the level of poverty and hardship that villagers were experiencing. The lack of food, clean water, and basic amenities was shocking. Basic necessities such as clothing and cooking pots are desperately lacking.

Access to health care is a great challenge for the residents of the area. In order to reach an aid post or health care centre they are forced to fight river currents and manoeuvre through bore tides on their canoes. Aid posts are often underserved and lacking fundamental supplies.

#### Malnutrition

The level of malnutrition found within the Bamu region was shocking. Out of the 31 children under the age of five that were seen in the PHC clinic in Bamio Village (population 300), 20 were classified as malnourished, and five extremely malnourished. One extreme case was baby Umi. At eight weeks of age she weighed just 1.7 kilograms (see Umi's story on page 76).



## Bokoro

A woman named Bokoro from the village of Mirowu sat on a small board of wood in the mud behind her house. It was there she delivered her daughter, surrounded by ankle-deep mud.

When the YWAM MSA team approached, Bokoro's head only was partially covered from the rain under a small tarp strung between two branches. Her newborn baby was being kept dry by a banana leaf overhead.

#### Village Access

Tides and mud made it very difficult to access many of the villages in the Bamu Region. The transportation of medical equipment and supplies was particularly challenging.

#### Birthing Conditions

In the Bamu Region, women often give birth in small, temporary shelters behind their homes. Traditionally, they are to remain there until they stop bleeding – anywhere from two to four weeks following the birth. YWAM MSA observed these conditions first-hand (see Bokoro's story above).

#### Health Workforce Development

The following health care workers in the Bamu region received education and training from YWAM MSA:

- Three local health workers were upskilled in maternal health and delivery in Emeti and Bamio.

- Five local health workers were upskilled in the new treatment guidelines for malaria from Emeti, Bamio and Torobina.
- Two local mothers were educated in maternal health and delivery in Oropai.
- Two local health workers were upskilled in diagnosis and treatment in Emeti and Bamio.

#### Surveying

In the Bamu region, 1560 kms of river was surveyed to determine accessibility for the YWAM Medical Ship. Rivers surveyed include: Bamu, Bebea, Bina, Duro, Dibiri, Aramia, Guavi, Gama.

## 4.2 South Fly District (Western Province)

This was YWAM MSA's second year in the South Fly District of the Western Province. YWAM MSA anchored in Teapopo for two days and Daru for two weeks during the 2012 outreach season.

### Highlights

#### Strengthening Partnerships

##### **Daru Hospital**

The YWAM PHC team worked alongside the hospital staff for the duration of the two weeks in Daru. While working with the Daru Hospital, it was observed that malaria was often diagnosed in outpatients on loose clinical suspicion and treated with out-of-date medication protocols. Interestingly, only one-eighth of the cases that YWAM MSA tested for malaria in the outpatient department came back positive.

By the time the YWAM MSA outreach concluded, not only were RDT being used and the new medications being prescribed, but the staff also had a renewed enthusiasm and energy about their work, knowing that they were addressing problems they saw with greater accuracy and treating them more effectively. They were thrilled to know that the new protocol was easier than they thought and possible in the context of their work.

The YWAM MSA dentistry team worked alongside the Daru Hospital dental therapist, who was based out of Daru Hospital. The therapist had a long patient waiting list, particularly for restorations. YWAM MSA worked alongside the dental therapist to minimise the waiting list and took the time to teach new skills and techniques. Over the course of two weeks, the Daru dental patient waiting list was reduced by six months.

##### **Optical Workforce Development**

For the duration of the two weeks in Daru, the YWAM MSA optometry team worked alongside two refraction workers from Cullans Disability Services, Daru. Initially, the local workers saw the majority of clients, using basic refracting, while YWAM MSA observed and provided further training as needed.

The YWAM MSA orthoptist and ophthalmologist held a training session to train the local optical workers in using more advanced refracting. The refraction workers picked up on these skills, and were able to practise the following week under the observation of YWAM MSA optometry team.

The refraction workers were given much needed optometry supplies and teaching materials.

##### **Provincial Health Administration**

Being based out of Daru for two weeks gave great opportunity to connect with the Western Provincial Health Administration. This allowed YWAM MSA to receive further advice and input on its programmes from various health authorities, including the Director of Rural Health Services.

### Challenges

The education seminars that were facilitated within the Daru Hospital were unable to be planned until the Ship's arrival which made it difficult to reach the maximum number of trainees. There were also logistical issues in registering dentistry patients from the hospital; many patients on Daru Hospital's waiting list were allocated a day that they could be seen, but would show up on a different day. This resulted in some patients being unable to be seen because of the high patient load on certain days.



## Gulava

Gulava is a dental therapist that has worked out of Daru Hospital for 12 years. Gulava's services are in high demand; she covers the entire South Fly District as well as most of the Middle Fly. YWAM MSA's dentistry team worked alongside Gulava in 2011 & 2012 to not only relieve her workload but also provide further training and support.

### Health Workforce Development

The Daru Hospital Director of Rural Nursing Services released staff to attend various teaching sessions according to their specialty. The teaching sessions were conducted by YWAM MSA's primary health care team. The following teaching topics were covered throughout the duration of the outreach:

- Maternal health
- Infection control
- New malaria treatment guidelines
- Dehydration and diarrhoea
- Wound care
- Basic trauma assessment
- CPR
- Respiratory health
- Nutritional management of disease
- Hypertension
- Childhood immunisations

Furthermore, in Teapopo two health care workers were trained in the latest malaria treatment guidelines and some basic training on maternal health.



### 4.3 Kikori District (Gulf Province)

This was YWAM MSA's third consecutive year in the Kikori District of the Gulf Province. The following villages were engaged during the 2012 outreach season<sup>1</sup>:

Babaguna	Kikori
Doibo	Lalau-Arial
Ero	Samoa
Gigore	Tovei
Imeia	Veiru
Irimuku	Wouobo
Karati	Wowou

#### Highlights

##### Health Workforce Development

It was a joy to return to many of the same locations that YWAM MSA had visited in 2010 and 2011. Connecting with local health care workers for the third consecutive year was of particular value, and many made comment highlighting their appreciation in receiving support and having the Ship return to build on what had been achieved in the previous year.

Conducting the ophthalmology clinic out of Kikori Hospital also gave YWAM MSA the opportunity to help support and upskill the various nurses and health care workers from the hospital.

##### Oral Health Improvements

On the third consecutive year of operations in this District, a noticeable shift from emergency extraction services to restorative dental work was a significant point of celebration for YWAM MSA's dental team. It was encouraging to see tangible progress toward improved oral health for villages engaged.

##### Community Empowerment

The PHC team came across a small baby that was admitted to the Karati Health Centre. Her mother, who at the time was undergoing TB treatment, had an insufficient breast milk supply to feed her baby. YWAM MSA initiated some discussions with the health care workers about how to help provide the baby with the nourishment she needed. They came up with a 'Su Su Mothers' approach, and rallied the mothers from the village to donate their breast milk to the baby. The baby was soon receiving full feeds from various mothers in the village. Plans were also put in place to freeze milk for similar cases in the future. See story 'Malnourished Baby Receives Milk... and Life' on page 62.

##### Challenges

##### Elections

The PNG national election campaign (which takes place every five years) was in full swing during the YWAM MSA outreaches in the Gulf Province. Candidate presentations and public debates were certainly a dominant, competing attraction during some clinic days. This was particularly difficult for the

ophthalmology clinic where patients were required to leave their villages and travel to Kikori Hospital to receive surgery.

##### Violence against Women

YWAM MSA teams are frequently confronted with instances of violence against women. A particularly disturbing case in Kikori District involved a woman six months pregnant who had been beaten prior to YWAM MSA's arrival. She presented to the PHC clinic in labour and was supported through the stillbirth of her infant. Her situation highlights the importance of continued advocacy surrounding the value of women and the importance of a safe community for all; an issue that is widespread across the nation.

##### Tides

Extreme tide variations created challenges in coordinating transportation in certain locations. This, at times, resulted in shortened clinic days.

##### Health Workforce Development

The following health care workers in the Kikori district received education and training from YWAM MSA:

- Eleven health care workers from the Karati Health Centre received education on various topics over the five days YWAM MSA was based at Karati.
- Two health care workers from Wowou and Veiru were upskilled in the new PNG malaria treatment guidelines.

- Nine traditional birth attendants from Gigore were upskilled in basic maternal health.
- YWAM MSA personnel went through the medication store with the Gigore CHW and made direct links with the PNG Standard Treatment Manual. This increased the CHW's sense of confidence in common medication use as well as storeroom supply management. His feedback was very positive.

##### Surveying

Hydrographic charts of the Kikori District are limited, affecting the provision of, and access to, basic services for rural communities. YWAM MSA conducted hydrographic surveying in this region as a step toward improved access and strengthened primary health care transport infrastructure (PNG National Health Plan *Objective 1.1* and *1.2*)<sup>2</sup>.

The total distance surveyed in Kikori District was 940km.

The rivers surveyed in Kikori District were Ivi, Aiai, Pua, Saboro, Auro, Nabi, Kikori and Sirebi.

<sup>1</sup>YWAM MSA mobile clinics were set up in these villages. Clinics served a broader area, however, as individuals from other villages traveled to receive treatment.

<sup>2</sup>National Health Plan 2011-2020: Key Result Area 1 (KRA 1): Improve Service Delivery



## 4.4 Kerema District (Gulf Province)

In October 2012, a land-based YWAM MSA team conducted a LF MDA<sup>1</sup> pilot project in Kerema town, Gulf Province. This was ground breaking work for both YWAM MSA and the Gulf Provincial Health Administration. The team built on what had been commenced by a land-based MSA team in rural East Kerema, in January 2012. During the four weeks of that first exploratory expedition, over 8000 people were dispensed the required medication. A summary of the extension project in urban Kerema follows below.

### Lymphatic filariasis MDA in Kerema town – Project Summary

#### Highlights

The working relationship between YWAM MSA and the Gulf Provincial Health Administration was strengthened in 2012.

Wide distribution of LF eradication drugs was achieved. An impressive 47% of Kerema town population received the medication during the three day project.

The project focus was Kerema town population, however, people responded to radio advertisements and travelled from rural areas from as far away as Kaintiba to receive the medication.

The team of seven PNG local volunteer personnel were mobilised to extend the project, build sustainability, and see the goal of LF eradication in the Kerema community come about.

Volunteer Australian youth were engaged in delivering the programme. They received basic training under the supervision of YWAM MSA personnel and were exposed to perspective expanding cultural experiences. Furthermore, the team was able to partner with PNG young people, exchange inspiration regarding how to make a positive impact on their respective communities, transported these experiences back to the Australian context, and extended the special relationship between Australia and PNG.

#### Challenges

On one day, rain made distribution at the local market (standard method) less effective; home visits were made instead with good penetration.

#### Future Focus

The model used in this pilot programme had an advanced team for liaising and advertising, followed by distribution from a Provincial Health Administration flat deck truck. This truck was parked at a busy market during the morning and afternoon, and distribution took place at school programmes during the heat of the day. Australian youth and local volunteers were supported by YWAM MSA personnel. This model proved to be very effective and provides a benchmark that can continue to be implemented in conjunction with Provincial Health Administration.

Consideration can be given to running LF MDA concurrently with pre-existing immunisation outreach programmes established by Provincial Health Administration.

Continued collaboration with James Cook University, in Townsville, will be explored to help monitor the effectiveness of the LF MDA programme.

<sup>1</sup>See Goal MTLF 1.3 – page 38 for further information



## Malnourished Baby Receives Milk...and Life

On a metal bed frame with no mattress, lay a very thin looking woman and her little one-month old baby. After the Ship arrived in their village, the midwife on board, Debbie, was called to check on the child. As she talked with the local health care worker, she found out that sadly, the mother, who was from a different village, had TB and was having trouble producing enough breast milk to feed her little girl. The effects of this were evident in the baby's extremely low weight.

Meanwhile, on board the Ship, the team in the dental clinic happened to include a dental assistant, Shey; mother of a six-month old baby girl named Resina.

After talking with Debbie, Shey decided to express what milk she was able to and see if the little baby in the village would take it. The first feeding was an incredible success! The midwife first put some on to her finger and gave the little baby a taste, then proceeded to feed her the rest through a syringe.

In the next few days, a mother from the village came to the clinic with her own jar of milk that she had expressed for the baby. The same day, Debbie, along with Medical Coordinator, Hannah,

held a meeting for the village women where they discussed circumstances such as this when a mother can't produce enough milk for her baby. Other mothers spoke about their concerns and Debbie and Hannah were able to address these. They talked about sharing the burden of supplying milk for a malnourished baby between other mothers, with appropriate infection control messages. Most importantly, they discussed the value of life and that without someone to speak up and step out to help this struggling family, this little baby would die. Any Mum in this position would do anything to see her baby live and the other mothers increased in understanding and compassion for this family and others in similar situations.

Since the Ship's visit to Karati, Medical Coordinator, Hannah, received a message that the little baby has been gaining weight! It seems this village has caught the Ship's motto...I Want to Live!



## 4.5 Baimuru District (Gulf Province)

This was YWAM MSA's third consecutive year in the Baimuru District. The following villages were engaged during the 2012 outreach season :

Akoma	Koravaki
Baimuru Station	Mapaio
Kapuna	Mirimilua
Kairimai	Veraibari

### Highlights

#### Community Empowerment

Health workforce development was a particular highlight of the YWAM MSA 2012 season of operations in Baimuru District.

A full day of community health education was delivered at Veraibari, arranged in conjunction with village leaders and covering topics requested by the community. Women, men, and adolescents, all had specialised seminars throughout the day. The teaching concluded with a session especially for local women in the role of birth attendants. Village leaders were active in encouraging the whole community to attend and feedback was positive.

#### Oral Health Improvements

On the third consecutive year of operations in this District, a noticeable shift from emergency extraction services to restorative dental work was a significant point of celebration for YWAM MSA's dental team. It was encouraging to see tangible progress toward improved oral health for villages engaged.

#### The Next Generation

Two school visits, were conducted in which intestinal de-worming medication was administered and education topics delivered. Whole school assemblies included HIV/AIDS awareness, hygiene and hand-washing, diarrhoea, and malaria. Teachers gave positive feedback and were encouraged by the support in delivering health curriculum.

### Challenges

#### Weather and Elections

There was a lot of rain during outreach two in particular, which likely reduced the number of people presenting to clinics. Also, the national election campaign (run every five years) was in full swing during and candidate presentations and public debates were certainly a dominant, competing attraction during some clinic days.

#### Health Workforce Development

#### Dental Workforce

It was a privilege to return to the Kapuna area in 2012 for the third consecutive year. This has enabled a strong working relationship to develop between the local dental worker, Morea Joseph, and the YWAM MSA dental team. Morea was again able to actively participate in the dental clinic, extending his skills alongside experienced dentists and broadening his service capacity.

Some dental resources were also left with him to support his ongoing work.

A highlight of the dental clinic work at Baimuru Station was the discovery of a retired oral hygienist, originally trained by the Australian Army, named Ipao. This gentleman still does what he can to assist people who come to him with acute dental problems. Although he was only able to join the team for the final afternoon of clinic work, it was a valuable encounter and some dental consumables (needles and local anaesthetic) were left with him.

#### Community Health Worker and Nurse Training

At Baimuru Station seminars were held over two days with a good number of CHWs and Nursing Officers attending. Topics covered included maternal health, malaria (including use of Rapid Diagnostics Test kits and the updated PNG management guidelines) and haemoglobin testing. Feedback from participants was very positive. Several stated they had not received any continued professional development (CPD) training since graduation many years earlier and had gained confidence in the modern management of malaria.

Furthermore, YWAM MSA was able to work alongside the Kapuna CHW graduates in their placement locations. This provided great opportunity for them to gain further training and experience alongside YWAM MSA's doctors and nurses.

#### Hydrographic Surveying

#### Improving Access, Tackling Isolation

Hydrographic charts servicing the Baimuru District are limited, affecting provision of and access to basic services for rural communities. In 2012, YWAM MSA conducted hydrographic surveying in Baimuru District as a step toward improved access (PNG National Health Plan Objective 1.1) and strengthened primary health care transport infrastructure (Objective 1.2) .

Distance surveyed in Baimuru District: 940km

Rivers surveyed in Baimuru District: Era,Iviri, Ivo, Pie,Purari, Wame, Wapo.

*Hon Mike Reynolds, Right Honourable Sir Rabbie Namaliu, Ewen Jones MP and Ken Mulligan on board the YWAM Medical Ship*



## 4.6 Port Moresby (National Capital District)

This year marked the first ever YWAM MSA first year of outreach in Port Moresby, NCD. Over five clinic days the following districts were serviced:

Kaugere  
Kila Kila  
Tabugere

During this time, YWAM MSA held several functions, simultaneous to the clinics, with the aim of expanding networks in PNG and strengthening the partnership between the nation and Australia. The outreach provided YWAM MSA great opportunity to engage with many different people from various spheres, while highlighting the need for the two nations to work together in achieving sustainable outcomes.

### Highlights

#### Supporting Local Clinics

Working alongside the local staff at the Living Light Ministries Clinic was a big success. The PHC team was able to train and input knowledge and skills as well as learn from the local health care workers. Many of the local clinic staff made comments about feeling valuable and encouraged through the exchange of training.

#### Partnering with the University of PNG School of Dentistry

Twenty dental students joined the YWAM MSA dentistry team over two clinic days in Port Moresby. Many of the students observed and were quizzed throughout each dental procedure while some were given the opportunity to practise under supervision.

#### Engaging in Schools

YWAM MSA undertook health and wellbeing school programmes in 17 schools across Port Moresby, which was a great success. Topics such as bullying, oral health, wound care, and malaria prevention were covered during these programmes.

#### Health Workforce Development

Twenty-two local health workers were upskilled in areas including:

- Maternal health
- Malaria
- Asthma
- Childhood respiratory illness
- Hypertension
- Diabetes
- Eye health
- Musculoskeletal injury
- Malaria RDTs
- Haemoglobin colour scales
- New malaria treatment guidelines

#### Partnerships

Partnerships were strengthened and networks expanded during the YWAM MSA outreach in Port Moresby.

YWAM MSA hosted a lunch with YWAM MSA Patron of PNG, the Right Honourable Sir Rabbie Namaliu. Guests included the Federal Member for Herbert, Mr. Ewen Jones, the Federal Member for Ryan, Mrs. Jane Prentice MP, YWAM MSA Australia Patron, the Honourable Mike Reynolds AM, the Townsville Chamber of Commerce delegation, and a representative from the Townsville City Council. During this meeting the importance of building greater collaborative and cooperative partnerships between Australia and PNG was discussed, as well as how the two nations can further work together.

Furthermore, the Australian High Commissioner to PNG, His Excellency, Mr. Ian Kemish AM, hosted a dinner at his residence to welcome the YWAM Medical Ship. This function provided opportunity for YWAM MSA, and its Australia partners, to network with key stakeholders in PNG.

