



2010 Annual Report



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Introduction to YWAM

1.1 Who we are

YWAM (pronounced: why-wham) is a non-denominational, Christian, youth organisation operating in many diverse cultures and nations around the world. We are committed to training and facilitating community projects and programs that meet the practical, spiritual, and physical needs of people in the communities we serve. YWAM conducts more than 800 courses and seminars in centres around the world to enable young leaders and volunteers to serve in this way.

YWAM is a not-for-profit, charitable, volunteer organisation that currently operates in over 1000 locations and 150 countries, with over 16,000 staff. We have a decentralized structure which encourages individual centres to adapt to meet the needs of the communities served; we also value operating with respect, working collaboratively and cooperatively to form strategic partnerships.

Within YWAM, we believe in the value of the individual and their right to quality of life - our motivation is to ensure that every person has the opportunity to live a fulfilling life.

We want to actively help provide every individual with:

- access to good health care
- food, drinking water, and shelter
- opportunity for education
- expression of culture, arts and entertainment
- healthy relationships
- exposure to Christian faith and values
- fair and productive government
- opportunity to work and develop



YWAM Townsville Centre

YWAM Townsville has been operating for 17 years with an aim to help build capacity in local youth.

We run high school seminars on goals and values, relationships, self-esteem, and social responsibility reaching more than 11,000 students.

We also run a peer-based mentoring program, called Youth Street, which trains youth in values through skate, dance, music, art, and sport; engaging 7,000 young people per annum.

YWAM Ships

YWAM has operated ships in the Pacific nations since 1991. These ships have called on 160 ports in 16 nations, including hundreds of island visits, establishing a long-standing reputation of excellence, integrity, and results. Over this time, we have provided over \$37.5 million worth of free services to over 300,000 people.

These have included:

- optometry to more than 80,000 people
- dentistry - 50,000 procedures to 37,000 people
- primary health care to more than 70,000 people
- 37 housing projects

In 2010, the YWAM Medical Ship came under the management of YWAM Australia and will be based in Townsville, North Queensland.

We have a commitment to a 5 and 10 year strategic plan for YWAM Medical Ships to provide health care services in Papua New Guinea and to provide opportunities for young Australians to serve others.



Overall Aims

- To provide sustainable community development with a focus on medical care in PNG
- To improve ties between PNG and Australia
- To provide training opportunities for youth volunteers and professionals to the benefit of the wider community
- To benefit the North Queensland community through having the ship based in Townsville
- To help young people gain a sense of purpose through helping others

Message from our Chief Executive Officer.

What an incredible year it's been for the YWAM Medical Ship. I write this message with great joy as I reflect on the success, challenges, and great victories that we have had throughout 2010 in helping our neighbours in Papua New Guinea while mobilizing young Australians to be a part of making a difference.

The MV Pacific Link sailed into Australian Waters in February this year ready to start a new chapter in its history. Our core message of the tour, "I WANT TO LIVE," provoked thousands of Australians to advocate for our neighbours in Papua New Guinea while helping to find life themselves by assisting someone else in their time of need. Thousands of pairs of spectacles, toothbrushes, and medical supplies were donated; and available spaces on the tour were quick to fill up with volunteers on our waiting list months before we sailed.

Our pilot program to the Gulf Province proved to be a huge success with over 15,000 free health care services provided to extremely isolated regions. I'm encouraged by the story of a family from the Doibo village who all received a pair of eye glasses. The teenage daughters in the family have now re-enrolled into school, simply because of receiving a pair of spectacles donated by someone here in Australia.

The key to success of the Australia & PNG Ship Tour has been long-term partnering, planning, and nurturing relationship between government agencies, businesses, the medical community, educational institutions, and NGOs. We have been overwhelmed by the support and generosity we have received for our ship's first voyage to Papua New Guinea and look forward to what we can continue to achieve together in 2011.

