



Fly Helt Nius



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Merry Christmas and a Prosperous 2019 New Year!

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North Fly Health Services Development Program (NFHSDP) and CMCA Middle and South Fly Health Program (CMSFHP) provides support during Polio Mass Vaccination

The mass Polio vaccination campaign was a Papua New Guinea National Department of Health sanctioned program rolled throughout the country after the detection of a first polio cases in Morobe province early in 2018. Western province commenced its campaign in October under the direction of the health department.

NFHSDP & CMSFHP (the Program) are key partners to the Western provincial health services therefore it took a leading role in the campaign in all the three (3) districts and especially in the CMCA communities. The programs extensive experience in conducting rural outreach through clinical patrols and attachments was an advantage used to support each district roll out the polio vaccination activities.

In North Fly, the program directly supported the district health manager, program coordinators and other key partners to host critical planning and coordination meetings, provided transport support, communication within and between districts, province, NDoH, WHO, UNICEF etc..., transportation of polio suspected samples, fuel and other logistical supports.

It also provided staffing support who covered areas like Upper Fly remote villages, Ningerum catchment areas, Elewara River villages and other highway villages. The Tabubil Urban Clinic (TUC) staff covered mining villages,

highway and other reachable villages within their catchment areas, providing transport and other related supports.

The Middle and South Fly CMCA communities were all covered by the South & Middle Fly district health team together with the program officers attached to respective health facilities. In Obo Health Centre, the Program fully funded the round one (1) campaign and partly support the round two (2) activities. In the Manawete, Dudi and Kiwaba regions one program officer support the South Fly health team. In the Suki Fly Gogo region two program officers supported the South Fly team with transport, fuel and actual vaccination.

The concentrated effort by the program including the Kiunga hospital doctors, North Fly district successfully reached 100% target followed by South Fly and Middle Fly districts. Children in the CMCA villages including school children aged 15 years and below were all successfully vaccinated. Overall it was a great success and relief to see Western province achieving its 100% target despite underlying challenges.

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Snakebite training saved a life at Obo Health Centre, Middle Fly District

On 20th September, Dr John Oakley and Ray Krai visited Obo health center to provide clinical support to the staff during the OTDF communication patrol.

At Obo Health Centre there are three health workers - a registered nurse and two community health workers. They had general clinical knowledge about how to treat a snakebite case from their studies and first aid training provided by the North Fly Health Services Development Program and CMCA Middle and South Fly Health Program (collectively 'the Program') some time ago. However, they were not confident in the use of that knowledge, especially without the availability of antivenom drugs.

Dr Oakley did a short training needs analysis and identified several clinical areas that needed strengthening and the management of snakebite was one of them. He gathered all the staff and ran a 3-hour clinical session on how to manage snakebites especially without antivenom drugs. The specific clinical management without antivenom included immobilization, application of a pressure bandage, running the blood clotting test, monitoring signs of envenomation and the use of non-antivenom drugs, neostigmine and atropine. At the end of the session the officers expressed their appreciation of the session. The Program team then left to continue their patrol.

On 2nd October a young girl was bitten by the venomous death adder near Obo. Knowing there was no antivenom drug available for death adder and the risks ahead, an officer quickly applied all the skills and knowledge he had learnt about snakebites on the girl. He gave an initial dose of neostigmine and atropine at the health centre when the patient showed signs of envenomation. Neostigmine and atropine slow down the blood to the body's main

organs giving time to reach a facility where antivenom can be administered. He kept the patient on an intravenous fluid and left for Kiunga at 3am on 3rd October. Along the way, the patient showed further signs of envenomation, so the officer gave another dose of the same drugs and continued general observations. It took them a total of 9 hours traveling up the Fly River, arriving at midday. The patient was picked up at the waterfront and rushed to the hospital where she was managed well and recovered.

The Officer-In-Charge Mr Junlai Nawali expressed his appreciation to the Program team especially Dr Oakley for the timely session on snakebites a week earlier that saved the girl's life. He said, "I really want to thank Dr Oakley and the team for providing us with that session on snakebite. I'd only thought about the death adder antivenom to be used on such a case without much attention to the other two drugs. I used the neostigmine and atropine after I learnt from the session and it really worked in saving that girl's life."



Above: Officer-In-Charge and Nursing Officer, Mr Junlai Nawali, escorting snakebite patient to Kiunga Hospital

Matkomnai Health Centre & Drimgas Aid Post Materials Deployment

On the 1st of October, the NFHSDP and CMSFHP delivered building materials for the Drimgas Aid Post, the Community Health Worker (CHW) trainee students' accommodation and for the maintenance work at Matkomnai Health Centre (HC).

The team consisted of NFHSDP and CMSFHP infrastructure officer Wanai Hari, locally engaged casuals Murphy Tona and Quai Hari, and with logistics assistance from Tommy Transport.

The maintenance conducted at Matkomnai Health Centre was at the outpatient department. Sr Philomena expressed her appreciation for the work and assistance that NFHSDP has given to develop the Health Centre over the years.

Matkomnai Health Centre is managed by the Catholic Health Services with Sr Philomena Sanduku managing the facility. Since the beginning of the NFHSDP, the Health Centre has received assistance from the program including installation of a hot water system connection for the Maternal and Child Health (MCH) Building, VIP toilet construction for staff, mainte-

nance at the outpatient area and other infrastructure works, and on-the-job training for health workers.