#### Ship Tours

YWAM MSA hosted an open day onboard the YWAM Medical Ship in Port Moresby. This gave the general public the opportunity to tour the Ship, and hear of the work conducted in rural and remote areas of the Gulf and Western Provinces.

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# Moving Forward

5.1 Project Development

5.2 A New Medical Ship for PNG

5.3 2013 Outreach Dates and Locations

5.4 2013 Projected Goals

5.5 2013 Proposed Budget



# Moving Forward

## 5.1 Project Development

YWAM MSA has seen great improvements and expansions since 2010. Over just three years, 106 384 training, health and community development outcomes have been achieved in conjunction with the NDoH and Provincial Health authorities. While YWAM MSA is thrilled with the success of such a young programme, there are still many plans to improve and develop the project.

### Professional Development for Rural Health Workforce

Plans are well underway for expanding YWAM MSA's professional development programmes for rural healthcare workers in 2013. Training modules are being written in accordance with the national CHW curriculum, which will enable YWAM MSA to provide structured refresher training for many CHW's that have not had any further training since they first received their qualification.

### Innovative Training Initiatives

YWAM MSA will be rolling out the innovative I-SEE and I-DENT programmes in 2013. I-SEE is a programme that equips PNG locals with the skills needed to identify and treat common eye sight problems. The I-SEE kit includes 200 pairs of glasses, two lense ladders, eye charts, a repair kit and non-verbal training tools to equip locals to fit glasses. The training takes just two hours and will be practiced alongside YWAM MSA's optometry team before the individual carries out self-sustaining optical services for their community.



I-DENT is a programme that equips PNG nationals with basic dentistry skills. The I-DENT kit includes a portable dental chair, a hand drill, pneumatic foot-operated speed control pedal, instrument tray and solar panel. The entire kit folds into a 15 kg backpack and can be set up or taken down in just over a minute.

## 5.2 A New Medical Ship for PNG

Due to the high level of need and isolation and infrastructure challenges in PNG, YWAM MSA has recognised the need to upgrade its current vessel, the MV Pacific Link. This vessel is past its optimal lifespan, and has limited YWAM MSA's service delivery as it is only self-sustaining for limited time periods, and clinic hours are reduced due to travel time. YWAM MSA is now researching possible options that would increase effectiveness exponentially.



## I-SEE Kit

I-SEE is a programme that equips PNG nationals with the skill they need to identify common disorders, fit glasses, and run a small self-sustaining service.

The medical and onboard training facilities the new vessel will make a direct impact on many of the health and community concerns in PNG.

### Mobile Health Facilities

PNG has a coastline of 5 400 km, 600 islands, and 40% of its seven million population living in poverty. The new medical ship will operate as mother-ship with multiple launches that are able to access smaller, more remote villages, thus allowing for several medical teams to be on the field at once in multiple locations. The launches will operate as mobile clinics, with medical equipment, resources and refrigeration capabilities on-board for the transport of medication and immunisations. They will also transport patients to the ship for specialised surgeries, dental work, and education seminars in the on-board lecture rooms.

### Training Facilities

YWAM MSA's new vessel will have on-board and mobile training facilities, which will allow for

“train the trainers” to equip village leaders, rural healthcare workers and medical professionals, maritime professionals, and students to develop their communities.

### Disaster Response Capability

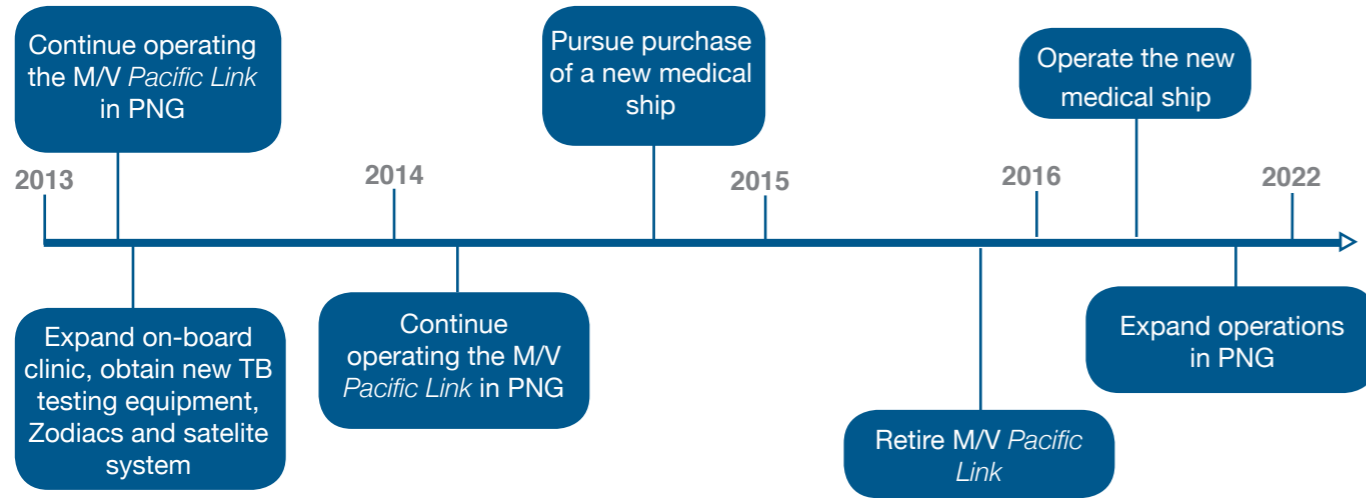
Every year the coastal regions of PNG and nearby Pacific Islands are at risk of cyclones or tsunamis. Along with extensive flooding and property damage, evacuation routes can be cut off, and lead to injury or death.

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 with onboard communication, greater manoeuvrability, and resources distribution capacity.

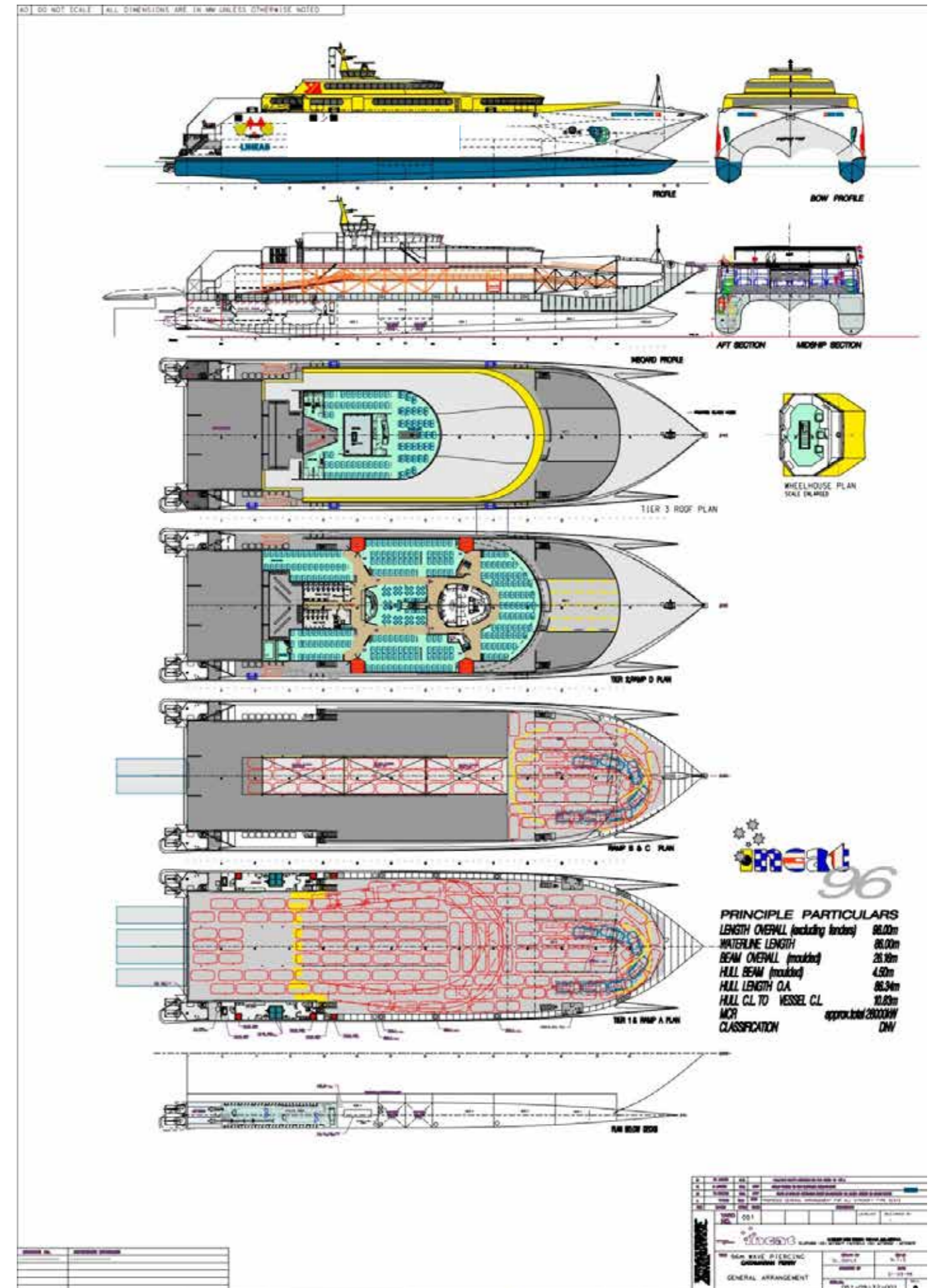
## 5.2 A New Medical Ship for PNG continued

### Project Timing



## 5.3 2013 Outreach Dates and Locations

Outreach	Dates	Location	PHC*	DEN*	OPT*	OPH*
1	9 May - 26 May	Gulf Province	✓	✓	✓	
2	30 May - 16 June	Gulf Province	✓	✓	✓	
3	20 June - 7 July	Gulf Province	✓	✓	✓	✓
4	20 July - 28 July	Port Moresby	✓	✓	✓	
5	1 Aug - 18 Aug	Western Province	✓	✓	✓	
6	22 Aug - 8 Sep	Western Province	✓	✓	✓	
7	12 Sep - 29 Sep	Western Province	✓	✓	✓	✓





## 5.4 2013 Projected Goals

### Focus - PNG

#### Maternal Health

##### Collaborative Service Provision

Support maternal health services, partnering with local health workers wherever possible to provide:

- 30 women per outreach with comprehensive antenatal checks

- 50 women per outreach with family planning services

Support supply chain logistics by adding capacity to rural distribution networks delivering:

- 300 family planning consumables per outreach

- 100 birth kits per outreach

##### Health Promotion and Community Empowerment

Equip communities by providing pregnancy and birth education to:

- 40 pregnant women per outreach
- 100 community members per outreach

And family planning education to:

- 100 community members per outreach

#### Health Workforce Capacity Building

Workforce strengthening through maternal health focused professional development training provided to:

- 5 local health workers (including traditional birth attendants where appropriate) per outreach

#### Child Health

##### Collaborative Service Provision

Support child health services, partnering with local health workers wherever possible to provide:

- 270 child immunisations per outreach
- 200 nutritional assessments per outreach

##### Health Promotion and Community Empowerment

Equip communities by providing child health focused education to:

- 100 community members per outreach

##### Health Workforce Capacity Building

Workforce strengthening through child health focused professional development training provided to:

- 5 local health workers per outreach

#### Malaria

##### Collaborative Service Provision

Support malaria treatment services, partnering with local health workers wherever possible to provide:

- Primary health care clinics serving 720 people per outreach (includes patients presenting for fever work-up)

Support supply chain logistics by adding capacity to rural distribution networks delivering:

- 200 LLIN per outreach
- 350 RDTs per outreach

##### Health Promotion and Community Empowerment

Equip communities by providing malaria prevention education to:

- 300 community members per outreach

##### Health Workforce Capacity Building

Workforce strengthening through malaria focused professional development training provided to:

- 5 local health workers per outreach

#### Primary Health Care

##### Collaborative Service Provision

Support primary health care services, partnering with local health workers wherever possible to provide:

- Primary health care clinics serving 720 people per outreach

##### Health Promotion and Community Empowerment

Equip communities by providing health and hygiene education to:

- 500 community members per outreach

##### Health Workforce Capacity Building

Workforce strengthening through professional development training (focus: diarrhoea, pneumonia, febrile illness) provided to:

- 5 local health workers per outreach

## 5.4 2013 Goals continued

### Dentistry

#### Collaborative Service Provision

Support dental services, partnering with local oral health workers wherever possible to provide:  
Dental clinics serving 230 people per outreach

Support supply chain logistics by adding capacity to rural distribution networks delivering:  
230 toothbrushes per outreach  
150 tubes of toothpaste per outreach

#### Health Promotion and Community Empowerment

Equip communities by providing oral health education to:  
300 community members per outreach

#### Health Workforce Capacity Building

Workforce strengthening through oral healthcare professional development training provided to:  
5 local oral healthcare workers per outreach

Infrastructure development (with associated training) for non-professional dental personnel via distribution of:  
8 I-DENT units during the 2013 outreach season

### Optometry

#### Collaborative Service Provision

Support optometry services, partnering with local workers wherever possible to provide:  
360 vision assessments per outreach  
270 pairs of corrective glasses per outreach  
100 UV-protective sunglasses per outreach  
Identification and ophthalmic referral for 10 people per outreach

#### Health Promotion and Community Empowerment

Equip communities by providing eye health education to:  
360 community members per outreach

#### Health Workforce Capacity Building

Infrastructure development (with associated training) for non-professional optometry personnel via distribution of:  
8 I-SEE units during the 2013 outreach season

### Ophthalmology

#### Collaborative Service Provision

Support ophthalmology services, partnering with local health workers wherever possible to provide:  
Ophthalmology procedures to 54 people in the 2013 outreach season

#### Health Promotion and Community Empowerment

Equip communities by providing eye health education to:  
54 recipients of ophthalmology procedures in the 2013 outreach season

#### Health Workforce Capacity Building

Workforce strengthening through professional development training provided to:  
2 PNG national ophthalmic doctors in the 2013 outreach season

### Tuberculosis

#### Collaborative Service Provision

Support tuberculosis laboratory services, partnering with local health workers wherever possible to provide:  
Mobile TB testing (via Xpert MDG/RIF unit) to isolated communities in Gulf and Western Provinces in the 2013 outreach season



## Babies Dying Off Australian Shores

Approximately 220 km off Australia's mainland lies a country where one in every thirteen children will die before five years of age, a rate far greater than any other in the Pacific region. It is not hard to imagine why this fact is so little known; due to the geographic isolation of much of PNG, media coverage is limited. This is especially the case in Western Province, a particularly remote area of a nation that, even when considered as a whole, falls below countries like Angola and Bangladesh in global poverty measures.

"I have eight children", one mother said. But only four children played together in the yard. When asked where the other four were, she answered, "They died".

YWAM volunteer and midwife, Naomi Colwell, was on the YWAM Medical Ship in the Western Province of PNG helping to teach mothers how to better care for their babies. In addition to attending to health concerns and treating patients, she and others set up education sessions to equip and train locals.

Naomi's first patient this trip was little Umi. Umi's family live in the village of Bamio. Umi was eight weeks old and weighed just 1.7 kg. A healthy baby at the same age should weigh about 4.7 kg.

In a situation of extreme food scarcity, Umi's mother had to leave her, without milk, in the care of her sick father or a neighbour all day while she worked in the fields making sago (a local food source from trees).

Naomi was able to explain to Umi's family and the women in the village that, in this desperate situation, sometimes the only option is for different women to nurse the same baby. Importantly, this was also coupled with community HIV education.

A volunteer who assisted the clinic team, Nathaniel Baldock said, "It seems that death is so common that it was strange for us to suggest changing the way things are done so that Umi can live."

Nathaniel said, "It must be difficult. It seems to have always been like this and from [the community] perspective, how could it ever change?"

Regardless of the reasons why Papua New Guinean babies are dying, at least part of the solution is empowering local mothers with knowledge and hope. While in the Western Province for two weeks, the YWAM Medical Ship was able to run education sessions, with a total of 2 389 attendees.



## 5.4 2013 Goals continued

Support supply chain logistics by adding capacity to rural distribution networks delivering:

TB medication to rural health centres (as directed by PNG NDoH)

### Health Promotion and Community Empowerment

Equip communities by providing TB focused education to:

100 community members per outreach

### Health Workforce Capacity Building

Workforce strengthening through training services resulting in:

Certification of 5 PNG nationals as TB Support workers in the 2013 outreach season

## Lymphatic filariasis

### Collaborative Service Provision

Support the Provincial Administration health authority LF MDA programme resulting in:

65% of Kerema town receiving LF MDA in the 2013 outreach season

Support supply chain logistics by adding capacity to rural distribution networks delivering:

LF MDA medication to isolated villages via trekking teams (as directed by PNG NDoH) with aim for 65% coverage of villages visited

### Health Promotion and Community Empowerment

Equip communities by providing LF health promotion to:

Kerema town residents en masse via open air market presentations in association with a local radio campaign

### Health Workforce Capacity Building

Workforce strengthening through training services resulting in:

10 local health workers gaining certification in LF MDA in the 2013 outreach season

## HIV/AIDS

### Collaborative Service Provision

Support HIV testing services, partnering with local health workers wherever possible to provide:

VCT, in conjunction with the onboard TB testing programme, to isolated communities in Gulf and Western Provinces in the 2013 outreach season

### Health Promotion and Community Empowerment

Equip communities by providing HIV/AIDS education, in conjunction with the Provincial AIDS Committee, to:

100 community members per outreach

### Focus - Australia

## Engaging Australians

### Increase the social consciousness of youth

Build Australia's capacity to contribute to our region through equipping young people via

Sending 8 Australian teenagers to join an LF MDA team in Kerema town

Facilitating a Youth Leadership Forum event in Townsville

Providing education resources to 25 schools in Townsville via a monthly Newspapers In Education programme

Providing Social Media Awareness seminars in 5 highschools during 2013

### Support the Townsville - Port Moresby relationship

Build on the sister-city relationship between Townsville and Port Moresby (POM) via

Facilitating a week of engagement and collaborative service through a POM based Ship outreach in 2013



## Rose

The PHC team was operating a routine clinic at Baimuru Station when Rose's parents brought her in. The initial assessment indicated cerebral malaria requiring emergency treatment and evacuation to the nearest hospital.

Kapuna Mission Hospital was happy to receive Rose but the trip would have taken hours in a paddled canoe and there is no overland route. A YWAM zodiac made the trip in under an hour.