Yours Sincerely,



Ken Mulligan

Executive Summary

2.1 What we do

YWAM Ships addresses health care needs in Papua New Guinea, assisting to achieve the Millennium Development Goals through the following core projects:

:: Dental: For the 6.25 million people that live in Papua New Guinea, there are just 33 dentists. Our onboard clinic can facilitate up to three dentists operating at once.

:: Optometry: It is estimated that 175,000 people in PNG have low vision correctable by spectacles. Our Optometrists on board fit prescription, reading glasses, and sunglasses donated from around Australia and beyond.

:: Ophthalmology: Our onboard clinic serves as an operating theatre for cataract surgeries. Between two surgeons, 8 – 10 patients can be seen in one day.

:: Primary Health Care: On land clinics are set up in each village. The Primary Health Care team consists of doctors, nurses, midwives, and health care workers who treat wounds, malaria, and other infectious diseases.

:: Education: Education Seminars are held in villages to help teach the importance of preventative health care measures. In addition to this culturally relevant training designed to achieve sustainable health outcomes, this program also distributes mosquito nets, toothbrushes, toothpaste, and birthing kits to villages.

:: Community Development: Our marine engineers and crew get involved in the villages to repair outboard motors, generators, and water tanks while also providing training where necessary to help in the future.

:: Awareness campaigns: We seek to educate Australians on some of the challenges in Papua New Guinea while helping to generate practical involvement through volunteering opportunities as well as donating finances, spectacles, toothbrushes, and medical supplies. We actively engage high schools, churches, service clubs, business groupings, and various community groups.

:: Training and capacity building for Australians: Whether young people or professionals, we seek to provide Australians with opportunity to develop skills and grow in character and leadership through volunteering.

Our Team

Directors

:: David Skeat – Chair
:: Ken Mulligan - CEO
:: Brad Davies - Secretary and Treasurer

:: Rebekah Hoover – Director
:: Steve Aherne - Director
:: Jesse Misa – Director

Executive Team

Ken Mulligan – CEO

Ken has had association and executive leadership within YWAM for over 20 years, including building the Townsville centre from the grassroots level to now operating a Registered Training Organisation and mobilising over 100 full-time volunteer staff. As Townsville's 2008 Citizen of the Year, Ken's influence goes deep in the North Queensland region and extends globally through his work with YWAM and more.

Rebekah Hoover – Public Relations Coordinator

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

Hannah Peart, RN – Medical Coordinator

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

Brad Davies - Port Liaison Coordinator

Brad has worked in the NGO sector for more than 10 years assisting with Occupational Health and Safety, best practices in accounting, and procedures. Brad's background and passion for ships makes him an ideal candidate for this position.

Julie McLaughlin – Event Manager

Julie has a highly qualified portfolio running national and international tours since 2004 in New Zealand, Fiji, Australia, and the US. Having worked as a high school science teacher, Julie's passion for young people underlines her event skills.

Jeremy Schierer – Vessel's Captain

Captain Jeremy graduated in 1996 from the US Merchant Marine Academy with a degree in Marine Transportation and minor in Marine Engineering. He also has a US Coast Guard license as a Master of Vessels up to 1600 tons and a Second Officer Unlimited. He has spent 2 years aboard the Pacific Link as Chief Officer and 4 years as permanent master.



2010 At a Glance

Australia Tours

The YWAM Medical Ship travelled to 16 different ports, along the East Coast of Australia, for a public awareness tour with the objectives of:

- highlighting the needs of Papua New Guinea, particularly related to the Millennium Development Goals
- volunteering and training opportunities available for health professionals, businesses, churches, service clubs, schools etc within both Australia and PNG
- promoting minor fundraising events

Ports included: Newcastle, Sydney, Ulladulla, Geelong, Adelaide, Portland, Hobart, Eden, Ballina, Brisbane, Southport, Gladstone, Bowen, Townsville, Cairns, and Thursday Island.

