Community Based Health Care (CBHC)
Church of the Nazarene
Nazarene Health Ministries, Papua New Guinea
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Nazarene Health Care Ministries came into existence in 1967 in what was then the remote Highlands of Papua New Guinea. Through a newly constructed hospital, curative medical services were provided to people who had very little health care. Preventive health care in terms of immunizations, especially for pregnant women and children, was an integral part of the health services offered from the outset. However, because of poor roads, poor transportation, the long distances between the Highlanders' communities and the hospital, a lack of educational background to understand the root causes of disease, cultural restrictions, tribal warfare and many other factors, curative care to meet crisis needs became the norm. Preventive health care assumed a lesser priority. This approach to addressing health problems was the same for government services in the country.

As the church-run hospital's excellence of care became well known, the number of people receiving in-patient care increased. Expatriate nursing staff was inadequate to meet this need. This inadequacy, along with a commitment to train Papua New Guineans with a goal of self-sufficiency, led to various "nursing' training programs from 1971 and culminated in the establishment of a College of Nursing in 1984.

Many preventive health programs were integrated within the organizational structure of the hospital including 14 Maternal and Child Health Clinics centered in communities within a radius of 25 kilometers of Nazarene Hospital. However, since a "topdown" approach was used, participatory involvement by the communities themselves was an exception rather than the rule. Because MCH Clinics, which were institution based, did not result in changed behaviors, citizens, especially women and children from the communities, continued to suffer and die from preventable diseases and complications of pregnancy and childbirth.

In 1992 a Community Based Health Care (CBHC) project, which centered on disease prevention and holistic community based care, was begun with active community participation in the rural community of Domil, Western Highlands Province, about 25 kilometers from Nazarene Hospital. Bernard Gunn, a nursing tutor in the College of Nursing considered Domil his home and returned there on weekends. Realizing that his community needed a health system which centered on prevention rather cure, he started preventive health work with the community's full participation. Later he requested a Canadian nurse, Evelyn Weins, to spearhead the program. Sister Ev trained 23 Domil residents, both men and women who had been selected by the local Community Health Committee to represent each clan, to be Village Health Volunteers (VHV). The training of the VHVs using adult principles together with problem posing materials was conducted 2-3 times a week over a period of 13 weeks. These 23 VHVs became role models, health promoters, teachers and advocates of the concept that changed behaviors would result in a healthier community for everyone. Within the community she/he became known as a "health expert".

Unfortunately, upon the completion of the training of Domil's Village Health Volunteers, the expatriate nurse had a catastrophic illness and was forced to return to Canada. Her desire to expand the Domil CBHC project into neighboring villages by the active involvement of specified, highly motivated VHVs who had been taught to be trainers and, therefore, to duplicate the project in nearby communities, could not be realized. Nevertheless, 12 out of the 23 original VHVs continued to actively serve the people of Domil. The community's

"index of illness" declined to the point that the aid-post closed due to lack of people needing curative care.

In October 1994, Carolyn Matt, an expatriate missionary who had inaugurated a very successful CBHC program in India, was transferred to Papua New Guinea to work with PNG nationals to initiate a new thrust into CBHC. A Division of Community Based Health Care (of Nazarene Health Ministries) was established in March 1995. Bernard Gunn left his post as a nursing tutor in the College of Nursing and joined the Division of CBHC. Other highly motivated PNG health professionals joined the staff as well. They had seen the success of the Dome CBHC project and realized that multiple CBHC projects throughout PNG were an effective answer to the health needs of PNG citizens.

A goal of the Division of CBHC was to expand CBHC within communities of the Western Highlands Province and gradually link Community Based Health Care into the government curative health services along with institution based preventive health care. It was 7 years later before this goal was reached. The CBHC program is now recognized by the National Department of Health as a model health program for the entire country to adopt. The government has acknowledged CBHC as a national training center and partnered with them to train all the communities in the district where Dome model community is located. From there the program will be replicated throughout the provinces of PNG.

Community leaders make decisions, lead, and organize the community in order to achieve a better healthier place in which to live. Spokespersons from every clan are chosen by the community to make up the village Health and Development Committee. This group is trained to do need assessments, plan, and take action to lead the community in addressing these needs. Basic essential human needs for survival are assessed, and every family is encouraged to produce what is needed in abundance for their family's survival. Basic services that can be shared by the families are assessed by the committees and made possible through community cooperative effort as well as networking with the government as needed.