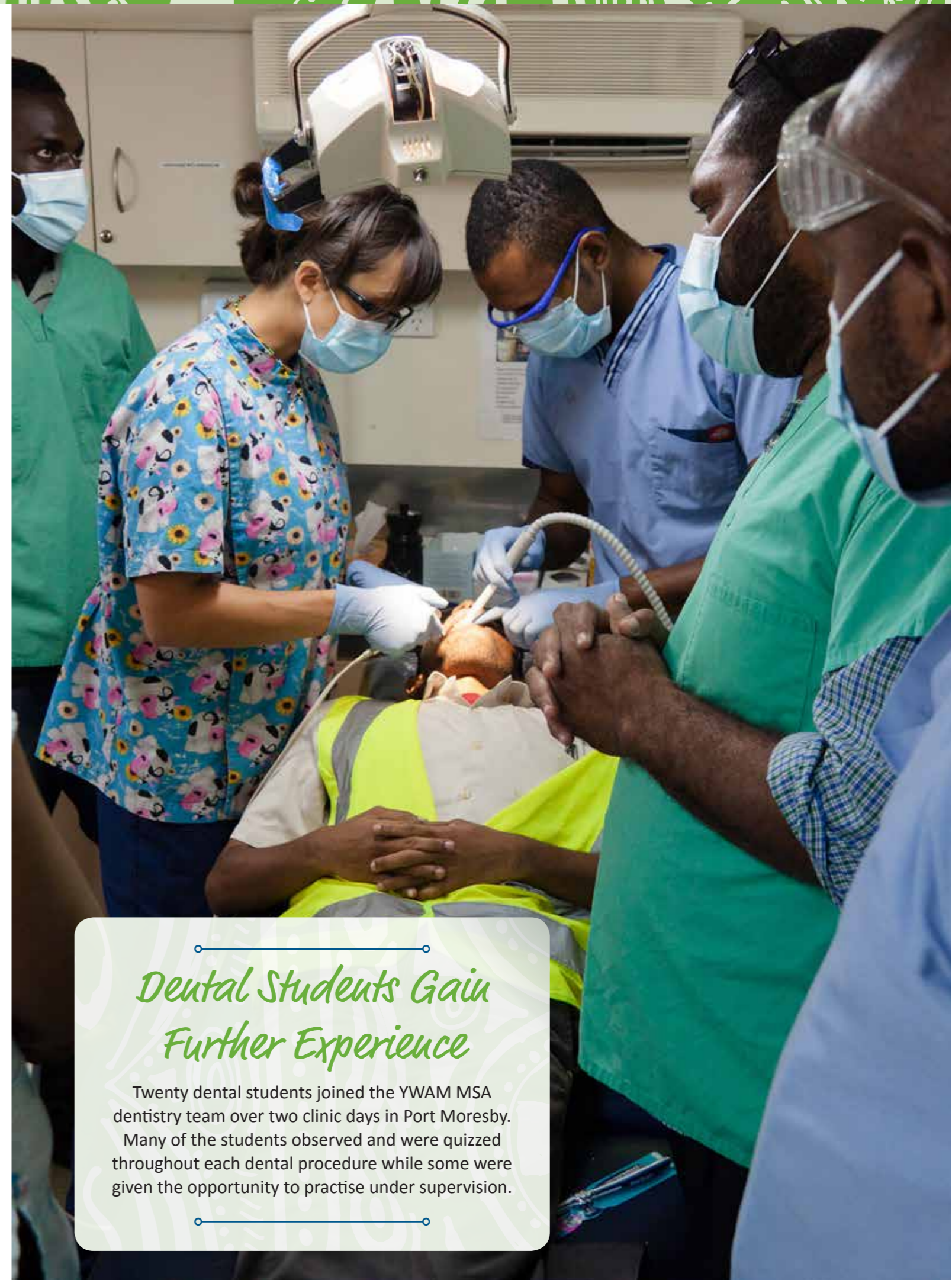
Rose's story highlights the tyranny of isolation for many communities in rural PNG and the human face of malaria - a preventable and treatable disease that still kills many children.

## 5.5 2013 Proposed Budget

Budget	Detail	Total	Gifted	Total	Grand Total
<b>Financial &amp; Legal</b>					
Accounts	\$15,729		\$ 3,400		
Legal	\$77,702		\$ -		
		\$93,431		\$ 3,400	\$96,831
<b>Office Operations</b>					
Administration	\$9,928		\$ 6,000		
Facilities	\$76,700		\$ 7,500		
Transport	\$8,160		\$ -		
		\$94,788		\$ 13,500	\$108,288
<b>Program Operations - PNG</b>					
Administration	\$0		\$ -		
Facilities	\$0		\$ -		
Transport	\$143,360		\$ -		
		\$143,360		\$ -	\$143,360
<b>Ship Operations</b>					
Food Services	\$60,864		\$ -		
Housekeeping	\$22,410		\$ -		
Maintenance	\$758,851		\$ 102,000		
Operations - General	\$77,100		\$ -		
		\$919,225		\$ 102,000	\$1,021,225
<b>Stakeholders &amp; Communications</b>					
Communications	\$57,900		\$ 6,100		
Information Technology	\$68,115		\$ 876		
Fundraisers	\$9,000		\$ -		
Indigenous Technology	\$50,000		\$ -		
		\$185,015		\$ 6,976	\$191,991
<b>Medical</b>					
Primary Health Care	\$94,955		\$ 125,589		
Dentistry	\$25,963		\$ 157,644		
Optometry	\$4,920		\$ 72,870		
Ophthalmology	\$115,053		\$ 176,000		
Medical - General	\$28,000		\$ 5,000		
		\$268,891		\$ 537,103	\$805,994
<b>Care Trust Fund</b>					
Administration	\$826		\$ -		
		\$826		\$ -	\$826
<b>Staff/Personnel</b>					
Staff & Personnel	\$266,878		\$ 2,014,122		
		\$266,878		\$ 2,014,122	\$2,281,055
<b>Budget Total</b>		<b>\$1,972,414</b>		<b>\$ 2,677,100</b>	<b>\$4,649,570</b>

YWAM MSA's financial year is January to December.  
The 2012 financial report is available on page 25.

YWAM MSA's auditor is Jessups North Queensland.



### Dental Students Gain Further Experience

Twenty dental students joined the YWAM MSA dentistry team over two clinic days in Port Moresby. Many of the students observed and were quizzed throughout each dental procedure while some were given the opportunity to practise under supervision.

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## *Appendix*

6.1 2013 Logical Framework

6.2 Village Assessments

6.3 Letters of Endorsement

6.4 News Articles

6.5 Newspapers in Education

6.6 Abbreviations



## 6.1 2013 Logical Framework

### Maternal Health

<b>Overall Objective:</b> Improve Maternal Health in Papua New Guinea (PNG)(KRA 5/ MDG 5) <b>Project Purpose:</b> Reduce maternal (and neonatal) mortality by strengthening the health system and raising community awareness of maternal health in areas serviced <b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Means of Verification	Assumptions
<b>Antenatal checks:</b>  Add value to local health services by performing comprehensive antenatal checks in collaboration with local health workers (including traditional birth attendants) where possible.  <i>KRA Obj 5.2.3</i> <i>KRA Obj 4.3.2, 4.3.3</i> <i>MDG 5A</i>	Liaison with local health workers regarding antenatal services currently provided at each YWAM MSA primary health care (PHC) clinic location.  Comprehensive antenatal checks built into primary health care (PHC) clinics.  Antenatal checks provided with local health workers present and engaged where appropriate.	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.	Local health workers are present in the area serviced.  Pregnant woman present to the PHC clinic.  YWAM MSA has appropriate resources to undertake these activities.
<b>Family planning services:</b>  Add value to local health services by supporting family planning service delivery.  <i>KRA Obj 5.1</i> <i>MDG 5B</i>	Facilitation of community discussion and raised awareness of the benefits of family planning.  Every woman presenting her child for a Well Child Check at PHC clinic is offered family planning services.  Each woman who presents for triage at PHC clinic is given opportunity to access family planning services.	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Feedback forms from education sessions where feasible.	The community is open to discussion of family planning.  YWAM has adequate supply of contraceptive consumables.  Women choose to access YWAM MSA services.
<b>Supply chain management support:</b>  Add capacity to distribution networks by delivering family planning consumables and birth kits to isolated regions, in partnership with Provincial Health Administration.  <i>KRA Obj 1.1.2</i> <i>KRA Obj 3.3.2</i> <i>KRA Obj 5.1.1, 5.1.3</i> <i>MDG 5A and 5B</i>	DMPA <sup>2</sup> and oral contraceptives delivered to healthcare workers at their point of service (with training as required). Projected target: 400 units/outreach  Distribution of birth kits coupled with education on clean birth environment and the importance of supervised birthing.  Projected target: 400 units/outreach	PHC clinic audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.	YWAM has adequate supply of contraceptive consumables and birthing kits.  Health services in areas serviced by YWAM MSA have capacity to receive supplies.
<b>Antenatal education:</b>  Community empowerment through quality antenatal education.  <i>KRA Obj 7.3.3</i>	Pregnancy and birth education provided to every pregnant woman receiving an antenatal check at a YWAM MSA PHC clinic.  Pregnancy and birth education provided to the broader community through small group sessions in each area served by a PHC clinic.	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Feedback forms from education sessions where feasible.	Pregnant woman present to YWAM MSA PHC clinics.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.  An appropriate forum for community discussion is available.

<sup>1</sup> Numbers may vary due to operational factors specific to each outreach and the need for flexibility to respond to the needs of individual communities.

<sup>2</sup> Depomedroxy-progesterone acetate; commonly known by trade mark Depo-Provera.

<b>Workforce strengthening:</b>  Build capacity in local health workers [including traditional birth attendants (TBAs) where appropriate] to provide services before, during and after pregnancy.  <i>KRA Obj1.3.2</i> <i>KRA Obj 2.2.3, 2.4.3</i> <i>KRA Obj4.3.1</i> <i>KRA Obj5.2</i>	Training services provided to health workers at each location served by a YWAM MSA PHC team.  Liaison with local health workforce about their specific Continuing Professional Development (CPD) learning needs.  Projected number of workers (including TBAs where appropriate) receiving training services: 5 per outreach.	PHC clinic education audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Feedback forms from training participants.	Health workers are present in the area serviced by each YWAM MSA PHC clinic.  Health workers attend sessions.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.
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### Child Health

<b>Overall Objective:</b> Improve survival of children under five years in PNG(KRA 4/MDG 4) <b>Project Purpose:</b> Reduce the incidence of infant and child mortality by strengthening the health system and raising community awareness of child health issues <b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Means of Verification	Assumptions
<b>Childhood immunisation:</b>  Collaborate with Provincial Health Authorities and local health workers to build capacity in childhood immunisation services provided to isolated communities.  <i>KRA 1.1.2</i> <i>KRA 3.3.2</i> <i>KRA 4.1</i>	Liaison with Provincial Health and local health workers to establish service needs.  Supply chain support – every opportunity taken to distribute immunisation consumables to remote health centres in conjunction with Provincial Health.  Focus on Well Child Checks including immunisation in all PHC clinics (a check of immunisation history made on every presenting child).  Immunisation awareness included in community education sessions.  Projected target child immunisations per outreach = 270.	PHC clinic patient registration and audit forms.  Consumables supply chain tracking and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Feedback forms from education sessions where feasible.	Ongoing supply procurement relationship with PNG National Department of Health (NDoH.)  Caregivers present children to YWAM MSA PHC clinics.
<b>Malnutrition:</b>  Expand capacity of local health services to deliver assessment of children's nutritional status and targeted feeding counselling.  <i>KRA 4.4</i>	Discuss current approaches to and challenges with child nutrition in each community engaged with YWAM MSA PHC clinics.  Growth charting of each child seen in PHC clinic resulting in targeted feeding counselling (result and response documented in PNG child health record Helt Buk Bilong Pikinini).	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	Caregivers present children to YWAM MSA PHC clinics.  YWAM personnel follow procedural guidelines.  Appropriate settings are available for community and health worker education.
	Growth charting is a trigger for a complete Well Child assessment when clinically appropriate.  Community and health worker education sessions include a focus on child nutrition.  Projected target for nutritional assessment and focussed feeding counselling: 200 children per outreach.	Feedback forms from education sessions where feasible.	

**Malaria**

<b>Overall Objective:</b> Reduce the burden of malaria in PNG KRA 6.1/MDG 6C <b>Project Purpose:</b> Collaborate with Provincial Health to extend the capacity of district health services and help facilitate community activation to tackle the challenge of malaria <b>Location:</b> Districts of Western and Gulf Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of Verification	Assumptions
Malaria treatment:  Add value to existing malaria treatment services by increasing capacity of service delivery to currently underserved populations.  <i>KRA Obj 6.1.3</i>	Liaison with Provincial Health Administration, health workers at the local level and community leaders to identify gaps in service provision.  Provide high quality treatment of suspected malaria (following WHO T3: Test, Treat, Track and PNG national guidelines) in PHC clinics, working alongside local health workers wherever possible.  Where possible, assist established delivery systems for anti-malarial medications to replenish place-of-treatment supplies.	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Consumables supply chain tracking and audit forms.	People present to YWAM MSA PHC clinics with febrile illness.  Security of supply of consumables.  Health workers are present in areas serviced.
Long-Lasting Insecticidal Net (LLIN) distribution:  Strengthen supply chain logistics to extend the proportion of the community with access to mosquito nets.  <i>KRA Obj 3.3.1, 3.3.2</i> <i>KRA Obj 6.1.2</i>	In collaboration with relevant stakeholders, LLINs are distributed to communities that need improved supply.  Projected target: 200 LLIN distributed per outreach.	Consumables supply chain tracking and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	Security of supply of LLINs.  Areas serviced by YWAM MSA PHC clinics need improved LLIN supply.
Malaria prevention education:  Partner with the local community to raise awareness and build a sense of mastery of techniques to prevent malaria.  <i>KRA Obj 6.1.2</i> <i>KRA Obj 7.3.3</i>	Liaise with community leaders to create opportunities to facilitate group malaria education sessions.  Sessions are conducted with involvement from local health workers where possible.  Projected target: malaria education provided to 300 people per outreach	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Feedback forms from education sessions where feasible.	Opportunities available to provide education.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.
Malaria RDT kit distribution:  Add capacity to distribution networks for RDTs to geographically isolated health workers.  <i>KRA Obj 3.3.2</i> <i>KRA Obj 6.1.3</i>	Collaborate with Provincial Health and health workers at the local level to determine where RDT kit distribution could best be strengthened.  Deliver RDT kits (along with training) to health centres that require them.  Projected target: 350 RDTs distributed with associated update training.	Consumables supply chain tracking and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	Health workers are present in the area serviced by each YWAM MSA PHC clinic.  Areas serviced by YWAM MSA PHC clinics need improved RDT kit supply.  Security of supply of RDT kits.
Health worker training:  Build capacity in the local PNG health workforce through quality Continuing Professional Development (CPD) training. Focus: Malaria  <i>KRA Obj 6.1.3</i>	Malaria small group tutorials delivered to a range of health workers depending on location.  Projected number of health workers delivered CPD services targeted at the current PNG malaria treatment guidelines: 5.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Feedback forms from training participants.	Health workers are present in the area serviced by each YWAM MSA PHC clinic.  Health workers attend sessions.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.

**Primary Health Care (PHC)**

<b>Overall Objective:</b> Improve health indicators at the community level in PNG (KRA 1) <b>Project Purpose:</b> Collaborate with Provincial Health to reduce illness and injury by strengthening health services and empowering communities <b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of Verification	Assumptions
Quality PHC services:  Extend capacity of existing primary care services to the rural majority and urban disadvantaged by delivering mobile PHC clinics, in collaboration with local health workers where possible.  <i>KRA Obj 1.1.1</i>	Liaison with Provincial Health and local communities to determine where mobile PHC clinics would be of most benefit.  PHC clinics provided in these areas where possible.  Projected target: 720 people receiving PHC services per outreach.	PHC clinic patient registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	People present to YWAM MSA PHC clinics for treatment.  Logistic factors (including personnel, consumables supply and transportation) are favourable to providing planned services in difficult to access areas.
Community health education including health promotion:  Support local health services to facilitate community empowerment through health education.  <i>KRA Obj 5.4</i> <i>KRA Obj 7.3.3</i>	Discussion with community leaders and health workers, where available, regarding relevant PHC topics and opportunities for education.  Group education sessions where possible (supplemented by opportunistic health counselling during consultations).  Projected target: 500 people delivered health education per outreach.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Feedback forms from education sessions where feasible.	Opportunities for education are available and the community is motivated to learn.  YWAM MSA personnel with capacity (logistical and skill based) to deliver health education are present on each outreach.
Health worker training:  Build capacity in the local PNG health workforce through quality Continuing Professional Development (CPD) training. Focus: Nutrition, Pneumonia, Diarrhoea, Fever  <i>KRA Obj 1.3.2</i>	Training offered to health workers (level dependant on location) in PHC focus areas.  Information gathered about learning needs to guide future CPD services.  Projected target: 5 healthcare workers delivered CPD training per Outreach.	Outreach Reports completed by each Clinic Leader and submitted to YWAM MSA operational leadership  Real-time audit and response process documentation.  Feedback forms from training participants.	Health workers are present in the area serviced by each YWAM MSA PHC clinic.  Health workers attend sessions.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.

Dentistry

Overall Objective: Improve Oral Health in PNG (KRA 1) Project Purpose: Reduce dental morbidity by strengthening oral health services and empowering communities to take preventative action Location: Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of verification	Assumptions
Dental services:  Extend capacity of PNG dental services by providing clinical support in currently under-serviced communities.  <i>KRA Obj 1.1.1</i>	Liaison with Provincial Health, local dental workforce and community leaders, as much as possible, to determine appropriate locations for mobile dental clinics.  Working with local providers where possible, dental services are provided by YWAM MSA mobile dental clinics in areas of identified need.  Projected target: 230 people receive dental services per outreach.	Dental clinic registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	Some dental services are present in communities engaged, enabling partnership.  People present to YWAM MSA dental clinics.  Logistic factors (including personnel, consumables supply and transportation) are favourable to providing planned services in difficult to access areas.
Dental consumables:  Strengthen supply chain of dental consumables to underserved communities.  <i>KRA Obj 1.1.2</i> <i>KRA Obj 3.3.2</i>	Toothpaste and toothbrush provided to every person registered with dental clinic.  After liaison with local community leaders, supplies of dental consumables will be deposited at schools and with health care workers where appropriate.  Projected target: 230 toothbrushes distributed per outreach.  Projected target: 150 toothpaste tubes distributed per outreach.	Dental clinic registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	Security of supply of dental consumables.  People present to YWAM MSA dental clinics.  Opportunities are available for distributing supplies.
Oral health education:  Empower the community to tackle challenges in dental health by supporting delivery of oral health education.  <i>KRA Obj 7.3.3</i>	Every patient registered at dental clinic receives either small group or one on one oral health promotion.  Liaison with local community and health workers to ascertain learning needs and opportunities for education.  Small group education sessions provided, alongside local workers where possible, for each community receiving a dental clinic.  Projected target: 300 people receive education per outreach.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Feedback forms from education sessions where possible.	Opportunities for education are available and the community is motivated to learn.  YWAM MSA personnel with capacity (logistical and skill based) to deliver health education are present on each outreach.
Dental infrastructure support:  Increase capacity in PNG dental system by supporting infrastructure development.  <i>KRA Obj 1.2.3</i>	I-TEC <sup>3</sup> Portable Dental System (PDS) units distributed to selected communities with very minimal or absent dental services.  Induction training is provided (see Training objective).  Liaison with Provincial Health and local communities to determine appropriate locations for PDS.  Projected target: 8 units distributed during the 2013 season of operations.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Supply chain tracking and audit forms.  Feedback forms from dental workers receiving I-TEC PDS.	Logistic factors (including personnel, I-TEC PDS supply and transportation) are favourable to providing planned services in difficult to access areas.  Appropriate local personnel are located to receive the units.
Oral health worker training:  Build capacity in the PNG oral health workforce by providing dental	I-DENT <sup>4</sup> training delivered in connection with each I-TEC PDS supplied.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.	The YWAM MSA I-DENT program is implemented during the 2013 season.