Australia Tour Totals

Number of people presented to	50,000+
Number of people who toured the ship	12,000+
Number of youth who heard the "I WANT TO LIVE" message	33,000+
Number of spectacles collected	24,000+
Number of school programs	140+
Number of people who heard the "I WANT TO LIVE" message through radio	4.2 Million
Number of people who saw " I WANT TO LIVE" message through television	2.9 Million
Number of people reached by newspaper	500,500



Gulf Province Tour

The YWAM Medical Ship travelled to 16 villages, completing 26 days of outreach in the Gulf Province in some of Papua New Guinea's most beautiful and remote areas with the least access to health services.

The following free services were provided:

Gulf Province Outreach Totals

Number of villages visited	16
Number of Primary Health Care Services	1,643
Number of Dentistry Procedures Services	2,062
Number of Optometry Clinic Services	1,500
Number of Education Seminars	3,819
Number of Preventative Health Resources distributed	6,113
Number of Ophthalmology Procedures	77
Number of Community Development Projects	64
TOTAL NUMBER OF SERVICES PROVIDED	15,278



PACIFIC LINK

Ywam

Ywam

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2010 in review

3.1 Goals

Our Strategic Plan for 2010 – 2015 sets the following goals

To provide sustainable community development with a focus on medical care in PNG

As part of strategic, collaborative, and cooperating partnerships; YWAM will help provide health care services and community development to the people in PNG.

- Goal #1 Improve vision
- Goal #2 Improve oral care
- Goal #3 Treat and prevent malaria and other curable diseases
- Goal #4 Address infant and maternal mortality
- Goal #5 Eradicate Lymphatic Filariasis and Intestinal Worms
- Goal #6 Carry out community development projects

To improve ties between Papua New Guinea and Australia

As Australia's closest International neighbour, we seek to strengthen the partnership between Australia & Papua New Guinea, drawing on the Kokoda spirit. Our desire is to see how these two nations can help enhance one another's lives and well-being.

- Goal #7 Engender positive person-to-person relationships between Papua New Guineans and Australians
- Goal #8 Build on the Sister City relationship between Townsville and Port Moresby
- Goal #9 Send Australians to visit and serve in PNG first-hand
- Goal #10 Bring PNG nationals to visit and serve in Australia

To provide training opportunities for youth volunteers and professionals to the benefit of the wider community

By operating a registered training organization, YWAM is strategically placed to offer training to Australians through the medical ship and beyond

- Goal #11 Train young Australians in community development
- Goal #12 Train volunteers in primary health care training for developing nations
- Goal #13 Enhance skill base for Australian allied health professionals

To benefit the North Queensland community by basing a ship in Townsville and adding to the overall liveability of the city.

Townsville is a great community, well-positioned to offer a wonderful array of services to locals and abroad. The ship is an icon of Townsville's generosity and also a catalyst to empower Townsville's young people and enhance their development.

- Goal #14 Provide a permanent berth in Townsville for the vessel
- Goal #15 Engage Townsville schools and service clubs with opportunity to assist with the ship's operations and mission
- Goal #16 Include the ship in Townsville's Sister City strategy

To help young people gain a sense of purpose through helping others

YWAM gives practical opportunity for young people to engage in projects and programs that are focused on service and assisting our world in need.

- Goal #17 Create and develop opportunities for young people to volunteer locally and internationally.
- Goal #18 Actively present opportunities for young people to be involved in advocating for the less fortunate.

Sustainable Community Development

3.2 To provide sustainable community development with a focus on medical care in PNG

Papua New Guinea is a beautiful and diverse nation with over 800 languages. The Gulf Province, in particular, is a unique part of the country with rivers and estuaries being the primary mode of transportation through the dense jungles, making a medical ship the ideal way to deliver health services.

As Papua New Guinea is a predominantly Christian nation (96%), we also seek to help strengthen their belief system by engaging local churches from a multitude of denominations in Papua New Guinea and Australia.

The World Health Organisation has identified several key challenges faced by the PNG Government in the area of health care.