Mr Hari and the infrastructure team also deployed building materials to Drimgas Aid Post to assist the health facility to build a semi-permanent house to host CHW trainees from Rumginae CHW School. CHW Samson thanked the infrastructure team for their assistance and manpower in developing the health facility. He also mentioned that he believes the Aid Post is well-equipped and hopes to see the Aid Post's status upgraded to a Health Centre.

Drimgas Aid Post was built in 2016 with financial assistance from the World Bank. The facility is managed by the Adventist Health Services and CHW Samson Umbre oversees the daily clinics. The facility has a catchment area that includes villages in the Upper Fly area. The NFHSDP has also assisted the Aid Post by installing a vaccine fridge, a new VHF radio and other infrastructure works.

Partnership and Networking saves the lives of a mother and her two babies

On 4th October, the Program's Primary Health Care Manager received a phone call from Dr John Oakley. Dr Oakley was carrying out a clinical support attachment at the Rumginae Rural Hospital in North Fly district where a mother had delivered twins.

The mother had complications of preeclampsia, postpartum haemorrhage and retained placenta. The doctor's advice was for the mother to be evacuated within 24 hours given the complications or she might not be able to make it.

One of the steps forward in the clinical referral process is the partnership and networking initiative undertaken by the Program since 2016. The Program contacted the Middle Fly Women & Children's Association's President Ms Charlotte and her team about the situation that needed funding for medical evacuation. The quick response from the Middle Fly Women & Children's Association and OTDF facilitated by

the Program made it possible to send an MAF chartered flight into Obo to evacuate the woman. She was flown to Rumginae Hospital at around 5pm where Dr Oakley and Dr Kevin rushed her into the theatre where she was treated. She has fully recovered with her babies and was repatriated by the Middle Fly Women & Children's Association. The Women's trust leaders have expressed their satisfaction to the program and OTDF for establishing a process that has saved 3 lives in this case.

The involvement of Obo Health Centre staff, the Program, Women's Trust and OTDF demonstrated the necessity of a strong partnership approach in delivering health services. It is encouraging that OTDF's initiatives in establishing the Women's Associations in the region plays a significant role in the referral process especially in emergency situations.

Snakebite victim twice lucky

During the CMCA integrated health patrol in November 2018 to Wangawanga village in Middle Fly, a 28-year-old woman told me she was bitten by a 'Taipan' snake on her left ankle.

On hearing this I told her to lie down on the platform built by the villagers for other special occasions and asked for a snakebite bandage. The villagers didn't know if they had a snakebite bandage in the village, so I called the councilor to bring the snakebite bandages that had been previously issued by the CMCA Middle and South Fly Health Team. This woman has a previous history of being bitten by a death adder in early 2018 when she developed signs of envenomation and was referred to Obo Health Centre and administered death adder antivenom and recovered.

When the Councillor's wife rushed over with the bandages we applied them firmly to her leg, right up to the groin. We also made a call to the OTDF field base to help transport the patient to the aid post. Within five minutes the vehicle came to assist. Although the patient was stable with no signs of envenomation, we recruited the bystanders to help lift her on the back of the vehicle, where she lay flat.

Once the patient was taken to the aid post, we called the other Community Health Worker, Lilian Giawasi, who admitted her using a snakebite admission chart provided during my last patrol. Lilian was instructed

to make all snakebite observations hourly and do an initial 20 minutes Whole Blood Clotting Test (WBCT) to ensure there were no signs of envenomation until we returned from the patrol.

The WBCT was done with no signs of envenomation. The patient was kept at the aid post and observed until the next afternoon. At 4pm the next day, we did a slow release of the bandage from the groin down to the knee level and observed for another one hour. There were still no signs of envenomation so we released the other bandage from the knee level down to the ankle and kept her for another hour. At 6pm another WBCT was collected which clotted within 20mins indicating that the patient had not been envenomated. Based on these findings the patient was discharged home. A follow up visit was done over the next two days and the patient was stable.

The Wangawanga villagers are very appreciative of the snakebite bandages that were issued by the pro-program and the quick response we provided to prevent toxins from spreading. It was also a lesson learnt by the villagers that the snakebite bandages kept at the village are to help minimise or prevent the spread of toxins to the body and bandaging of limbs was a life-saving procedure; but only if is done properly and early, prior to taking the victim to the nearest health facility

Written by Belinda Yamkeyok, Health Extension Officer.

Emergency Care and Support during the OTDF Communication Patrol

On the 4th of December 2018, the Patrol team visited Isasa/Sagowane village. On their return to the ship, they met a dinghy carrying a man who had been assaulted by other men at Wapi village.

The man had suffered a serious head wound and had lost a lot of blood. The PHCM quickly cleaned up the wound, applied a pressure dressing and left him in the care of relatives while he rushed to the Health Centre to get local anaesthetic, antiseptic and antibiotics. He returned after 40 minutes and applied the local anaesthetic and cleaned the wound thoroughly using iodine and saline. He then applied a fresh clean dressing with a saline pack and gave the man an antibiotic injection and pain killers. He was then was re-

ferred to Daru Hospital due to blood loss, contusion that caused vomiting, and a hematoma to his left eye.

OTDF provided 50 litres of fuel to the family to take him to Daru in a local dinghy. The intervention by the OTDF Communication Patrol team and the Program's PHCM saved the man from further complications. A police officer who was part of the Communication Patrol team also supported this initiative.

The patient's family and relatives were very thankful to the program and OTDF Patrol team for successfully coordinating the intervention to help save his life, especially in a place where communication, medical intervention and transportation would otherwise have been very difficult.