<sup>3</sup> I-TEC: Indigenous People's Technology and Education Centre <http://www.itecusa.org/>  
<sup>4</sup> I-DENT: Indigenous Dental Training program for non-professionals in remote settings; an I-TEC product

training (in collaboration with existing services where possible) to extend services to currently under-resourced communities.  <i>KRA Obj 2.2.3</i> <i>KRA Obj 3.2.2</i>	PNG dentists and dental trainees (along with other dental workers depending on location) work alongside YWAM MSA personnel, receiving hands-on Continuing Professional Development training.  Projected target I-DENT users: 8 trained during 2013 season of operations.  Projected target oral health workers: 5 trained during 2013 season.	Real-time audit and response process documentation.  Feedback forms from training participants.	Oral health workers are present in the area serviced by each YWAM MSA dental clinic  Oral health workers are motivated to participate in clinics.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.
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Optometry

Overall Objective: Improve eye health in Papua New Guinea (PNG) (KRA 1) Project Purpose: Reduce low vision and correctable blindness by enhancing optometry services in PNG Location: Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of Verification	Assumptions
Vision assessments and prescription corrective eyeglasses:  Strengthen delivery of corrective glasses to people who need them in under-serviced communities.  <i>KRA Obj 1.1.1</i>	Liaison with Provincial Health, local health workers and community leaders, wherever possible, to identify communities requiring improved optical services.  YWAM MSA mobile optometry clinics provided to under-serviced communities, incorporating local PNG optical workers wherever possible.  YWAM MSA delivers prescription glasses to support the mobile clinic.  Projected target: 360 vision assessments provided per outreach.  Projected target: 270 corrective glasses prescribed and distributed per outreach.	Optometry clinic registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	People present to YWAM MSA optometry clinic.  People with the potential to benefit from corrective glasses want to use them.  Logistic factors (including YWAM MSA personnel, glasses supply and transportation) are favourable to providing planned services in difficult to access areas.
UV protection for the eyes:  Optical UV radiation damage reduced by strengthening supply chain of UV-protective eyeglasses to people at high risk in isolated communities in PNG.  <i>KRA Obj 1.1.1</i> <i>KRA Obj 1.1.2</i>	In conjunction with mobile optometry clinic assessments, each person presenting with increased UV susceptibility or referral for ophthalmology review receives 'sunglasses' along with education.  Projected target: 100 UV-protective eyeglasses distributed per outreach.	Optometry clinic registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	People present to YWAM MSA optometry clinic.  People with the potential to benefit from UV-protective glasses want to use them.  Logistic factors (including personnel, glasses supply and transportation) are favourable to providing planned services in difficult to access areas.
Referral to ophthalmology services:  Enhance referral systems for surgically correctable blindness.  <i>KRA Obj 1.1.1</i>	People presenting to YWAM MSA mobile optometry clinics are assessed for correctable causes of blindness.  Each person identified with a correctable cause of blindness is referred to a local ophthalmology provider (YWAM MSA or other) for further assessment.  Projected target: 10 individuals identified and referred per outreach.	Optometry clinic registration and audit forms.  Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.	People present to YWAM MSA optometry clinic.  Each YWAM MSA optometry mobile clinic has appropriate personnel to provide this service.

<p>Infrastructure and workforce development:</p> <p>Extend capacity of PNG optometry services through innovative and sustainable solutions to providing vision assessments to under-served communities.</p> <p><i>KRA Obj 2.2.3</i></p>	<p>Liaison with Provincial Health, local health workers and community leaders to identify areas in particular need of basic optometry services that could be met by the I-SEE project<sup>5</sup>.</p> <p>Liaison with local community to identify individuals willing to take on I-SEE training and equipment.</p> <p>I-SEE training is provided to selected individuals with distribution of the I-SEE kit.</p> <p>Projected target: distribute 8 I-SEE units with appropriately trained operators during the 2013 season of operations.</p>	<p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p> <p>Supply chain tracking and audit forms.</p> <p>Feedback forms from individuals committing to become I-SEE technicians.</p>	<p>Logistic factors (including YWAM MSA personnel, I-SEE supply and transportation) are favourable to providing planned services in difficult to access areas.</p> <p>Appropriate individuals can be identified to become I-SEE technicians.</p> <p>I-SEE technicians have ongoing access to appropriate prescription corrective eyeglasses to distribute.</p>
<p>Eye health education:</p> <p>Empower the community to tackle challenges in eye health by supporting delivery of eye health education.</p> <p><i>KRA Obj 7.3.3</i></p>	<p>People waiting to be seen at optometry clinic receive eye health education, delivered in collaboration with local health workers wherever possible.</p> <p>Projected target: 360 people receive eye health education per outreach.</p>	<p>Optometry clinic registration and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p> <p>Feedback forms from education sessions where feasible.</p>	<p>People present to YWAM MSA optometry clinic.</p> <p>Each YWAM MSA mobile optometry clinic has appropriate personnel to provide this service.</p>

#### Ophthalmology

<p><b>Overall Objective:</b> Improved eye health in Papua New Guinea (PNG) (KRA 1)</p> <p><b>Project Purpose:</b> Reduce correctable blindness by strengthening ophthalmology services in PNG</p> <p><b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA</p>			
Specific Objectives	Indicators	Methods of Verification	Assumptions
<p>Surgical intervention for cataract and pterygium:</p> <p>Extend capacity of ophthalmic services in Gulf and Western Provinces to provide sight-restoring surgery.</p> <p><i>KRA Obj 1.1.1</i> <i>KRA Obj 2.2.2</i></p>	<p>Liaison with Provincial Health and district services to determine where to add capacity to service through YWAM MSA mobile ophthalmology clinics.</p> <p>Cataract and pterygium surgery provided in collaboration with local services and involving PNG personnel wherever possible.</p> <p>Project target: 54 people treated through YWAM MSA mobile ophthalmology clinics per season of operations.</p>	<p>Ophthalmology clinic registration and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p>	<p>People attend YWAM MSA ophthalmology clinics.</p> <p>People consent to surgical intervention.</p> <p>Logistic factors (including YWAM MSA personnel, equipment and consumables supply and transportation) are favourable to providing planned services in difficult to access areas.</p>
<p>Community awareness:</p> <p>Contribute to community empowerment to address their eye health challenges by providing education.</p> <p><i>KRA Obj 7.3.3</i></p>	<p>Every patient registered at ophthalmology clinic receives either small group or one on one eye health education.</p> <p>Liaison with local community and health workers to ascertain learning needs and opportunities for education.</p> <p>Small group education sessions provided, alongside local workers where possible, for each community receiving an ophthalmology clinic – likely in conjunction with optometry team.</p> <p>Projected target: 54 people receive education per ophthalmology outreach.</p>	<p>Ophthalmology clinic registration and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p> <p>Feedback forms from education sessions where feasible.</p>	<p>People present to YWAM MSA ophthalmology clinic.</p> <p>Local community is receptive to education program.</p> <p>Each YWAM MSA mobile ophthalmology clinic has appropriate personnel to provide this service.</p>

<p>Continuing Professional Development (CPD) services for PNG ophthalmologists and registrars:</p> <p>Contribute to PNG medical workforce development through providing quality CPD activities.</p> <p><i>KRA Obj 1.3.2</i> <i>KRA Obj 3.2.2</i></p>	<p>Liaison with the medical community in PNG to identify individuals who would benefit from YWAM MSA CPD activities (ophthalmology).</p> <p>PNG ophthalmic doctors have opportunity to work alongside colleagues from Australasia (and potentially elsewhere) in YWAM MSA mobile ophthalmology clinic, receiving mentoring, hands-on-training and exposure to the health needs of the rural population.</p> <p>Projected target: 2 PNG national ophthalmic doctors receive CPD training in the 2013 season of operations.</p>	<p>Ophthalmology clinic registration and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p> <p>Feedback forms from training participants.</p>	<p>PNG medical professionals are interested and able to join outreaches.</p> <p>Each YWAM MSA mobile ophthalmology clinic has appropriate personnel to provide this service.</p>
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#### Tuberculosis (TB)

<p><b>Overall Objective:</b> Improve Tuberculosis control in Papua New Guinea (PNG)(KRA 6.2/MDG 6C)</p> <p><b>Project purpose:</b> Collaborate with National and Provincial Health to reduce incidence of TB and enhance treatment services</p> <p><b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA</p>			
Specific Objectives	Indicators	Methods of Verification	Assumptions
<p>TB testing:</p> <p>Collaborate with PNG health authorities to extend existing testing services to isolated communities.</p> <p><i>KRA Obj 1.2.3</i> <i>KRA Obj 6.2.3, 6.4.3</i> <i>KRA Obj 8.1.3</i></p>	<p>Liaison with PNG Stop TB project co-ordinators at National and Provincial level to determine which underserved communities would best benefit from added testing capacity through YWAM MSA.</p> <p>Establishment of a TB diagnostic testing system (Xpert MDG/RIF), operated by appropriately trained personnel, on board MV Pacific Link.</p> <p>Sputum samples collected from mobile PHC clinics and processed on-board.</p> <p>Results collated and feedback to patient, health worker and Provincial/National health authorities as appropriate.</p> <p>Projected target: On board Xpert MDG/RIF testing unit established and utilised in 2013 season of operations.</p>	<p>Photographic evidence, minutes of meetings, correspondence, receipts as available.</p> <p>PHC clinic patient registration and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p>	<p>Xpert MDG/RIF unit is able to be accessed.</p> <p>Each YWAM MSA mobile PHC clinic has appropriate personnel to provide this service.</p>
<p>Supply chain management:</p> <p>Add capacity to existing supply chain system delivering medications to isolated communities.</p> <p><i>KRA Obj 1.1.2</i> <i>KRA Obj 3.3.2</i> <i>KRA Obj 6.2.2</i></p>	<p>Liaison with Provincial Health Administration to determine how best to add capacity to the distribution network.</p> <p>TB medication is delivered to identified TB treatment centres as coordinated with Provincial Administration.</p>	<p>Consumables supply chain tracking and audit forms.</p> <p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p>	<p>Provincial Health distribution network desires, and can accommodate, expansion.</p> <p>Logistic factors (including YWAM MSA personnel, medication supply and transportation) are favourable to providing planned services in difficult to access areas.</p>
<p>Workforce development:</p> <p>Contribute to expansion of TB support workforce</p> <p><i>KRA Obj 1.1.5</i> <i>KRA Obj 7.3.2</i></p>	<p>Liaison with Provincial Health Stop TB Project administration to identify areas requiring more support workers.</p> <p>Standard TB support worker training delivered to individuals in isolated areas.</p> <p>Projected target: 5 TB support workers trained during the 2013 season.</p>	<p>Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.</p> <p>Real-time audit and response process documentation.</p> <p>Feedback forms from training participants.</p>	<p>Individuals can be identified who are appropriate and willing to be trained.</p> <p>YWAM MSA has appropriate strategic relationships and personnel to provide this service.</p>

## 6.2 Village Assessments

### Lymphatic filariasis

<b>Overall Objective:</b> Eradication of Lymphatic filariasis from PNG (KRA 6) <b>Project purpose:</b> Partner with National and Provincial health authorities to progress toward eradication in Gulf Province <b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of Verification	Assumptions
Mass Drug Administration (MDA):  Add capacity to local health authority MDA programme.  <i>KRA Obj 1.1.2</i> <i>KRA Obj 3.3.2</i>	Liaison with Gulf Provincial Health to co-ordinate MDA.  MDA project delivered in Kerema town in collaboration with local health workers.  Projected target: 80% MDA coverage in Kerema.	Photographic evidence, minutes of meetings, correspondence, receipts as available.  PNG NDoH reporting processes.  Outreach reports completed by project leaders and submitted to YWAM MSA operational leadership.	Gulf Provincial Health desires, and can accommodate, expansion of the MDA programme.  YWAM MSA has appropriate strategic relationships and personnel to provide this service.
MDA workforce development:  Expand PNG workforce ability to provide MDA.  <i>KRA Obj 3.3.1</i>	In liaison with local MDA programme, individuals are identified as candidates for MDA training.  MDA training delivered to appropriate health workers.  Projected target: 10 local health workers receive MDA training in 2013 operational season.	Outreach reports completed by project leaders and submitted to YWAM MSA operational leadership.  Feedback forms from training participants.  PNG NDoH reporting processes.	Gulf Provincial Health desires, and can accommodate, expansion of the MDA programme.  Selected health workers choose to participate in the programme.  YWAM MSA has appropriate strategic relationships and personnel to provide this service.

### HIV/AIDS

<b>Overall Objective:</b> Halt and reverse the HIV/AIDS epidemic in Papua New Guinea (PNG)(KRA 6.3/MDG 6A) <b>Project objective:</b> Reduce the spread of HIV/AIDS by adding capacity to existing PNG health services and empowering communities to create change <b>Location:</b> Districts of Gulf and Western Provinces serviced by YWAM MSA			
Specific Objectives	Indicators	Methods of Verification	Assumptions
Community empowerment through education:  Partner with the local community to raise awareness and build a sense of mastery of ways to stop the spread of HIV/AIDS.  <i>KRA Obj 7.3.3</i>	Liaise with community leaders and health workers to create opportunities to facilitate group HIV/AIDS education sessions.  Sessions are conducted with involvement from local health workers where possible.  Projected target: 100 people receive education services per outreach.	Outreach reports completed by each clinic leader and submitted to YWAM MSA operational leadership.  Real-time audit and response process documentation.  Feedback forms from education sessions where feasible.	Opportunities available to provide education.  YWAM MSA personnel with capacity (logistical and skill based) to deliver the training are present on each outreach.

### YWAM MSA Village Assessment – District Snapshots

YWAM MSA conducts Village Assessments during at each rural Outreach location using focus group methodology. Village leaders (drawn from among traditional elders, school teachers, healthcare workers, church leaders) are invited to participate in structured group discussions focused around the needs of their community.

More data is gathered than can be presented in this document. A Village Summary is included below. Further information on Maternal Health, Education, Food Security, Transportation and Communication, Tb/HIV/Malaria, Water and Sanitation, Immunisation, Intestinal Deworming, Blindness and Opportunities for Ongoing Development Partnership can be requested from YWAM MSA operational headquarters.

### Village Assessment Overview – Baimuru Rural LLG, Gulf Province

Village name Estimated population size	Water supply (focus: tanks)	Community leaders – Traditional leaders, HCW, School teachers, Church leaders	Health care facility If Yes – infrastructure outline	Closest emergency health care (Where, How, Case reports)
Akoma 600+	Water tanks: No Water supply: ground hole	Village Chief Councillor Pastor (Four Square) CHW x3 (2 women, 1 man)  Focus group attendees: all but one CHW	Yes = Aid post New building completed but not open for use <ul style="list-style-type: none"> <li>Running water: No (but water tank)</li> <li>Radio Coms: No</li> <li>Generator: No</li> <li>Cold chain for immunisations: No (fridge but gas run out)</li> <li>Outreach Imms Patrol 1-2 times per year but many children had missed out last visit (9 months prior)</li> </ul>	<ul style="list-style-type: none"> <li>Where: Kapuna (&gt;1hr powered boat ride away)</li> <li>How: CHW recommendation Then family to decide, arrange and pay for transport</li> <li>Case reports: 3 people who couldn't get to advanced care had died of malaria in the village by June 2012 1 died en route to Kapuna</li> </ul>
Baimuru Station 2000	Water tanks: 2 functional Water supply: well, stream, tank	Head Nursing Officer Xray-technician, TB and leprosy worker Nursing Officer  The above formed focus group Overall Baimuru Station leadership structure not clear  Total health workforce Nursing Officers x5 CHW x5 (2 men, 8 women)	Yes = Health Care Centre <ul style="list-style-type: none"> <li>Running water: No</li> <li>Radio Coms: Yes</li> <li>Generator: No</li> <li>Cold chain for immunisations: No (fridge but no gas supply)</li> <li>Outreach Imms Patrol 2 times per year when funding allows</li> </ul>	<ul style="list-style-type: none"> <li>Where: Kapuna Hospital (1hr powered boat ride away)</li> <li>How: Nurse recommendation Then family to decide, arrange and pay for transport</li> <li>Case reports: focus group could not recall any deaths of people who should have transferred</li> </ul>
Kairimai 300+	Water tanks: 78 functional tanks (1 per house) Water supply: tank	Village Chief Village Chairman No HCW  Focus group of the above	None – Aid Post has been built but is unfurnished and unstaffed Outreach Imms patrol: quarterly	<ul style="list-style-type: none"> <li>Where: Kapuna Hospital (canoe or dinghy; approx 10 mins away)</li> <li>How: Family decide, arrange and pay for transport</li> <li>Case reports: focus group could not recall any deaths of people who should have transferred</li> </ul>
Koravake 1200	Water tanks: 123 functional tanks (1 per house) Water supply: tank, well	Villages Chiefs (x3) Village Councillor School Headmaster Pastors (CRC, Baptist) No healthcare worker  All present for focus group	None functional Aid Post built by electoral candidate but at time of assessment remained unopened (unfurnished and unstaffed) <ul style="list-style-type: none"> <li>Running water: Yes</li> <li>Radio Coms: No</li> <li>Generator: No</li> <li>Cold chain for immunisations: No</li> <li>Outreach Imms Patrol: regular from Kapuna</li> </ul>	<ul style="list-style-type: none"> <li>Where: Baimuru or Kapuna (canoe or dinghy; time unclear)</li> <li>How: Family decide, arrange and pay for transport</li> <li>Case reports: focus group reported that 3 people had died of asthma in the village by June 2012</li> </ul>