Of the 6.25 million population:

- 175, 000 have low vision correctable by spectacles
- 40% of the population lives in poverty (less than 1USD per day)
- Highest HIV rates in the region growing at 33% every year
- Maternal mortality is as high as 1 in 7 women in rural areas
- 33 dentists for the country
- 90% effected by malaria

An advance primary health care team visited the Gulf Province in late 2009 to prepare for the ship's work in 2010, developing relationship with community health care workers and researching the areas of most need.



Oumu

To many, restoring their vision meant restoring their lives. People here rely heavily on sharp eye sight as a way of life. Clear vision means being able to fish and provide for their families. It means a child can get an education and be able to enroll back in school. This woman named Oumu loved to read, but because of her diminishing eyesight, she could no longer see the words. She received a pair of spectacles and could not stop smiling!



Outreach 1

Summary:

Kikori District

The location of the ship for outreach one was the Kikori district, and we ran dentistry, primary health care, and optometry clinics. We anchored at the villages of Gouri, Kinomere, and Karate and serviced surrounding villages from these locations.

Gouri did not have an aid post or community health worker (CHW) so we worked alongside the teacher, pastor, and village leaders. The overall health care of this village was poor as a result of their lack of healthcare services. Although many of the men of the village worked at a logging company around the corner, they still did not have easy access to health care.

Kinomere had one aid post and 1 CHW. However on arrival the health care worker was leaving on an immunisation outreach with some other CHW's from surrounding villages. While in this village we were able to assist with helping store the immunisations used for this outreach programme. Overall the health care in this village was slightly better than Gouri but still was lacking due to the isolation and difficulty to get around.

Karate has one primary health care centre (note: this is a higher level than an aid post). This village had a high level of community ownership and participation. They had arranged a village committee that consisted of the local health care workers, pastors, village leaders, teachers, youth workers, and local mamas. This committee had spread the word to surrounding villages about our arrival and assigned different days for the villages to come so that we could assist many people. The local health care workers had already pre-screened people who needed medical, dental, and eye care, which assisted our teams in examining those most in need of care. It was great for eye care as we were able to find those who were blind due to cataracts and refer them for eye surgery. Because of the high level of ownership in the community, we had plenty of local assistance with transport, translators, food, etc.

The local nursing officers and community healthcare workers worked alongside our teams, and we were able to lean on their local knowledge as well as impart new skills and expertise. Through this partnership with the local health care workers, we were able to teach them how to prescribe some of the medication they had been given.

Conclusion: Outreach one was highly successful. We learned that the higher the level of community ownership and organisation, the greater the number of patients being seen, as well as those with the greatest need being seen first.

Outreach #1 Statistics

Primary Health Care	623
Dentistry Procedures	1006
Optometry Clinic	411
Education Seminars	1262
Preventative Health Resources	2342
Community Development Projects	35
TOTAL	5679

Grace

Grace was suffering from a stomach ache and was unsure of what was wrong. After being assessed by YWAM's medical team, it was discovered she had an ectopic pregnancy - something that, if untreated, would take her life. The quick action of the medical team and provision of otherwise unavailable transportation to a local hospital saved Grace's life.



Outreach 2

Summary:

Kikori District

The location of outreach two was the Kikori district and we ran the dentistry, primary health care, and optometry. We anchored at Aird Hills and visited Kikori, Ero, Wowo, Veiru, Doibo, and Samoa; however, we had people come to our clinics at these different locations from villages all over the Kikori district.

Ero has no aid post, but a few community health care workers live in that area and help when they can. Unfortunately, these individuals do not have many supplies since they are not officially employed in an aid post.

Kikori has one of the three provincial hospitals in the Gulf. At Kikori Hospital, we concentrated on optometry and sought out patients who required eye surgery, which could be done during the third outreach. The local hospital allowed us to be most effective by pre-screening patients.

Wowo has no aid post, but a community health care worker who had recently moved back home to Wowo is planning to open an aid post over the next year. We were able to work with this community health care worker (CHW) in a few villages and train her to do vision acuity tests. She also assisted in our primary health care clinics.