Health services are provided by teaching needed skills to Village Health Volunteers selected by the community who then provide their services to the community at no charge. Through the formation of community cooperatives, coffee belonging to all families is put together and sold for a good price. This improves each family's buying power to provide those basic essential items that cannot be produced locally. Volunteer coffee experts are trained through networking with experts to improve coffee quality as required by the market. A community banking system is set up through community cooperatives to provide families with the ability to borrow money for building good family houses. Volunteer carpenters are trained to build the houses. Through community cooperation, the public government road going through the village is cleaned and maintained. Flowers are planted along the roadside and are maintained at no charge by the community. Community law and order problems are addressed by trained volunteer police.

Customs and traditions that have a negative effect on health are altered by committee action and become community law. Such customs include paying high bride prices, compensation demands, polygamy and expensive funeral feasts. Women are empowered to make decisions that affect their own well-being. Women receive training in sewing and cooking. Spiritual health is enriched. All citizens are encouraged to join Christian churches, and all churches are encouraged to cooperate with each other rather than compete and

cause division in the community. Networking with appropriate government departments is established to link communities with additional help.

The vision of Nazarene Health Ministries is to serve the Church of the Nazarene in all of Papua New Guinea in order to meet basic health needs for the poor first and to prepare God's people for works of service so that people will be brought to Christ and discipled, relationships will be healthy, and people will be spiritually and physically healthy. Institutionally based medical care, Community Based Health Care and church growth will be linked through joint planning. Community Based Health Care functions as the keystone in that it draws on health care services and at the same time works at all levels of the church.

We seek to alleviate the pressing human basic essential needs for survival and services such as health, infrastructure, education, law and order, etc., through the empowering of communities with needed skill-based training. This results in ministering to the whole person providing social, physical, mental, spiritual and economic guidance. The program empowers the citizens of communities to make decisions that affect their well-being and take action through their own initiative, community cooperation, and partnership with government departments and major stakeholders to address needs and alleviate poverty.

Individual families address basic essential needs for survival such as for food, water, clothing, and shelter. Basic essential services shared by families in a community are addressed through community cooperative effort led by appointed leaders from every clan group in the community. When this happens, basic essential human needs for survival and basic services needed by the community are met in abundance. The result is social justice with healthy individuals living in happy family homes in healthy, peaceful communities. Through CBHC training, the concept of restoring broken relationships is captured. Individuals living in harmony with God, themselves, their neighbors, and their environment experience the abundant life which Christ came to give, for Christ came to save the broken world.

Churches are cooperating with each other. They are coming together for special times of community worship in which all denominations in the community participate. There are joint groups meeting for prayer intercession. New communities where there were no churches are now building new churches. People are coming to Christ and getting saved.

Healthy communities have clean roads lined with bright colored flowers. Every home has a clean environment beautified with flowers and a kitchen garden where a variety of fruits and vegetables are grown. Every family practices good personal hygiene and has a pit latrine, rubbish pit, dish rack, fence for animals, and access to clean water. Communicable diseases are prevented. People are living healthier longer lives.

There is peace and harmony. No local community members brew or sell alcohol. There is a spirit of cooperation and unity among previously warring clans and tribes. Conflicts are resolved through peaceful negotiations instead of fighting.

Through cooperatives, the communities are now able to by-pass the middlemen and sell their coffee to the outside market for a better price. With their income, community members are able to build houses with metal roofs and purchase household items which they cannot produce locally.

The project is a national program to address health and development needs of the 80% of the population of PNG who live in rural areas. We are now in the process of training a model district as the beginning phase of a partnership with the government. In the future we will train the entire province district by district. We will do then go province by province until the entire island country of PNG is reached.

In the past communities were given free development package “handouts” by government politicians and mission agencies. Communities are gradually breaking free of this expectation since there are no more free handouts. Through CBHC training, communities are beginning to help themselves.

Communities are being trained to no longer wait for government paid workers to provide needed services. The communities agree to provide their own free labor while we provide them with the skills needed to help themselves. We are in the process of developing a series of videotapes for teaching the concepts of CBHC in order to speed up the process of starting new communities.

We desire to reach all of PNG with CBHC, but our staff is limited in number. We are seeking adequate funding to take the training program throughout the nation in order to benefit the entire population of 5 million.