Mapaio 3000	Water tanks: Yes 4 functional 5 non-functional Water supply: river, tank	HCW x3 (1 man, 2 women) Teachers x2 Pastors (United, SDA)  Focus group made up of the above	Yes = Aid Post • Running water: No • Radio Coms: No • Generator: No • Cold chain for immunisations: No • Outreach Imms Patrol: regular from Kapuna	• Where: Kapuna (powered dinghy, approx 45min trip) • How: CHW recommends Family decide, arrange and pay for transport • Case reports: focus group estimated 2-3 people die each year as they cannot reach hospital service in time
Mirimailau 182	Water tanks: No Water supply: ground hole	Village Chief 2 <sup>nd</sup> Chief No HCW  Focus group made up of the above	None Outreach Imms Patrol: data unavailable	• Where: Kikori, Kivamai or Karaulti (mode and duration of trip unclear) • How: Family decide to transfer, arrange and pay for transport • Case reports: 4 people died in 2010 of cholera-like illness, unable to access help
Veriberi 700+	Water tank: Yes 4 functional 1 non-functional Water supply: well, tank NB: YWAM MSA	Village Chief Village Chairman Village Chairlady Pastor School teacher No HCW	None Community has started building one in the hope of future establishment Outreach Imms Patrol: data unavailable	• Where: Kikori (5hr by paddled canoe, 2hr by powered dinghy) • How: Family decide to transfer, arrange and pay for transport
	provided guttering to make the 4 <sup>th</sup> tank functional in 2011; this was still in working order at time of assessment	Village Chairman and Chairlady available on day of assessment		• Case reports: no data available

#### Village Assessment Overview – Middle Fly District, Western Province

Village name Estimated population size	Water supply (focus: tanks)	Community leaders – Traditional leaders, HCW, School teachers, Church leaders	Health care facility If Yes – infrastructure outline	Closest emergency health care (Where, How, Case reports)
Amagoa 200	Water tanks: 1 +1 non-functional Water supply: no further data	Village Chairman Pastors (United Church, ECPNG, Catholic) No HCW  Only Village Chairman available on day of assessment	None Outreach Imms Patrol: no data	No data available
Aniada 359	Water tanks: 3 Water supply: tanks, river	Village Chairman Village Chairlady Pastor (Catholic) First Aid Officer	None Outreach Imms Patrol: Yearly	• Where: "No where" • How: No powered vessel Dug out canoe only • Case reports: focus group reported that 3 people died in the past year while waiting or unable to transfer
Arato/Teopopo 400+	Water tanks: 1 + 5 non-functioning Water supply: tank, swamp	Village 2 <sup>nd</sup> Chairman Village Chairlady HCW (x2 men, 1x woman)  Woman HCW did not attend focus group	Yes = Health Care Centre • Running water: Yes • Radio Coms: Yes • Generator: No • Cold chain for immunisations: No (fridge is unreliable) • Outreach Imms Patrol: every few years	• Where: Medical Officer (?where) if can't help, travel to Daru (4-5 hours travel time) • How: CHW recommendation Family arranges and pays for transport • Case reports: focus group suggested that approx 3 people per year die unable to transfer
Bamio	Water tanks: No	Village Chairman	Yes = Health Care Centre	• Where: Daru

302	Water supply: creek, river	Pastor (Catholic x2) HCW x1 woman School teacher  Chairman not in village on day of focus group	• Running water: No • Radio Coms: No • Generator: No • Cold chain for immunisations: No • Outreach Imms Patrol: once per year	(time and mode unclear) • How: Healthcare worker recommends Daru Health pays for transport • Case reports: focus group suggested that approx 3 people per year die awaiting transfer
Bimaramio 450	Water tanks: 2 Water supply: well in bush, tanks	Village Chairman Pastor (Catholic) HCW (1x man, 1x woman) School teacher (starting 2013)  Only Pastor in village on day of assessment	Yes = Aid Post • Running water: No • Radio Coms: No • Generator: No • Cold chain for immunisations: No • Outreach Imms Patrol: reportedly never	• Where: unclear (by canoe) • How: Anyone can decide to ask for help, need to arrange and pay for themselves • Case reports: Pastor reported that "some" people die awaiting transfer
Bina 300	Water tanks: 2 +1 non-functional Water supply: tank, river	Village Chairman Pastor (SDA, Mormon) HCW (x1 man) School teacher  Assessment performed with CHW only	Yes = Aid Post • Running water: No • Radio Coms: No • Generator: No • Cold chain for immunisations: No • Outreach Imms Patrol: 6- 12monthly	• Where: Emeti (by canoe or dinghy, time unclear) • How: CHW recommends Clinic tries to help arrange including payment • Case reports: CHW reported that "many" people die awaiting transfer
Bunigi 590	Water tanks: 1 +2 non-functional Water supply: tank, well	Village Chairman Pastor (Catholic, Mormon) No HCW  Village Chairman interviewed for assessment	None Outreach Imms Patrol: no data	• Where: Torobinda (canoe, time unclear) • How: Anyone can call for help Travel free – paddled canoe • Case reports: Leader reported that "many" people die awaiting transfer
Emeti 610	Water tanks: 3 Water supply: tanks	Village Chairman Pastor (United Church) CHW x3 Nursing Officer x1 (2 men, 2 women)  Focus group: the above + United Church Circuit Pastor for Bamu	Yes = Health Care Centre • Running water: Yes • Radio Coms: Intermittent due to trouble with power, battery is dead • Generator: No Unreliable solar panels for lights • Cold chain for immunisations: No • Outreach Imms Patrol: 3x per year	• Where: Unclear (40hp dinghy, time unclear) • How: Nursing Officer recommends transfer Family organises including payment; health centre can contribute if needed • Case reports: data unavailable
Gimerime and Nemeti (side by side) 725	Water tanks: No Water supply: creek, river	Village Councillor Pastor (Mormon) No HCW  Village Councillor formed basis of assessment	None Outreach Imms Patrol: data not available	• Where: Balimo or Emeti ("1 week paddled canoe") • How: Family decide to transfer and organise including any payment • Case reports: data unavailable
Kamusi 3000 (2000 PNG nationals, 1000 mostly SE Asian ex- pats)	Water tanks: Water supply: Data unavailable	Boss of RH Logging Pastor (x1 United) CHW (x1 man, x1 woman) Medical Officer x1  Boss of RH Logging and MO/Pastor were present for assessment	Yes = Health Care Centre • Running water: Yes • Radio Coms: Data not available • Generator: Yes • Cold chain for immunisations: Data not available	• Where: Unclear but has airstrip • How: System unclear • Case reports: data unavailable
Kenama 600	Water tanks: No Water supply: swamp	Village Chairman Village Chairlady Pastor (x1 SDA)	None Outreach Imms Patrol: leaders report none – children must	• Where: Teopopo or Daru (mode and time unclear) • How: Family decide to transfer

		No HCW Chairman and Pastor available on day of assessment	travel to Teopopo	and organise including any payment • Case reports: "Plenty" of people die while awaiting transfer
Kuria 1 217	Water tanks: 1 Water supply: river	Village Chairman/Mormon Pastor (ECPNG) No HCW  Focus group = the above	None Outreach Imms Patrol: Data not available	• Where: Emeti or Balimo (paddle canoe, time unclear) • How: Family decide to transfer and organise including any payment • Case reports: "Many" people die while awaiting transfer
Miruwo 400	Water tanks: No (1 non-functional) Water supply: creek, well, river	Village Chairman Village Chairlady Pastor (x2 Catholic, Mormon) School teacher No HCW  Chairman only person available on day of assessment	None Outreach Imms Patrol: data unavailable	• Where: Emeti (paddle canoe, time unclear) • How: Community decides together to transfer and organise, essentially free • Case reports: "Not too many" people die while awaiting transfer
Misawe 60	Water tanks: No Water supply: river	Village Chairman Pastor (Catholic)  Both present for assessment	None Outreach Imms Patrol: data not available	• Where: Balimo, Kamusi, Bamio (paddle canoe, time unclear) • How: Data not available • Case reports: Data not available
Oropai 300+	Water tanks: No (1 non-functional) Water supply: river	Village Chairman/Mormon Pastor Village Chairlady No HCW	None Outreach Imms Patrol: data not available	• Where: Emeti (paddle canoe, time unclear) • How: Community decision to seek transfer; essentially free as paddle
		Both present for assessment		• Case reports: 'Many' people die while awaiting transfer
Piri Puri 2 200	Water tanks: No Water supply: swamp	Village Chairman Pastor (United) No HCW  Both present for assessment	None Outreach Imms Patrol: Once a year	• Where: Emeti or Balimo (canoe, 2 days and 1 week respectively) • How: Family decide and arrange transfer; no fuel charge as paddled • Case reports: Focus group reported that "Most people" who are sick die before transfer
Sisiame 1 265	Water tanks: 1 (+2 non-functional) Water supply: tank, river	Village Chairman Pastor (Mormon) No HCW  Both present for assessment	None Outreach Imms Patrol: "sometimes"	• Where: Unclear (paddled canoe, time unclear) • How: Unclear who decides to transfer; no fuel charge as paddled • Case reports: Focus group reported that "Not many" people die before transfer
Sisiame 2 140	Water tanks: 1 (+2 non-functional) Water supply: tank	Village Chairman No HCW  Assessment with Chairman	None Outreach Imms Patrol: data not available	• Where: "Don't get help" • How: Family decide re transfer Logging company has given outboard motor • Case reports: Focus group reported that "Plenty" people die before transfer
Sogeri 830	Water tanks: No (2 non-functional) Water supply: river	Village Chairman Pastor (Mormon, also Village President) No HCW	None Outreach Imms Patrol: Data not available	• Where: Emeti (canoe, time unclear) • How: Family decided to call for help and must arrange and pay for transport • Case reports: Focus group reported that "Plenty" of people die awaiting transfer

Torobina 550	Water tanks: 2 Water supply: well and tanks	Village Chairman Pastors (x5 United, Catholic, Mormon, SDA, CLC) CHW (x1 man) School teacher  On day of assessment, on the Village Chairman Representation was available	Yes = Health Care Centre • Running water: No • Radio Coms: Yes • Generator: No • Cold chain for immunisations: No • Outreach Imms Patrol: unclear	• Where: Bamio (canoe, time unclear) • How: Family decided to call for help and must arrange and pay for transport • Case reports: Chairman Rep reported that "many" people die awaiting transfer
Upati 200+	Water tanks: No (1 non-functional) Water supply: river	Village Chairman Pastors (x4 Catholic, Mormon, Four Square, New Apostolic) No HCW  Catholic Priest only leaders present on day of assessment	None Outreach Imms Patrol: No data available	"They don't go. Too far to paddle"
Wakua 115	Water tanks: No Water supply: river	Village Chairman Village Chairlady Pastor (Catholic) No HCW  Chairman and Chairlady focus group for assessment	None Outreach Imms Patrol: no data available	"No help"

#### Village Assessment Overview – South Fly District, Western Province

Village name Estimated population size	Water supply (focus: tanks)	Community leaders – Traditional leaders, healthcare worker (HCW), school teachers, church leaders	Health care facility If Yes – infrastructure outline	Closest emergency health care (Where, How, Case reports)
Abam 500	Water tanks: No Water supply: river, rain, well	Village Chairman Pastor (SDA) School Headmaster  Focus group attendees: all the above	None Outreach Imms Patrol: None Children must travel to Daru	• Where: Daru (dinghy trip, time unclear) • How: Village leader recommendation Family decide, arrange and pay for transport • Case reports: focus group suggested that approx 10 people per year die either awaiting transfer or unable to pay
Katatai 500+	Water tanks: 6 + 2 non-functional Water supply: tanks, well	Village Chairman Pastor (Uniting Church) No HCW identified	None Outreach Imms Patrol: no data	No data
Wariobodoro 1012	Water tanks: 6 but non-functional Water supply: swamp	Village Chairman Pastor (SDA) School teacher HCW (based at Teopopo) Ok Tedi Liaison  Focus group attendees: all the above	None (Could travel to Teopopo Aid Post) Outreach Imms Patrol: no data	• Where: Teopopo or Daru (hospital) (mode and time unclear) • How: Family make decision regarding seeking help They arrange and pay for transport but Ok Tedi can help with fuel to Daru • Case reports: focus group suggested that approx 9 people per year die either awaiting transfer or unable to pay

Village Name	Imms	Worming	Blindness	Tb/HIV/Malaria
Mirimailau	Covered by immunisation patrols from Baimuru Station. Reported to be "infrequent"	Details unknown	One 18 year old is blind after cerebral malaria/meningitis	<p>Tb Treatment available at Kikori Hospital; leaders could not give estimate of untreated cases in village</p> <p>HIV Port Moresby or Kikori Hospital HAART supply; leaders stated no known HIV locally; difficult access to VCT</p> <p>Malaria Difficultly accessing treatment. No details available on pregnant women receiving IPT 2-3 years ago Kapuna gave each household a free net – they have not been retreated since</p>

#### Village Assessment Overview – Kikori District, Gulf Province

Village name Estimated population size	Water supply (focus: tanks)	Community leaders – Traditional leaders, HCW, School teachers, Church leaders	Health care facility If Yes – infrastructure outline	Closest emergency health care (Where, How, Case reports)
Babaguna 206	Water tanks: No (2 non-functional) Water supply: well, open drums	Village Councillor Village Women's Fellowship Chair Pastor (United) Pastor's wife Village Councillor's son No HCW  All, except Village Councillor and son, present for assessment	None Outreach Imms Patrol: 1-2 x per year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (dinghy, time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall anyone in recent times dying while awaiting transport</li> </ul>
Doibo 300	Water tanks: Water supply:	Village Chairman Village Elder x2 No HCW  The above present for assessment	None Outreach Imms Patrol: do not occur; children travel to Kikori; focus group suggested that many children are not fully immunised as a result	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group estimated 10 people have died in the past 5 years while awaiting transfer</li> </ul>
Ero 1000+	Water tanks: No (1 non-functional)  Water supply: spring, rain	Village Councillor Pastor (United, Revival Fellowship) No HCW  The above plus village carpenter and land owner company representative, present for assessment	None (Aid Post built but empty, unstaffed, unopened July 2012) Outreach Imms Patrol: 1-2 x per year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall any deaths while awaiting transfer</li> </ul>

Gigore 250	Water tanks: Yes 26x 1000L tanks (1 for each house) 3x 9000L community tanks Water supply: tank	Village Chief Youth Chairman Pastor (United) CHW (x2 man)  The above group (except 1 CHW) formed focus group for this village	Yes = Aid post New building completed 2011 but yet to be opened May 2012 <ul style="list-style-type: none"> <li>Running water: No</li> <li>Radio Coms: No</li> <li>Generator: No</li> <li>Cold chain for immunisations: No</li> <li>Outreach Imms Patrol 1-2 times per year</li> </ul>	<ul style="list-style-type: none"> <li>Where: Kapuna or Karaulti (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: Chief indicated that transport and communication are big challenges; 4 people died the previous year awaiting transfer</li> </ul>
Imeia 200+	Water tanks: Yes 20 tanks – 1 per household Water supply: tank	Village chief Village chairman No HCW  The above formed the basis of assessment	None Outreach Imms Patrol 1-2 times per year	<ul style="list-style-type: none"> <li>Where: Kapuna or Karaulti (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall recent cases of death while awaiting transfer</li> </ul>
Irimuku 230	Water tanks: Yes (1 functional, 2 non-functional)	Village Councillor Chairman of logging camp business group Pastor (SDA)	None Outreach Imms Patrol: 2-3x per year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall recent cases of death while awaiting transfer</li> </ul>
	Water supply: well, tank	No HCW  The above formed focus group for assessment		<ul style="list-style-type: none"> <li>Where: Kikori Hospital (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall recent cases of death while awaiting transfer</li> </ul>
Lalau-Arial 150 – 100	Water tanks: Yes (2 functional community tanks) Water supply: well, tank	Village Chairman – Lalau Village Chairman – Arial No HCW  Both present for assessment	None Outreach Imms Patrol: leaders could not remember the last Patrol: "very rarely" visit; "hardly any" children under 5 years are up to date with immunisation	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (mode and travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall recent cases of death while awaiting transfer</li> </ul>
Samoa 500+	Water tanks: No Water supply: well, rain collected in drums	Village Chairman Pastor HCW (x2 women, uncertified) School teacher  All the above formed focus group	None Outreach Imms Patrol: 1-2x per year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (dinghy or canoe; travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group recalled two cases of death while awaiting transfer</li> </ul>
Tovei 268 + 120 students based at Kikori	Water tanks: No Water supply: rain in drums, well	Village Chief Village Chairman Pastor (SDA) No HCW  All the above formed	None Outreach Imms Patrol: once a year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (dinghy or canoe; travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> </ul>

### 6.3 Letters of Endorsement

		focus group		<ul style="list-style-type: none"> <li>Case reports: focus group recalled a few people have died in need of transfer</li> </ul>
Wouobo 370	Water tanks: N Water supply: well, rain drums	Village Chief Village Chairman Community Chairman Village Councillor Pastor (CRC, Four Square, United) No HCW  Focus group the above	None Outreach Imms Patrol: 1-2x per year	<ul style="list-style-type: none"> <li>Where: Kikori and Karualti (dinghy or canoe; travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group stated 8 people died from illness or accident in the village in the past year</li> </ul>
Wowou 300	Water tanks: Water supply:	Village Chairman Pastor (United) HCW (x1 woman) School teacher  Focus group the above	None Outreach Imms Patrol: 1x per year	<ul style="list-style-type: none"> <li>Where: Kikori Hospital (dinghy or canoe; travel time not recorded)</li> <li>How: family decide for and arrange transfer including payment</li> <li>Case reports: focus group could not recall any recent deaths while awaiting transfer</li> </ul>



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

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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

## WESTERN PROVINCIAL ADMINISTRATION

MIDDLE FLY DISTRICT ADMINISTRATION  
Division of Health  
P.O. Box 1  
BALIMO,  
Western Province



Date: 23/02/2012  
File

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

Dear Mr. Mulligan,

**SUBJECT: FORMAL INVITATION TO YWAM PROGRAM TO BE IMPLEMENTED IN BALIMO**

### AREA MFD IN WESTERN PROVINCE

This letter serves to your office as letter of invitation to come to Balimo, Middle Fly District in Western Province.

We have a lot of patients in Balimo district with Eye problems, Dental problems and also have many mothers/single mothers with PID (Pelvic Inflammatory Infections). There are also many with Surgical cases such as Hernia (all sorts) which has also become the main surgical problem in Balimo area.

The visit of the YWAM in Balimo area will make a big difference. Your Team's visit to Balimo area will be very much appreciated by all at large because doctor service in Balimo area has been absent for about 10-15 years.

Therefore I am formally inviting the YWAM to pay a visit to Balimo upon receipt of this letter of invitation.

Thanking you in advance for considering and accepting my letter of invitation.

Thank You,  
Yours in Health

Mr M Harnsoy  
District Health Manager &  
The Coordinator Rural Health MF.

Ph # 72391608

Balimo  
Health  
Centre



General Clinic of Health, New Guinea

27 / 02 / 2012

ATTENTION: YWAM MEDICAL SHIP

**SUBJECT: REQUESTING FOR DOCTORS VISIT & OTHER SPECIAL SERVICES....**

I am formally submitting my request of intention to boost up lacking Health Services here in Balimo Hospital due to Funding problems. In order to minimize this problems with Clinical Nursing & Patient care management, I have suggested to request for the following program areas under full assistance of YWAM Medical -

- \*Medical Doctors visit
- \*Eye Specialist visit
- \*Gynaecologist Doctors visit
- \*Short Term Training for Balimo Nurses – Eye Care, Nursing Care, & patient management
- \*Rural Health Immunization patrol program

All this above mentioned activities should be on short term basis, which means should be on a duration period of one week or two weeks program.