Doibo does not have a health care worker or an aid post. They go to Kikori hospital for their medical needs.

Samoa is right beside Ero and also does not have an aid post or any health care workers; however, they occasionally receive help from some retired health care workers in Ero.

Veiru does not have any health care workers or an aid post but neighbours Kikori hospital where the people of Veiru often go for their medical needs.

Conclusion: The amount of people we saw in these villages varied greatly each day. Our dentistry and primary health care teams were always busy, yet the optometry clinic, was only highly populated places like Kikori where there had been some pre-screening taking place, was the clinic busy for the full duration of the day in highly populated places, like Kikori, where there had been pre-screening.

Outreach #2 Statistics

Primary Health Care	303
Dentistry Procedures	463
Optometry Clinic	317
Education Seminars	612
Preventative Health Resources	1985
Community Development Projects	180
TOTAL	3860

Rose

She is one of the many children in the villages that received a toothbrush from YWAM's medical teams. Many of these kids have never owned a toothbrush or a tube of toothpaste before. With the educational health services, they were able to learn how to use their new toothbrushes and take care of their teeth!



Outreach 3

Summary:

Baimuru District

The location of outreach three was the Baimuru and Ihu districts. We ran primary health care, dentistry, optometry, and ophthalmology clinics. We anchored at Baimuru and Kapuna and worked with their health centres. We also sent a land-based team to Ihu district, located in the village of Kaivukovu toward the western end of the Orokolo Bay. Again, because of the high level of community participation, people came from all over for the services offered.

Baimuru Station is a government run health centre. This centre is quite run down and although in the past has had plenty of help, is now lacking support and supplies. In Baimuru there was a local committee of teachers, pastors, community leaders, and health care workers. This grouping of people had a high level of ownership. The local health care workers had done pre-screening and helped in the different clinics.

Kapuna is one of three provincial hospitals in the Gulf that oversees Kikori hospital and a number of additional aid posts. It also has a training facility for community healthcare workers for the country. Kapuna is very well known within the Gulf and has a great reputation.

We sent a land-based team to the village of Kaivukovu, on the western end of Orokolo Bay, to do primary health care, dentistry, and optometry. There are five villages, including Kaivukovu, located side-by-side along the coast with a collective population of several thousand. To the east of these villages along Orokolo Bay. Also, at least ten additional villages are located inland and to the east of the five along Orokolo Bay. There is a primary health care centre located in the Orokolo Bay area just an hour walk from Kaivukovu. The limited staff of this quite run-down facility struggle to maintain enough supplies and medication to treat the population of the nearly ten thousand it serves.

Conclusion: Our time on this outreach was very busy as a result of both areas' very high population and level of community participation and ownership. Sending a land-based team to Kaivukovu, an area unreachable by ship, was most appreciated by those living in the area.

Outreach #3 Statistics

Primary Health Care	717
Dentistry Procedures	667
Optometry Clinic	772
Education Seminars	2303
Preventative Health Resources	829
Community Development Projects	91
TOTAL	5473

Clinic Evaluation Report:

Ophthalmology

In Papua New Guinea, we are able to correct impaired vision with surgery. Cataracts are the clouding of the lens of the eye, which impedes the passage of light. They can cause impaired vision and sometimes blindness. Cataracts are treated with a surgery that removes old lenses and replaces them with new artificial ones. Pterygium is the thickening of the conjunctive that grows onto the cornea. It can grow large enough to interfere with vision. The treatment for Pterygium is also surgery.

The YWAM Medical Ship's Key Performance Indicator for this trip to PNG was to improve vision in PNG by restoring/enhancing sight to 80 people in 2 weeks.

This year in the Gulf Province we were able to provide ophthalmology services for one outreach.