Please do not hesitate to contact the above address, as I will be awaiting for your respond.

Thank you very much.

Yours faithfully

MR. ILUMI SULI  
DIRECTOR OF NURSING SERVICES  
BALIMO HOSPITAL

P.O. Box 4, Balimo  
W.P.  
Papua New Guinea

## WESTERN PROVINCIAL ADMINISTRATION



Division of Health

P. O. Box 1  
Daru  
Ph / Fax : (872) 642364/642375



27<sup>th</sup> July 2012

Mr. Ken Mulligan  
Chief Executive Officer  
P.O Box 1359  
Townsville, QLD 4810  
Australia

Dear Mulligan,

I am pleased to finally agreeing with you in aligning health care services through a mutual understanding for a partnership agreement with YWAM for the next three years through a combined effort.

YWAM has proven wonderful health care services to the remote populations of the province in the areas of dentistry, optometry and ophthalmology that are nonexistent in the entire health care delivery.

I am pleased to have agreed to working with YWAM and would like to take this opportunity to officially invite them to be involved in the development of the 2013 Annual Health Implementation Plan in August 2012.

I look forward for a wonderful working relationship with YWAM.

Yours sincerely,

ALICE NONJEPARI  
Director Rural Health Services

Cc: Mr. Kokoba, DPA – Policy (Chairman WPHSC)



THE UNITED CHURCH IN PAPUA NEW GUINEA

## ASSEMBLY OFFICE

UNITED CHURCH OFFICE  
P.O. Box 1401  
PORT MORESBY, PNG

TEL: (675) 3211744  
D/line: (675) 3200123  
FAX: (675) 3214930  
EMAIL: slowe@ucpng.org.pn

2 August 2012

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

Dear Mr. Mulligan,

As the Moderator of the United Church in Papua New Guinea, I write to strongly support the work being undertaken by the YWAM Medical Ship which is based in Townsville, Australia.

We were thrilled to hear of the 54,732 services and training that were provided by YWAM MSA throughout the Gulf and Western Province during 2010 & 2011. These vital services included primary health care, immunisations, dentistry, optometry, education seminars and delivery of health resources.

I see that YWAM MSA provides a positive impact in the villages that they work in, not just through the health care and training that they provide but also through relationships that they build on the ground.

I wish YWAM MSA all the best in their future endeavors and look forward to seeing what partnerships develop with the United Church in Papua New Guinea.

Your Co-Servant in Jesus Christ,

Rt. Reverend Sir Samson Lova KBE  
Moderator



40 years of ministry 1968 – 2008



Premier of Queensland

Executive Building  
100 George Street Brisbane  
PO Box 5476 City East  
Queensland 4013 Australia  
Telephone: (61) 7 3204 3200  
Facsimile: (61) 7 3204 3201  
Email: ThePremier@premier.qld.gov.au  
Website: www.thepremier.qld.gov.au

### MESSAGE FROM THE PREMIER OF QUEENSLAND

I am writing to endorse Youth With A Mission's (YWAM) Medical Ships Australia.

Medical Ships Australia (MSA) operates a vessel in the remote villages of Papua New Guinea, undertaking much needed community development, including health services and training.

I commend YWAM MSA's commitment to reduce poverty and achieve major sustainable health improvement in Papua New Guinea through the efforts of young Australian volunteers.

This important work complements operations being undertaken by the Papua New Guinea, Australian and Queensland governments in this region.

Once again, I am delighted to endorse this YWAM MSA enterprise.

  
CAMPBELL NEWMAN



**The Hon Julie Bishop MP**  
 Federal Member for Curtin  
 Deputy Leader of the Opposition  
 Shadow Minister for Foreign Affairs and Trade

Hon Mike Reynolds AM  
 Patron  
 YWAM Medical Ships Australia  
 PO Box 1929  
 TOWNSVILLE QLD 4810

7 December 2011

JR.GA/bcc:m:ReynoldsM

Dear Mike

Thank you for your letter dated 3 November 2011. I too was delighted to meet with YWAM Medical Ships Australia (YWAM MSA) to discuss the impressive work being undertaken by the organisation.

In fact, I recently wrote an opinion piece for the National Times regarding innovation in effective aid delivery and I discuss the efforts being undertaken by YWAM MSA. I made a similar speech in the Parliament on 23 November 2011.

Please find enclosed a copy of the article and my speech which I trust you will find of interest.

I look forward to working with you and YWAM MSA in the future.

Best wishes

  
 JULIE BISHOP  
 Encl.

cc: Mr Eben Jones, Federal Member for Herbert

Electoral Office: 414 Rakeby Road (near Nicholson Road), Subiaco WA 6008. Tel: (08) 5388 0188 Fax: (08) 5388 0299  
 Canberra: Parliament House, Canberra ACT 2600. Tel: (02) 6277 2192 Fax: (02) 6277 8497  
 PO Box 2018, Subiaco WA 6904 julie.bishop.mp@aph.gov.au www.juliebishop.com.au

## David Crisafulli MP

MEMBER FOR MUNDINGBURRA

6 July 2012

### TO WHOM IT MAY CONCERN

I am writing in support of the Youth with a Mission (YWAM) Townsville.

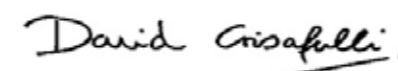
YWAM Townsville has been an incredible asset in the North Queensland region over the past 20 years. With 100 fulltime volunteers, they aim to serve, build, care and connect with communities, in particular young people.

They have equipped over 2,000 young adults to serve in communities around the globe, with a strong focus in the North Queensland Region, where they have assisted hundreds of thousands of individuals over the years.

Their youth programs build capacity in education systems and community groups and offer mentorship and leadership training at a peer-to-peer level, equipping young people to be future leaders in our region. YWAM Townsville also helps operate a medical ship in Papua New Guinea, which delivers lifesaving community development and health services.

I have no hesitation in supporting this wonderful community organisation.

Yours sincerely,



**David Crisafulli MP**  
 Member for Mundingburra

Shop 3, 198 Nathan Street,  
 Aitkenvale Qld 4814  
 P 4725 4166  
 E mundingburra@parliament.qld.gov.au  
 F 4725 4194





## GULF CHRISTIAN SERVICES

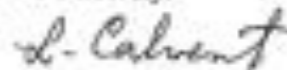
Kapuna Rural Hospital & C.H.W. Training School  
Postal address: PO Box 2582  
Boroko, NCD  
Physical address: via Baimuru  
Gulf Province, Papua New Guinea

### TO WHOM IT MAY CONCERN

You may be aware of a group called YWAM (Youth with a Mission) that has a Mercy ship called Pacific Link. It has just visited Kapuna Hospital for the third time in the last 18 months. It comes here with the aim of meeting the special needs of two groups – those with dental problems and those with vision problems. The Gulf people have not had any such visitors for a very long time. Though an eye specialist did visit for a few days about two years ago, this was a one off visit organized by Kapuna Hospital with no plans for regular help being offered.

The work done is free; no charges are made to patients or to our Hospital. Services given would cost many many thousands of kina if given by Moresby specialist. The cost of fares and accommodation plus the cost of such care is quite impossible for any of these patients from remote villages to pay. Many of you may be aware there are no plane services to Moresby between Kerema and Kikori. To go by dinghy is too risky for much of the year so our only hope of getting help is through this boat. We highly value the work YWAM and recommend them to anyone who may be able to assist them to continue or improve their help to remote communities of the Papua coast.

Yours Sincerely,



Dr L. Calvert

CONCERN LEADER:

MR. AND: BENSON

KORAWAKE VILLAGE

P.O. BOX 34

BAINURU

GULF PROVINCE.

DATE 05/06/012.

YAWAM:

P.O. BOX 1959

TOWNSVILLE

QLD 4810

AUSTRALIA:

REF.. SURGRT-OR OPERATIONS ON EYE SITES,  
APPENDICIS AND MOTHERS WOMB PROBLEM.

DEAR SIR/MADAM:

Thus the problems going on within the rural village in Korawake and Baimuru District as whole, This problems has been affect many lifes of people big and small in the rural places. Therefore we ask the team to carryout the programme or the activities here mention above, This great help now carried out by the YWAM team throughout Baimuru District in gulf Province is very much appreciate by the leaders and people of this community (Korawake village).

Sir, we need the operations done through Kapuna and Kikori Health center, were poverty families go to the nearest centers for operations.

We now thankyou all in Jesus name to hear from yours end.

Thankyou very much,  
ANDREW I. PAIAMS: MR. AND: BENSON.

YWAM  
Medical ship  
The management

United church.  
Ero village. P.O. Box  
I Kikori.  
Gulf Province  
04-07-2012

Ref Expression of Interest  
of Mr. Mick and Anna.

Hello and warm greetings to you all in the name of our Lord Jesus Christ who is the Lord and Saviour of our lives, anywhere, nothing much to say but just few words to let you know on the reference mentioned above for this two couples, Mick and Anna. We the Ero community with the leaders of the church and all organizations leaders agreed to have them back next year. Please advise them back next year. We have seen a great help in them with in them. Thank you that's all from us. God bless you all.

Your faiths fully



Ibari Kairi

Ero Congregation chairman

ANNA - SCOTT  
YWAM Medical ships AUSTRALIA  
PO. BOX 1759  
TOWNSVILLE, QLD 4810  
AUSTRALIA

~~ANNA - SCOTT~~

SUBJECT: Request for YWAM Medical ship to return

Dear Sir,

This letter serves to your office seeking your assistance. We the Irimaku community would like the YWAM medical ship to be return again for the next trip for Kikori and all villages along Kikori river.

This are the problems which the Irimaku Community is having. The problem areas are here as follows

- \* Water is a problem in the Village.
- \* Sick T.B. is common here in Irimaku Village.
- \* Toilets to be built
- \* We have malaria sick too is very common
- \* We do have school problems / transport is also problem
- \* We do have all sort of sick, big sores
- \* NUTRITION. We do have good food every day in our meal.

Lewis. Man Law  
Leader



# Aussie youths want to work with govt

YOUTH With A Mission Medical Ship Australia (YWAM MSA) is very keen to continue working in partnership with the Papua New Guinea government in delivering medical services and empowering the people, its patron says.

Mike Reynolds told a breakfast fundraiser at Steamships' wharf yesterday the organisation's primary focus was people's empowerment and that could be achieved through the provision of training and capacity-building.

He said the mission had established a good working relationship with the Department of Health.

The mission has been delivering services to remote areas of the country since 2009 and has delivered over 74,000 training and health ser-



YWAM MSA chief executive Ken Mulligan, the Steamships representative Darron Young (centre) and patron Mike Reynolds at Steamships wharf yesterday.

VICES to help develop local communities.

The medical ship provided important services such as cataract operations, dentistry, optometry, primary health care and health education.

"Port Moresby and Townsville have been sister cities since 1983.

The 2012 YWAM MSA series to Port Moresby is a snapshot of what the volunteers have been doing in remote areas of Gulf and Western over the past three years," he said.

"The other thing we care about is strengthening the linkages between Australia and PNG."

On Tuesday, volunteers conducted clinics at Kilakila and Kangere, providing health care services, optometry and educating locals.

Reynolds acknowledged Steamships Trading Company for continually supporting YWAM's ongoing work here.



**YWAM gig ...** Former Australian idol contestant Kim Cooper (right) lending her talent and support to strengthen the work of Youth With A Mission medical ship (YWAM MSA) during their first outreach in Port Moresby this week.

# Former PNG prime minister in town



Former PNG prime minister Rabbie Namaliu, his wife Doracilla and YWAM staff Hannah Pearl, Ken Mulligan and Jeff Wall.

ONE of the men who helped open the Kokoda Track to the public was in Townsville yesterday for Aussie Day.

Sir Rabbie Namaliu was the prime minister of Papua New Guinea from 1988 to 1992.

He is in Townsville to deliver the keynote speech at the Youth With A Mission (YWAM) Medical Ship Australia breakfast this morning.

Sir Rabbie said Aussie Day was close to his heart.

It was during a visit to Papua New Guinea by then Australian Prime Minister Paul Keating in

1992 that the two leaders formulated a plan to create a lasting memorial at Kokoda Track.

"Since then it has just become more and more popular every year, this year... they had more people wanting to go than there was space available, it's amazing," he said.

"I'm pleased so many people, especially young Australians, are interested in going up and retracing the steps of their fathers or grandfathers."

Yesterday, Sir Rabbie visited the YWAM Medical Ship ahead of its

next journey to PNG. The ship will carry teams of specialists, doctors, dentists and other health workers to deliver health care services.

"I was very honoured to be asked to be part of the fundraising effort. I think they're doing tremendous work in PNG," Sir Rabbie said. "They deliver care... to all kinds of people who need medical help and without them they probably wouldn't have had a chance to have any medical assistance at all."

Kate Higgins



WEEKLY NEWS HIGHLIGHTS FROM THE PAPUA REGION

# YWAM medical ship ready to serve Gulf and Western

THE Youth With A Mission (YWAM) medical ship arrived in Port Moresby last Thursday for medical and community development outreach in Gulf and Western provinces.

The medical ship offers opportunities for volunteers from diverse backgrounds to serve, build, care and connect with in-

dividuals and communities in remote regions of Papua New Guinea.

Over the past two years, YWAM Medical Ships Australia has provided 54,732 health and community development services in the country and anticipates many outcomes this year.

Team leader Ken Mul-

ligan said they were grateful to Papua New Guinea partners in making this a reality.

"We want to reach out to the remote areas to provide health and medical services because we feel that health centres in those areas don't regularly provide these services," Mulligan said.

"It is partnerships like

this with InterOil, that make what we do possible. All of our medical professionals and YWAM staff are volunteers," he said.

He said although they did not have a large budget, they appreciated their partners in the country who were helping them to keep coming back.

YWAM thanked InterOil

for providing the fuel for the ship for the three outreaches to this region.

This year, they will have support from organisations such as Steamships, PNG Sustainable Development Program, and the Ok Tedi Fly River Development programme.

The ship will be in the country for five months.

Tuesday, May 15, 2012 - The National 11

NATION

# Namaliu is patron of youth mission

FORMER Prime Minister Sir Rabbie Namaliu has agreed to be the Papua New Guinea patron of the medical ship programme Youth With A Mission Medical Ships Australia.

Chief Executive Officer of YWAM MSA,

Ken Mulligan, said it was a great honour that Sir Rabbie had agreed to be the joint patron for the medical ship programme.

He said Sir Rabbie had served PNG with distinction in high public office for more than

three decades, and was now a leader of the PNG business community.

"YWAM MSA believes strongly in working co-operatively and collaboratively with key stakeholders in PNG and Sir Rabbie's past and present standing in

PNG will help to gather support and awareness to help take the health and community development initiatives to a whole new level within PNG," he said.

Sir Rabbie said: "I am only too happy to be part of the excellent

work that YWAM MSA is doing to assist, and strengthen the relationship between PNG and Australia.

"The work that they are doing is already achieving this by providing real outcomes for citizens of both nations.

"The work the YWAM medical ship programme is carrying out in coastal and river communities along the Papua coast is making a real difference in the lives of thousands of villagers, and I hope I can help YWAM expand

the program in future years."

Sir Rabbie joins Mike Reynolds, a former speaker of the Queensland parliament and former mayor of Townsville.

He is the Australian patron of YWAM MSA.

NATION

# Villagers prepare for floating hospital

By **GRADE AUKA**  
REMOTE villages in Gulf and Western will again receive better health treatment and supplies from Youth With A Mission during its medical and community development outreach.

Medical coordinator Hannah Peart said the medical programs they would be providing included village-based primary health care and eye tests, while dental care would be conducted on the ship.

"The ship will be anchored off the Kariki Health Centre for the first outreach, Koraviki village for the second and the third outreach will be conducted at Kikori hospital," Peart said.

"We will be treating people from remote villages."

This year is the third voyage to deliver life-saving medical care to some of the country's most remote villages.

One of the main things that made the ship's return possible was the result of In-



Medical coordinators Anna Scott (left) and Hannah Peart showing some of the medical supplies and equipment that will be used during the outreach programme in Gulf and Western provinces. - Nationalpic by EKAR KEAPU

terOil providing fuel to operate the ship for the first four outreaches into Gulf province.

YWAM chief executive officer Ken Mulligan said "having fuel has been a tremendous help and we're grateful to InterOil for the very generous assistance".

Captain Jeremy Scherer said: "Petrol is an essential commodity to our ability to deliver much-needed services to people in great need and severe pain."

Anna Scott from the director's office, said from the services, education and resources

they had provided to the communities, they had received positive feedbacks from their patients.

"We will continue to serve the remote villages and hope to visit other provinces apart from the two provinces in the future," she said.

## World SDA church elder visits today

THE PNG Union Mission with a membership of 247,746 are preparing for the visit of the SDA World Church chief financial officer Elder Robert Lenson who is flying into the country today.

Lenson will arrive in Port Moresby today and be in PNG for six days.

The director of the communications department of PNG Union Mission in Lae, Andrew Opiu, said although PNG was faced with huge challenges in social, economic, health and law and order, "we are privileged to have people assisted by God from churches around the world coming to PNG and we know God has a plan for this nation".

The visits of the world president pastor Ted Wilson last January and Lenson was significant to the church in PNG.

"Papua New Guineans are friendly and hospitable people, and are eager to learn and build a spiritual mind and soul. And it will great to have them in PNG to spread the Word of God," Opiu said.



SON VOIAGE: YWAM ship medical co-ordinator Hannah Peart ready to set sail Photo: IRE SIMMONDS

# All aboard PNG mission

by **Anna Oshole**

TOWNSVILLE health workers are embarking on the mission of their lives, setting sail to support communities in Papua New Guinea.

About 100 Youth With A Mission staff gathered at Townsville Port yesterday to farewell health professionals and volunteers leaving the YWAM Medical Ship.

"It's so excited to be going again and that the people we've been and we hope they've progressed," the ship's medical co-

ordinator Hannah Peart said. "The ship sleeps about 40 people on board but many of the doctors and nurses fly directly into Port Moresby."

"A PNG national dental technician will meet us from Kapaui. We'll see how he's grown in confidence and he'll be joining us on the ship."

The New Zealand-born West End resident of eight years said she'd been to PNG with YWAM in every time she'd had want.

YWAM patron and former Townsville Labor MP Mike Reynolds said their outreach programs in the Gulf and Western provinces reached some of the most needy people in the world.

"There were here the second worst Human Development Index in the world," he said.

"One in seven women die during childbirth."

Mr Reynolds said YWAM would assess dozens of villages by water after delivering more than 10,000 medical outcomes in the last two visits.

Volunteers will deliver primary health care, immunisation, dentistry, optometry, ophthalmology and public health education.

"This trip is part of a 20-year plan," Mr Reynolds said.

"We hope to benefit up to 400000 more people and target other provinces and possibly even the Solomon Islands."

## PNG trade talks mix with visit by YWAM

TOWNSVILLE companies are mixing business with the support of a good cause in a delegation to Port Moresby this week.

Townsville Chamber of Commerce is leading the mission which has been timed to coincide with the visit of the YWAM medical ship to Port Moresby.

Mr Wilkie said apart from networking and developing business ties, the trip was an opportunity for Townsville businesses which worked in PNG to give something back.

"YWAM is one of our members and given the great work they do in PNG it was opportune that we support them in their efforts," he said.

"There are a number of events happening around their ship's visit that we will attend."

The Townsville-based YWAM vessel has been assisting in rural and remote PNG for the past three years, building capacity and developing communities in partnership with key stakeholders in PNG and Australia.

Ten businesses are taking part in the delegation, joined by Federal Member for Herbert Ewen Jones.

The delegation will attend a networking event with PNG business and government officials today. Business in Port Moresby is booming on the back of major investments in oil and gas.

"There are a lot of business opportunities in PNG and people from Townsville are making the most of that," Mr Wilkie said.

The chamber has led five delegations to PNG in the past three years.

**Tony Raggatt**

NATION

# Medical ship to host first outreach in Moresby

THE South With A Mission Medical Ship Australia (YWAM MSA) will hold its first outreach in Port Moresby from July 23 to 27 at the 'Knowledge Wharf'.

Pre-selected dental patients will receive treatment on board, while primary health care clinics will operate in pre-determined shore-based regions.

The week will show-

case some of YWAM's work in rural and remote areas of Gulf and Western provinces.

People will have the chance to see what it is like to live and volunteer aboard a medical ship.

Australian patron Mike Reynolds said the week would include strategic meetings between key stakeholders from Townsville and PNG.

"The ship will serve as a catalyst to inspire and strengthen cooperative and collaborative relationships between the ship's home base of Townsville and Port Moresby," he said.

"YWAM MSA hopes to share its vision for a growing relationship between the two nations and new ways to educate, equip and care for as many individuals as possible."



YWAM MSA during their visit to the Gulf province.

# PAPUA NEW GUINEA Post-Courier

Week 1088 No. 10,988 Friday, July 26, 2012 Port Moresby address K1, Lala K1 83, other centres see page 2

<b>Weekend Courier</b> Get your Feisty Central 'Tomorrow'	<b>No request</b> O'Neill yet to receive Indonesia's letter - PAGE 2	<b>Your count tally</b> Check our up to date counting results - PAGE 4
--------------------------------------------------------------	-------------------------------------------------------------------------	---------------------------------------------------------------------------

# O'Neill party to camp in Alotau

By PETER KORAGAL and SIMON BIRD

MEET Alotau is going to become the focus of Papua New Guinea in the days ahead.

For the first time, the Miller 800-02500 is going to host one of the biggest political gatherings in the country because the People's National Congress (PNC), the party led by Prime Minister Peter O'Neill, is holding that may be the first time in the new government.

According to reports coming from Alotau, the party followers and the local executives are working around the clock to make sure that the visitors enjoy their stay and when they leave for the final sitting of the new Parliament, a new Government will be in place by then.

"We will be going down to beautiful Milne Bay on the weekend. All our members of Parliament and those who are leading to their respective electorates are going down," Prime Minister Peter O'Neill told Post-Courier.

Mr O'Neill is confident that he will form government and his coalition partners in the recent Government will back him.

"Our people have spoken, they want the government they want," Mr O'Neill said, adding that this is reflected in the support the PNC is getting throughout the country in the election.

Mr O'Neill is confident of leading the new Government because seven of his PNC party candidates have won their electorates and the party has 20 candidates leading the race in electorates throughout the country.

"Our members are motivated by the election of James Lapra, the new member of Koroia Electorate. He is the first independent MP who is joining us," Mr O'Neill said, adding that the new member was following the wishes of his people.

He said the results from the election are very exciting and that is that Papua New Guinea now supporting the current government.

**CONTINUED PAGE 3**



**A volunteer's touch**  
VOLUNTEERS play an important role delivering services in Papua New Guinea. A healthcare volunteer from YWAM MSA, Jane Hewitt, posing for a photo with people in Koroia, Milne Bay. More details about these volunteers on page 22. Picture courtesy of YWAM MSA.

# southern region

If you have a story to tell, call us on 309 1040, or email [msa@napp.com.pg](mailto:msa@napp.com.pg)

# Pacific Link's health display

A SCHEDULE of primary health care outreach work to remote parts of Western and Gulf provinces will be displayed aboard the medical ship, Pacific Link, in Port Moresby on Monday July 23.

According to a statement released this week, the display is part of the YWAM Medical Ship Australia (YWAM MSA) outreach from July 23 to 27 in the capital. The Pacific Link will be open to tours for the public from 10am to 4pm on Monday.

The public is welcome to tour the ship at this scheduled time on Monday.

The work is expected to benefit especially those living in Port Moresby, in particular what is known as the 'inner city' and provide health care to very remote communities.

During the week, pre-selected dental patients will have the opportunity to receive treatment on board the ship while primary health care clinics will be operating in pre-determined shore-based locations from 9am to 5pm every day.

The ship will also serve as a centre to inspire and strengthen cooperative and collaborative relationships between the ship's home base of Townsville and Port Moresby.

The two communities have been sister cities since 1980 when then Mayor Mike Reynolds suggested that mutual cultural and economic relationships could emerge from formalising the sister city relationship.

Mr Reynolds, who is now the Australian patron for YWAM MSA, said the week would include some key strategic meetings between key stakeholders from Townsville and PNG. "Townsville Chamber of Commerce are sending a delegation during the week and we anticipate that the agreements created during the week will continue to build strong bridges of people to person relationships across our communities."

Mr Reynolds, former Prime Minister of PNG, and PNG patron for YWAM MSA, will be attending and supporting several events during the week.



Dr Sarah A. Heuburger of YWAM MSA conducting a healthy baby check.

## KNOWLEDGE SAVES LIVES

In reference to Katherine Devorak's story in The Townsville Bulletin on the 22/08/2012 regarding children's health in remote Papua New Guinea, I think it is a really good idea to have the YWAM Medical Ships patrolling the coast.

I think it is devastating how these poor children of Papua New Guinea have to suffer when they live so close to Australia. It may be a hard life over in Papua New Guinea but not knowing how to care for their own babies is sad.

It is awesome that Australians are able to teach mothers how to take proper care of their children's health.

The greater the number of mothers that are aware of the dangers their babies face, the less deaths there will be caused through lack of knowledge and understanding.

Looking to the future they could have long and healthy lives with Australia's support of the YWAM Medical Program. These innocent people need our help to educate them. I think this is a wonderful and practical idea to assist Papua New Guinea babies and their mothers.



Dr Cheryl Holmes on board the YWAM Medical Ship with a patient.

By Jessica Simpson  
Good Shepherd Catholic Community School

# Getting their teeth into it



**TOURNAVILLE** Youth With A Mission medical ship Pacific Link has returned to Port Moresby after three voyages of community development services to PNG's Gulf Province.

Youth With A Mission is an international Christian volunteer movement dedicated to repairing and caring for the lives of people through training and caring for those in need.

This is the third year the vessel has returned to the Gulf region, and the team is beginning to see the results of a long-term sustainable health strategy.

Medical co-ordinator, Barbara Peart said that when the ship arrived at some of the villages they had visited in the past five years, the only dental work required was cleaning and restorations, rather than the emergency and work which marked previous years.

"It was really rewarding to see that. The background and health care infrastructure, and our very real progress of care is really starting to pay off," Ms Peart said.

She thanked the Townsville community for their support in most of the work supplies from local dentist Janet Peabody as well as health care facilities in Townsville schools and at events such as the Great boys games and trials on the ground.

Ms Peart also thanked InterOil, which supplied the fuel for the year's missions. The team also helped equip 10 rural health

centres in Oroville, Milne Bay, Milne Bay, Milne Bay and primary health care.

Some of these health workers had not been working for 20 years. The vessel returned from port with supplies to the supply of essential equipment, which helped them to rural and remote centres that cross the region.

Anna Smith, the Mission's PNG representative returned, said the Captain that the vessel will be used for health conditions work.

"Many of the children were sick with worms and diarrhoea," she said.

"Many of them had not had health assistance in a long time. In all the time delivered 18,000 training and health services and conducted valuable research which will assist in improving the health and wellbeing of the people in this region of the country.

"Plans are drawn up to return to the Gulf Province in 2012, but for the medical ship will conduct week-long outreach to Port Moresby in partnership with stakeholders from Townsville including the Chamber of Commerce and 100 SMEES, both starting the Western Province from August to September.

MELINDA HARRIS: Volunteer team leads talks to some of the PNG families and health workers before a dentist gives treatment on the ship (right).

If you have a story to tell, call us on 360 1026, or email setepanon@ywm.com.pg

# Pacific Link outreach begins

A SHIPLOAD of primary health care volunteers will be ready to start work on board the ship while primary health care clinics will be operating in pre-determined shore-based locations from late next week.

According to a statement released last week, the 21st of the YWAM Medical Ship Australia (YWAM MSA) outreach from July 22 to 27 to the capital. The Pacific Link will be open to the public from 10am to 5pm at the Rosebridge Wharf.

The public was given the opportunity to visit the ship from Monday. The work is expected to be an eye-opener for the public, particularly those living in Port Moresby to learn about what a health care is like and volunteer their own skills and services to help health care in very remote communities.

During the week, pre-arranged dental patients will have the opportunity to receive treatment on board the ship while primary health care clinics will be operating in pre-determined shore-based locations from late next week.

**“We hope to build strong bridges of person to person in communities...”**

— DR. JOHN PHILLIPS, AUSTRALIAN DENTIST

The ship will also serve as a centre to foster and strengthen cooperative and collaborative relationships between the ship's leadership and the local community.

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Mr. Bennett, who is now the Australian patron for YWAM MSA, said the work would include some very strategic meetings between key stakeholders from Townsville and PNG. "Townsville Chamber of Commerce is sending a delegation during the week and we anticipate that the synergies created during this work will continue to build strong bridges of person to person relationships across our countries."

Dr. Robert Bennett, former Prime Minister of PNG and PNG patron for YWAM MSA, will be attending and supporting several events during the week.



MELINDA HARRIS, on YWAM MSA nurse, administering immunisation

Thursday, August 9, 2011

# Mission accomplished

**ALTONVILLE** dentist and member of Ballina's Anglican Parish, John Phillips, has returned from Papua New Guinea where he treated people as part of an outreach mission - an experience he described as a "wonderful outpouring of love".

The work took place on a YWAM (Youth With a Mission) medical ship which sets to remote villages to offer medical attention to the people. John was part of



**“It was a wonderful outpouring of love...”**

— DENTIST JOHN PHILLIPS

The third outreach of eight by 2012.

YWAM is an international Christian aid organisation whose Australian headquarters is in Townsville. It has a staff of more than 80 people.

The YWAM ship, MV Pacific Link, visited Ballina a few years ago.

John and his group lived and worked on MV Pacific Link. With a crew of nine plus 40 medical volunteers, it set sail from Port

**DENTIST ON A MISSION:** Altonville dentist John Phillips who has returned from working in Papua New Guinea.

Moresby to work for two weeks in the tropical areas.

During John's time on board, 400 people were seen in the Primary Health Clinic, 96 immunisations were given, 428 people received glasses, 26 had contact operations, and 10 had dental fillings or extractions.

YWAM has provided more than \$200,000 worth of free services to more than 200,000 people through dentistry, optometry, primary health care, medical supplies, epidemiology and housing projects.

"It was a wonderful outpouring of love and I've had to serve others," John said.

"Each day's new expected and unexpected challenges, difficulties and discouragements in medical and dental work, were faced with prayer and a smile, if not laughter, never forgetting our Lord and the privilege we shared in serving him.

"Wounds were healed, operations that could have gone either very succeeded and patients trusted those who were seen. "White faces" so amazingly "They showed such faith, manners and courtesy, often giving us or others from what little they already had"

The PNG people received booklets donated by Ballina Anglicans.

NATION



Baby Umi from Bami village, Western province.

# PNG babies dying

By KATHERIN DEVORAK  
PAPUA New Guinea, which is located some 220km north of Australia's mainland, has a high child mortality rate.

One child in every 13 will die before the age of five years, a rate far greater than any other in the Pacific region.

About 7.15 million people live in Papua New Guinea today.

"I have eight children," one mother said.

But only four children could be seen playing together in the yard.

When asked where the other four played, she answered: "They died."

## Is poverty or lack of knowledge the cause?

Registered nurse and midwife, Naomi Colwell, who is with the Youth With A Mission (YWAM) medical ship in Western province, is helping to teach mothers how to care for their babies.

Colwell visits villages teaching local health care workers and mothers.

Colwell's first patient this trip was little Umi.

Umi's family lives in the village of Bami.

Umi is eight weeks old but weighs just 1.7kg.

A healthy baby at the same age should weigh around 4.7kg.

Umi's mother had to leave her baby in the care of her husband or a neighbour while she worked in the fields making sago each day, but she did not let the neighbouring women feed her baby for fear of disease.

Colwell was able to explain to Umi's family and the women in the village that it was safe for different women to nurse the same baby.

Simple education like this makes a difference between life and death.

A volunteer who helped Colwell, Nathaniel Baldock said: "It seems that death is so common that it was strange for us to suggest changing the way things are done so that Umi can live.

"It must be difficult,

it seems to have always been like this and from their perspective how could it ever change?"

Experts debate the reasons.

Is the cause of poverty lack of knowledge?

Many people agree education plays a big role in bringing people out of poverty.

Regardless of the reasons why Papua New Guinean babies are dying, at least part of the solution is empowering local mothers with knowledge and hope.

# Knowledge saves lives

## Medical ship hoping to lower death rate

By KATHERIN DEVORAK

With all of your 11 babies, the right of knowledge is a precious gift.

It is not hard to imagine why this is so. In the Pacific region, the mortality rate is high. In Papua New Guinea, it is one of the highest in the world.

One of the reasons for this is a lack of knowledge. In Papua New Guinea, many people do not know how to care for their babies.

Naomi Colwell, a registered nurse and midwife, is helping to teach mothers how to care for their babies.

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YWAM Pacific Link, the ship that she was eight weeks old.

The ship is a large vessel with a white hull and a blue stripe, sailing on a calm sea under a clear sky.

The ship is a large vessel with a white hull and a blue stripe, sailing on a calm sea under a clear sky.

EVERY THURSDAY

# Health Watch

CONTACT: Editorial: Phone: 324 6721; Advertising: Phone: 324 6744

# Steamships signs on

STEAMSHIPS last week announced a five-year partnership with YWAM Medical Ships Australia (YWAM MSA) to deliver health services in rural and remote parts of the country.

YWAM MSA is actively developing communities by addressing the health care and training needs in Papua New Guinea alongside the priorities of the National Health Plan and Australia's commitment to the UN's Millennium Development Goals.

Since 2010, YWAM MSA has provided 85,154 training and health outcomes in PNG, including primary health care, childhood immunisation, dentistry, optometry, ophthalmology, and education in association with key stakeholders and partners.

Through the new partnership, Steamships will be helping with \$400,000 annually to reach the medical programme.



YWAM MSA's Pacific Link captain Jeremy Robinson (left) and Jennifer Fentock receiving the check cheque from Steamships Trading Company chairman Bill Rothery (second right) and Sam Swire from the Swiss Group.

We know these facilities are often lacking vital supplies and equipment," he said.

"YWAM has been able to reach out into these remote areas and provide not only medical treatment, but distribute medicines and help their PNG counterparts learn new techniques by working alongside them.

"The YWAM programme is making a positive contribution and we are proud to lend our support for the next five years, and we would like to encourage government and other corporate organisations to get behind the great efforts that YWAM and its team of devoted volunteers are making.



**A** medical ship sailing from Townsville to Papua New Guinea has captured the imagination and hearts of many over the past three years. YWAM Medical Ships (YWAM MSA) is seeking to actively develop communities by addressing the health-care and training needs in Papua New Guinea (PNG). It works in conjunction with Australia's commitment to the UN's Millennium Development Goals and the PNG's national Health Plan.

Peart said, "the communities we visit are extremely isolated with very limited resources and services available to them."

Since 2010, YWAM MSA has provided 90,354 training and health outcomes in PNG, including primary health care, child food immunisations, dentistry, optometry, ophthalmology, and education in association with key stakeholders and partners.

YWAM MSA volunteer and former Australian Army Medic, Wayne McMurrie, said of his time with the medical ship: "The experience both personally and professionally was just amazing. It is an opportunity to go and see places that you wouldn't normally get to see. If you were going to go and travel somewhere as a tourist, but the impact you make on people's lives is amazing".

McMurrie says he recalls volunteering in the primary health-care clinic and seeing a young boy walk in with a wound the size of a machete knife across his leg. So deep and wide was the gash that his life looked as if might not last. The young boy's condition was critical. If he had waited a few more days without treatment, he would have most likely lost his leg. The medic and trained nurse provided immediate treatment until the boy stabilised. After a few days, McMurrie and others in the medical team returned to re-evaluate the boy's condition and found him healing well.

McMurrie says the experience changed his life. After his time volunteering in May 2012, he says he hopes to return to Papua New Guinea at least once a year with YWAM MSA. He also says he would recommend the experience to anyone.

**YWAM MSA will be conducting six 18-day Outreaches and one 7-day Outreach in 2013 and is now accepting registrations for doctors, nurses, midwives, physiotherapists, dentists, dental assistants, optometrists, ophthalmologists, scrub nurses, orthopists and general volunteers.**

To find out more information about volunteering, visit [www.ywamships.org.au](http://www.ywamships.org.au) or phone YWAM MSA's headquarters in Townsville 4771 2103.

**"OUR GOAL IS TO WORK OURSELVES OUT OF A JOB."**

WAYNE PEART, JR MEDICAL COORDINATOR



YWAM MSA volunteer and former Australian Army Medic, Wayne McMurrie.

**YOUTH IN PRINT** Youth With A Mission

**DREAMING BIG IN PNG** While looking after a baby brother..

**ywam**  
Serving the World's Poor  
[www.ywamships.org](http://www.ywamships.org)

**NELSON'S STORY**

SIX hours outside of Port Moresby, in the village of Gavuvone, lives a 12-year-old boy named Nelson and his baby brother, Arnold.

Every afternoon, the YWAM team that visited Gavuvone would venture throughout the village and come across Nelson, carrying Arnold on his shoulders. There was something very unique about this boy, and one team member named Stephanie, took the opportunity to get to know Nelson a little bit.

Nelson is the oldest in his family. His younger brother, James, is six, and Arnold is one. His mother doesn't work but stays home with the kids while his father works many hours outside of the village. Recently, his mother became sick and developed many sores on her legs, leaving Nelson to look after her and his baby brother.