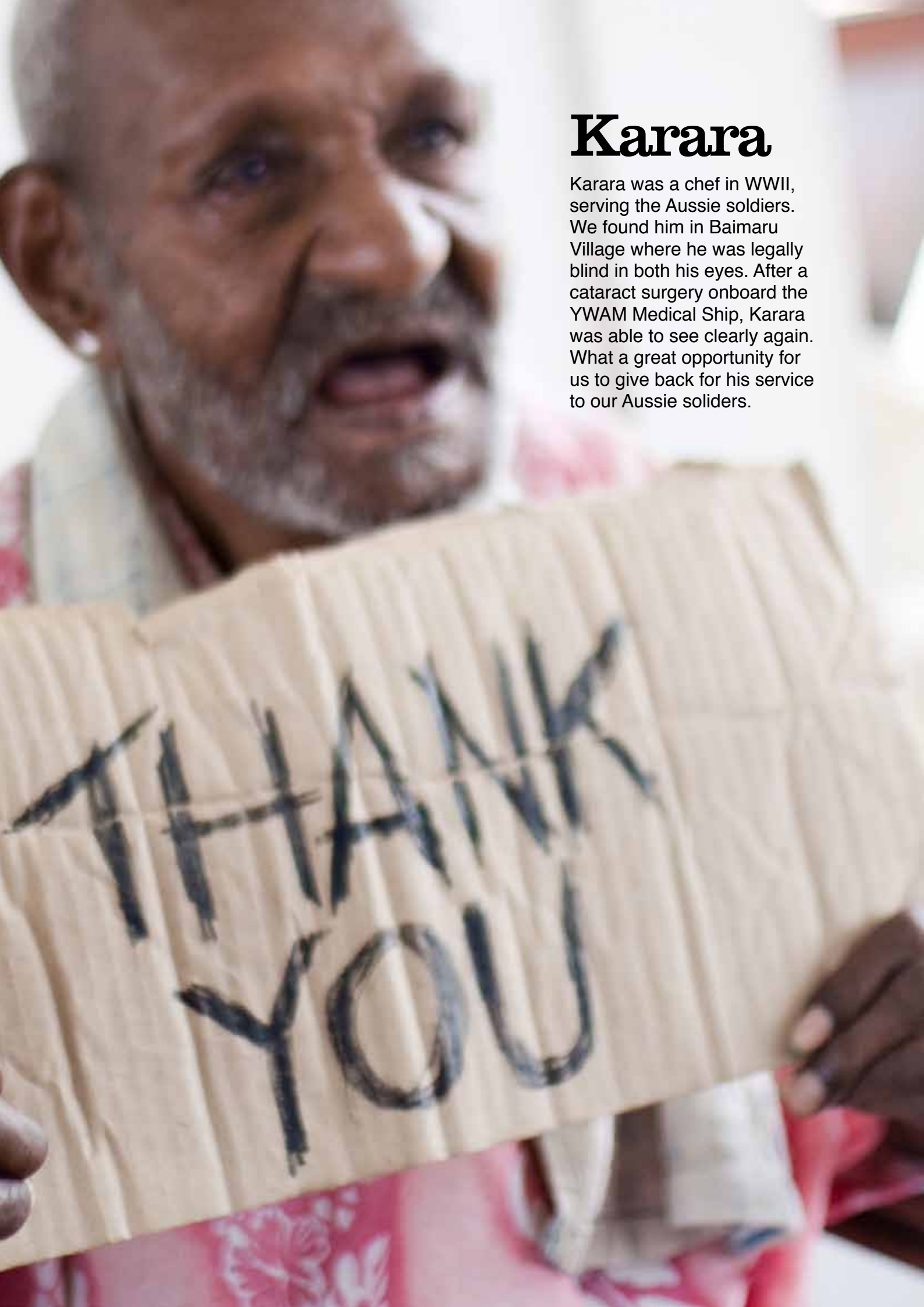
Our ophthalmology services were not the first of their kind to reach those residing in the Gulf Province. Last year, the Kapuna hospital organised a PNG ophthalmologist to perform cataract surgery within the Gulf. This ophthalmologist was the first eye specialist the Gulf Province had ever seen. During the outreaches leading up to the ophthalmology outreach, we were able to screen patients from places that did not have access to the surgery last year. If the local health care workers were able to find a dingy, motor, and enough petrol to get to our location; we would give them more than enough petrol to get home. This allowed each of the three districts to bring a dingy full of people from their separate locations and also helped create community ownership.

In our observation, communities that already possessed a high level of ownership and local health care workers who were active in their community were the most pro-active in getting their fellow villagers to the ship. We also trained the local health care workers, who came with patients, to perform post-op care. This allowed them to assist with any problems the patients may have once returning to their village.

In both Baimuru and Kapuna where we anchored, we invited a nurse from Kapuna to join us as a circulating nurse in the theatre. In Baimuru we had a local nurse join us for the week. She had very little experience in regard to ophthalmology, but working alongside our nurses, she was able to become a very competent scrub nurse for our surgeon. We also taught her the other aspects of the clinic (e.g. post-op care, pre-op care, circulating nurse, sterilizing.)

While in Kapuna, we had two local nurses join us in the clinic to learn how to scrub in for surgery. The nurse we trained in Baimuru helped train two other local nurses, which helped cement the knowledge and skills she learned.

We had nine operating days throughout the 2 week outreach; and in that time, we operated on 19 eyes with very large pterygia, removed 56 cataracts, and performed two other eye procedures -totaling 77 in all. According to the YWAM Medical Ship's Key Performance Indicator, we were short of our goal by three procedures mainly because the tide had forced us to cut one day from the outreach schedule.



Karara

Karara was a chef in WWII, serving the Aussie soldiers. We found him in Baimaru Village where he was legally blind in both his eyes. After a cataract surgery onboard the YWAM Medical Ship, Karara was able to see clearly again. What a great opportunity for us to give back for his service to our Aussie soliders.

Clinic Evaluation Report: Optometry

We were able to correct impaired vision in PNG by testing eyes and providing glasses. One of the major causes of visual impairment is refractive error. Within Papua New Guinea, there is shortage of refractive services. Glasses are available in city centres but are out of reach for the urban poor and those living in rural and remote areas. We are able to address this issue with glasses and refractive services.

The YWAM Medical Ship Key Performance indicator for this trip was to improve vision in PNG by giving out corrective glasses to 100 people in 1 day.

In our optometry clinics, we would set up in churches, schools, health centres, outside under shade, or in the village leader's house. Our optometry team consisted of one optometrist and a team of general volunteers that we trained to perform vision acuity and test for reading glasses, making it easy to work with local health care workers and train them in these skills as well. They often have had no training in vision acuity or giving reading glasses; so working in our clinics was an important skill-building experience.

The optometry team's role was also to find patients for the ophthalmology clinic. The optometrist assessed and wrote referral forms for suitable candidates, and we kept their details of these people as well as details of a contact person to connect with to later remind them to come to the ship for surgery.

Most of the time, the optometry team was busy with people who needed reading glasses. The optometrist, who decided whether they needed prescription glasses or reading glasses, examined all who showed possible short sightedness. Generally speaking, we found there were more frequent occurrences of far sightedness than short sightedness. This was common in villages without pre-screening.

We treated a lot more short sightedness in villages with large community involvement and a high level of ownership from the local health care worker. In highly populated areas, we saw the need for more prescription glasses for short sightedness. Of the patients we treated, 55% needed to see the optometrist, 28% of them needing prescription glasses, and 50% needed reading glasses.

The YWAM Medical Ship Key Performance indicator for this trip was to improve vision in PNG by giving corrective glasses to 100 people per day. In 28 days, we saw 1,500 people, which is, on average, 54 people a day. This was less than our estimated amount mainly due to the smaller size of some villages or the lack of patients.

Kutei Family

The mother and two children in this family suffered from a rare eye condition called nystagmus, meaning their eyes shake. It is very debilitating and their children were never able to get a proper education because of the impairment. We found each family member the perfect pair of spectacles, and their vision improved so much that the teenagers were enrolled in school the next day! Dad got a much-needed new pair of reading glasses as well.