Most of Nelson's time is spent at school where he is learning two of his favourite subjects, language and math, and a few others.

When he's not at school, Nelson enjoys many of his favourite things about PNG, like climbing trees, picking coconuts, eating mangoes, and swimming in the ocean. He loves living in the nature that is all around and has many hopes for the future of his country.

Nelson would like to see better roads, newer houses, and better healthcare. One of Nelson's dreams is to become a pilot or a doctor so he can take care of people, but he told Stephanie that his biggest dream in life is, "to always look after my baby brother, so I can make sure he has a good life." What an incredible brother!

**Activity: What would you do?**

One of the goals of the YWAM Medical Ship is to help keep babies and kids healthy and taken care of. If you were Nelson, what would you do to take care of your baby brother? Make a list of five specific things that followed in order to be healthy!

1. (One to get you started) Clean water
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Leadership conference reminder**

School captains and leaders! Don't forget that this Friday, March 2, the Townsville Bulletin and YWAM will be having a Leadership Conference! Get excited for a morning of fun while learning practical lessons to develop your leadership skills! Find out how you can be involved in changing the world, even while you're still in school!

We'll have exciting performances, interactive workshops, simulation games, as well as finding out about your strengths!

Bring derivatives of sports, services, new food/dress/shoes, or food/parts for the YWAM Medical Ship to give to people in PNG! The three people who bring the most will win a prize!

**Bulletin Birthday Bonus Club**

Send in your name for the Townsville Bulletin Birthday Bonus Club and you just don't have to!

Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: / / Age Year: \_\_\_\_\_ Floor: \_\_\_\_\_

Boy  Girl

Phone: Townsville Bulletin Birthday Bonus Club P.O. Box 361, Townsville, 4810

**Bulletin**



# TAKING THE LEAD

North Queensland students tackle the important issues at the Tomorrow's Leaders Today conference...

"Today gave us the opportunity to see what other young people have achieved through determination and by using what attributes they have to the best of their ability. Being here today has given us the motivation to chase what we believe is going to impact the greater community and even the rest of the world if we so desire."  
—Zoeanna Vitabot, Williamstown State High School

"My favourite part was learning about the PNG culture and about the country in PNG because we've not really aware of it here in Australia because we are so privileged. And learning about how YWAM really goes to help PNG and how they actually do make a significant difference over there."  
—Loren Stevens, Williamstown State High School

"The best part about today was that we got to see two really good roles of leadership and community service. We really will take a lot out of the social media workshops and how that influence can help us advocate for events and charities."  
—Liz Murray, Kinross State High School

"My favourite part of today was learning what we as a generation can do to help others. It was very interesting to find out just what we can do and how much we can do. We definitely have a chance with social media and we can do good things and change a lot of lives if we just work together."  
—Miaela McLeod, Kinross State High School



Ingham High School Ashley Le Cornu



Townsville High School Andrea Kaur



St Andrew's Catholic College students: St Basil's Street, Convent Hill, Jordan Road, Jordan Road and Ormrodville Street



Williamstown High School: Emily Moore, Lauren Stevens, Ashleigh Butler and Elizabeth Ward



Gympie High School: Lena Brown, Stephanie Stamen, Aubrey Gregg and Michelle Grant



Ingham High School: Crystal Coulman (YNOR), Katelyn Stamen, Michael Sakak, Leveday Nemo, Elizabeth, Trent, Aubrey, De'Quinn and Tashah (YNOR)



Townsville High School: Ryan Corbin, Nathan Pennington, Caleb Pearson, Jackson Kaur, Trent van Dusen, Michael, Anna Richards, Jordan Stewart, Kaitiaghina, Luke Norman

## NEWS STORY COMPETITION DETAILS

This competition has two categories:  
Primary School: Years 4-7  
Secondary School: Years 8-12  
The winner of the best news stories in each category will receive a \$1000 prize to a business of their choice. Competition closes September 31, 2012.

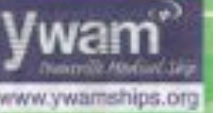
## NEWS STORY COMPETITION SPONSORED BY

SEND YOUR ENTRIES TO: Post: Newspapers in Education, Townsville Hub, PO Box 181, Townsville QLD 4803. ONLINE: www.townsvillehub.com.au and go to twitter @NE\_CMAA, email: news@townsvillehub.com.au FAX: 47339034



# ASSISTING THE PEOPLE OF PNG

Former prime minister works to help his people get educated.....



## VISIT FROM A PRIME MINISTER

TOWNSVILLE'S YWAM Medical Ship was honoured recently to have Sir Robbie Namalu as the featured speaker at its annual breakfast. Sir Robbie is the former Prime Minister of Papua New Guinea. He was the fourth person ever to be Prime Minister of PNG, and the first to receive an award to study abroad in Canada.

This gave him an appreciation for education and building relationships with other nations. During the breakfast, Sir Robbie shared how important friendship is to making both PNG and Australia stronger, and his passion to see more people in PNG have access to proper education.

In many areas of PNG, kids like you do not have access to schools. Sir Robbie and YWAM Medical Ships are working to change this. They are focusing on using the positive assets from communities in PNG and Australia to overcome isolation, provide education and bring health care.

By assisting the people of PNG through multiple spheres of society

including - education, family, economy, government, religion, the arts, entertainment and media - YWAM, in partnership with the people of PNG, are aiming to provide access to quality educational resources and training.

This goal will involve working with and supporting local teachers in PNG, as well as, providing volunteering opportunities for teachers and students from Australia to participate in the process.



Former PNG Prime Minister Sir Robbie Namalu and his wife Dorasit with YWAM staff, at rear from left, Hannah Peart, Kim Mulligan and Jeff Hall



Kids in Balimo School, Western Province

## Something to think about!

Who is your favourite teacher? What do you like about them? What did you learn from them? Is there something you can teach to others as you build friendships with them?

## Activity

Read through the different spheres of society and choose two that interest you. Write out possible ways you could be involved in their development.

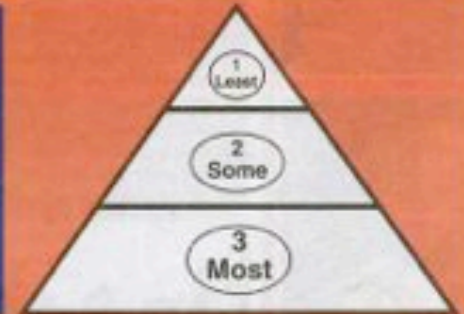
Now write about a practical way you can help in developing these spheres of society.

E.g. Education. I can volunteer my time mentoring younger students with their reading. This not only helps me grow in my own reading and teaching skills, but it encourages and enables another young person to succeed in school. Hopefully one day they too will mentor others.

## SPHERES OF SOCIETY

Circle the two that interest you the most:

- Family
- Economy (research and development, science and technology, business, and health care)
- Government
- Religion (local church and mission)
- Education (all levels of schooling)
- Arts/Entertainment/Sports
- Media (print and digital)



# A LITTLE EXTRA TIME

### A YWAM nurse opens her heart to a woman in need of compassion and some dental care...

As she wandered through the village by herself, some would disregard her taller to follow, as others would give her some Kusa, because they felt sorry for her.

Her name is "Eha" and it was clear she is mentally handicapped to some degree. When she came on board, the villagers told her that Eha's mother had passed away, and that she lives with her father and brother. Kana also found that Eha's mother family were from a different village and spoke a different language, making it even harder for Eha to find care and support.

"I could see up her neck and on her back that she had a lot of 'galls' (fungal skin infections)," Kana commented. "My heart broke for this woman. She was an outcast... neglected and alone."

Fortunately, a young girl in the village named Susan opened her heart to Eha, and her situation. She offered to try and sign with Eha as Alan spoke to her.

In the course of communicating, Kana found out that Eha had a sore tooth. Kana decided to spend some extra time with Eha, giving her the attention she desperately needed.

After having an extraction and a filling from the dentist on board the ship, Eha was given a new toothbrush and was

shown how to brush her teeth. (But Alan wasn't finished with Eha yet. "Between the stuff on board, we mended up a towel, face washer, soap, and a new waxy blouse," Alan recalls. "After a wash we applied some cream to treat her skin infection, and finally, we put on her new dress.") When the dentist's visit and pain treatment were over, Alan and Susan sat on the aft deck with Eha and she enjoyed a piece of cake. "She communicated to Susan that she was happy. She did not want to go back to the village, she wanted to stay here," Kana said.

Although Eha did return to the village, Alan knew that the care that had been given that day was an example to others of loving the neglected, and hoped that it would carry on throughout the village.

Reflecting to them about "Do you remember a time in your life where someone went out of their way to value you for who you are as an individual?"

Top: Alan from Bismarck supports the ship volunteers and crew via the Apsara.

Middle: Eha is visited by ship volunteer Christine during a visit to the village.

Far right: Volunteer, Jeremy Long, takes care of Eha's teeth.



**Bullfinch Birthday Bonus Club**

Would you like to join the Townsville Bullfinch Birthday Bonus Club?

Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age Now: \_\_\_\_\_

Yes  No

From: **Townsville Bullfinch Birthday Bonus Club PO Box 100, Townsville, QLD**

**Activity**

We all know what it is like to feel alone. Take time to think about Eha's story. Write a paragraph or five of ways you can make people around you feel valued. Offer it a point to not just write about what you would do, but challenge yourself to do that and actually do it.

Eg. My family moved a lot and went to a lot of different and new schools. It was hard to remember everyone's friends. It always made me feel valued when someone would come talk to me. Now, every time I see a new person at school, I will make it a point to introduce myself and invite them to not hang with my friends and I.

# SMILING IN PNG

### Townsville dentist inspired to make a difference...

## ONE SMILE AT A TIME

There are few things better in life than making others smile. Dr Daryl Holmes gets to do just that for a living.

He is a dentist and founder of 1300 Smiles.

The smiles expand way beyond his patients in Townsville, however, as Dr Daryl is a friend and supporter of YWAM Medical Ship.

He spends time each year aboard Townsville's Medical Ship as it makes its way through remote villages in Papua New Guinea.

With only about 32 dentists in a nation of 6.5 million people, that would be 218,750 patients per dentist.

A dentist would have to see 500 people each day, 305 days a year to see everyone.

There are many people in PNG who have never seen a dentist in their lifetime.

Can you imagine having a toothache for years?

What if you did not know how to properly brush and care for your teeth?

What if you didn't even have a toothbrush?

This year, Dr Daryl spent a week in Port Moresby for YWAM MSA's first ever outreach to the capital city. He saw many people, including a 60-year-old man who had never been to the dentist.



Above: Dr Daryl Holmes and volunteer, Casey Ullrich, work on their 60-year-old patient who had never seen a dentist.

Right: Dr Daryl Holmes on board the YWAM Medical Ship with a patient.



The man had to have all but four teeth removed.

Another one of his patients was a man whose family left him because of his poor hygiene, including the condition of his teeth.

**Something to think about!**

No matter what your age, you can be a part of helping the people of Papua New Guinea with dental hygiene. Next time you buy a toothbrush, you can pick up an extra one or two or 10 and drop them off at any 1300 Smiles office.

**Activity**

Dr Daryl didn't start life off as a dentist. He took many years of training, school, and work to get where he is today. Write a paragraph. What is your dream for the future?

Where would you like to see your life after school? In a second paragraph address at least 2 ways those skills/jobs can be used to help people in need. (Take time to consider your answers before writing.)

# PROMOTING HEALTH

## Getting out there and having a go.....

For most kids, riding a bike and swimming just seem a pretty natural part of the day. Maybe even a good game of tag? Not only is it just plain fun, it is also promoting a healthy lifestyle.

Whether YWAM is visiting a remote village remote villages of Papua New Guinea or helping at events in Townsville, they recognize our health is important.

It may not be a big surprise, but kids in PNG villages run around and swim a lot too.

All that moving burns fat and builds muscles. It also helps in brain function by creating higher levels of proteins, which help promote healthy nerve cells. That may sound complicated, but ultimately it helps your memory and recall... doesn't that get better grades from all that fun!

Other benefits to being fit include less likely to get sick, have more energy, helps better stress, and it gives you all around feeling of wellbeing.

Also keep in mind, exercise helps a lot get fit, but healthy nutrition is also key. A balanced diet of colorful vegetables, fresh fruits, whole grains, low meat, and some dairy will get you there faster.

Last weekend, Townsville hosted its 8th annual Triathlon Festival. In partnership with YWAM, Townsville and YWAM took time to promote healthy and active lifestyles among our youth.

There was the All-Schools Triathlon Festival for ages 6-12.

A triathlon consists of three events in this order: swimming, cycling, and running. The very first recorded triathlon was held in San Diego, California, USA about 40 years ago. Seems like the concept caught on pretty quickly. However, because so many people all over the world are testing and participating.

Don't worry, if you missed out this year, there will be another opportunity soon!

For more information, visit <http://www.townsvillefestival.org.au/> or email [info@townsvillefestival.org.au](mailto:info@townsvillefestival.org.au)

For example, my triathlon would include running, rock climbing, and swimming.

These are my favourite sports. I love running because of the sense of freedom it gives me. As well as it is one of the best sports to get fit quickly. Rock climbing would be the middle. It is a thinking sport, you have to think 3 or 4 steps ahead to properly climb. It also uses almost every muscle in your body if done well.

Not to mention, it's just a pure adrenaline rush. Finally, I would end with swimming. It would cool me off after the first two sports. I've been swimming since very early childhood and can't think of a better way to end an athletic event.

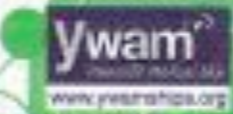
Story by Liz Myers, YWAM Youth Street Co-ordinator



Top: Liz Myers on bike and, above, Liz Myers running Coomooloo

### Activity

If you could create your own triathlon, what 3 sports would it include and in what order... explain why you would pick those 3. The challenge now is to stay active and get involved in those activities. If you aren't already.



**Bulletin Birthday Bonus Club**

Send in your name to the Townsville Bulletin Birthday Bonus Club (see page 12 for details)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Boy  Girl

Post to: **Townsville Bulletin Birthday Bonus Club** P.O. Box 367, Townsville, 4810

**Bulletin**

# FROM YOUR NIE TEAM

Hi folks, You will notice we have no letters this week but instead focus on the wonderful work being done by the YWAM Medical Ship Pacific Line in PNG.

We have a great feature on up-and-coming Higham golf sensation Darren Hobbs on page 7. Tell me what you think.

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**Jenny**

# YOUR SAY

Students at Ryan Catholic College were asked... SHOULD KIDS GET POCKET MONEY?

**BRENDAN HILL**  
I disagree with kids getting pocket money. I think that giving them pocket money is a bad idea. Kids get it from their parents and spend it on junk food, video games, and other things that are not good for them. They should learn to save money and work for it.

**JESSE CORRIET**  
I agree that kids should get pocket money. It helps them learn to manage money and make choices. It's a good way to teach them responsibility.

**CHLOE CONWAY**  
I think it depends on the child. Some kids are responsible and can handle pocket money. Others are not and will spend it all on junk. Parents should know their child's character before giving them money.

**SERENA JEFFREY**  
I think kids should get pocket money. It teaches them how to budget and save. It's a good life skill to learn from a young age.

**RACHEL STRAMBINI**  
I agree that kids should get pocket money. It helps them learn to be responsible and to work for their money. It's a good way to teach them financial literacy.

**ETHAN MENDOLEA**  
I think kids should get pocket money. It gives them a sense of responsibility and teaches them how to manage their money. It's a good way to prepare them for adulthood.

# HELPING PNG TO SEE THE LIGHT



Next to hand they walked down the corridor of the new hospital.

Another pair of eyes covered the lovely face of Lady Namalia, as she walked beside her husband, Sir Kallie Namalia, former Prime Minister of PNG and PNG Minister for YWAM Medical Ships.

YWAM is involved with eye care in PNG. We have several eye care centres and are providing eye care to the people of PNG who need it most, including in Kallie's wife, Lady Namalia.

On outreach just last month, the medical ship and volunteers provided much needed eye care surgery for Lady Namalia.

The eye doctor on board, Dr. Keith Mulla, who has been on outreach before, made a way for Lady Namalia to give the best care possible, even though she understood what exactly would happen during the surgery.

While she stated she was a bit nervous at first, Lady Namalia graciously welcomed and discussed it with her husband.

The surgery day she was in the back of her consciousness, and was excited for the results being able to see again for Kallie never left her side, as they waited for the procedure.

Dr. Keith's skilled hands worked quickly and effectively to remove the cataract and replace a new lens in the eye. Both it awesome what surgery can do to help a person!

The day after her surgery, the eye patch was removed, and her vision returned! It was a privilege for Dr. Mulla and his team to be a part of this special moment.

She later commented, "While I remain grateful for the surgery, my heart still belongs for the many others who are struggling out there in the villages of PNG. That's the challenge, share love for the work YWAM is doing."

So Kallie and Lady Namalia never took time in the middle of their busy schedule to get to know the crew and volunteers, making everyone on the ship feel special and important.

It was an experience that continues to inspire the ship and special hosts the YWAM Medical Ship shares with PNG.



Lady Namalia graciously gets her eyes checked by YWAM medical staff

### Activity

Although there is a surgery that helps restore vision, it's great to keep your eyes healthy while you're young! What are some ways you know to keep your eyesight the best it can be?

1. Carrots are a good source of vitamins that help maintain your eyesight.
2. Wear sunglasses outside to keep your eyes sheltered from direct sun.
3. \_\_\_\_\_
4. \_\_\_\_\_

LETTERS TO THE EDITOR COMPETITION SPONSORED BY  
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NOTE: Newspaper and Education, Townsville-Bulletin, PO Box 367, Townsville QLD 4810.



## 6.6 Acronyms and Abbreviations

ABCD	Asset-based community development
CH	Child health
CHW	Community health worker
CPD	Continued professional development
CPR	Cardiac pulmonary resuscitation
DEN	Dental
DMPA	Depot-Medroxyprogesterone Acetate
EENT	Eye, ear, nose and throat
EA	Engaging Australians
HSH	Henry Schein Halas
JCU	James Cook University
KRA	Key Result Area
LF	Lymphatic filariasis
LLIN	Long-lasting insecticidal net
MDA	Mass drug administration
MDG	Millennium Development Goal
MDR	Multi drug resistance
MH	Maternal health
MMR	Maternal mortality ratio
MOU	Memorandum of Understanding
MSA	Medical Ships – Australia
MTLF	Malaria, Tuberculosis and Lymphatic Filariasis
NCD	National Capital District
NDoH	National Department of Health
NIE	Newspapers in Education
OPH	Ophthalmology
OPT	Optometry
OTFRDP	Ok Tedi Fly River Development Program
PHC	Primary Health Care
PNG	Papua New Guinea
RAM	Rotarians Against Malaria
RDT	Rapid Diagnostic Test
SICS	Small incision cataract surgery
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
UV	Ultraviolet
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WPR	Western Pacific Region
YWAM	Youth With a Mission



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