Clinic Evaluation Report:

Dentistry

Disease of the oral cavity and dental caries remain unacceptably high and are worsening in PNG. A average percentage of teenage children in Papua New Guinea have dental caries. Dental caries can be prevented but currently are not. There has also been a shortage of specialist dental officers, general dentists, and dental technicians since the closure of the dental school in December 1987. This school has since reopened but is still lacking in trained dental workers.

The YWAM Medical Ship Key Performance Indicator for this trip was to increase the level of oral health in PNG by treating 20-30 people each day with one dentist.

On board the YWAM Medical Ship is a small clinic with two chairs for dental work. On the first and second outreach, the dental team was on board the ship, and we had two dentists operating at one time. We also had an extra chair for an occasional extra dentist, which allowed us to see 3 patients at once. On the third outreach, our dental team was on land due to ophthalmology needing the on board clinic.

During the first week on land, we set up in a health centre. For the second week, the dental team split with one dentist, dental assistant, and land-based team approximately five hours boat drive away from the ship, while the other dentists operated out of a hospital near the ship.

In Kikori district, there was one local health care worker who had been pulling teeth for a while without any formal qualifications. He was able to work with our dentist on the second outreach, first observing, then being trained by our dentist and given some supplies to take back to his village.

In Baimuru district, there was only one local health care worker who pulled teeth. He was trained by a health worker in Kikori and had limited skills as well. He worked alongside our dentist for two weeks, which helped both him and our team. We had local health care workers from Kapuna Hospital join us to learn how to falcate and run a dental clinic, from the pre-op education to the cleaning of equipment.

Although we did fillings and root canals when needed, our work mostly consisted of tooth extractions due to the severity of rotting teeth and the follow-up care involved in the other procedures.



Kimpson

Kimpson is one of the few health care workers able to do basic dentistry in the Gulf Province. When he came on board the ship, he was very eager to learn and we taught him how to use the new tools we donated to the Kikori Hospital, and he helped us by doing extractions on the ship during the week.

Clinic Evaluation Report: Primary Health Care

The overall health of the people of Papua New Guinea is poor. This is reflected in life expectancy and maternal and child mortality rates. Although there has been some improvement, they are still below the average for lower middle income countries. There is limited primary health care available, which is evident in their health status. Primary health care is defined as essential health care that is acceptable, accessible, affordable, practical, and scientifically sound. It is the first level of contact with a person and constitutes the first element of a continuing health process.

Currently in Papua New Guinea, there is a shortage of trained health professionals to deliver the care; and therefore, access to health care is difficult, especially in provincial areas. The new national health plan also focuses on strengthening at a provincial level, which is the reason we want to offer these services.

According to the National Health plan 2011-2020, there are 20 health centres and 81 aid posts in the Gulf. The rate of doctors per 100,000 to 7.4. The rate of Health Extension Officers (HEO's) per 100,000 to 7.4. The rate of Nurses per 100,000 to 46.8.

In the Primary health care clinics we set up at local health care centres, churches, and schools, we were able to bring our own medical supplies and used the medication we donated by the PNG department of health, which local health care workers were familiar with. We also operated under the booklets for Standard Treatment for Common Illness of Adults/Children in Papua New Guinea, and by following the national treatment guidelines, we could train the local health care workers to continue using the booklets and use medication correctly.

We also had a local doctor from Port Moresby on board throughout our entire time in PNG, which enabled her to complete some of her rural training. She has since decided to finish her training in the Gulf with Kikori Hospital.



Grace

We boated and trekked for hours one day to reach a woman who had been in labour for a very long time with twin babies. When we arrived, one of the babies had been delivered but she was laying on the disintegrating bamboo floor, cord still attached, and vulnerable to infection. The mother was not in a good way, and we struggled to get a heart beat for the second twin. We immediately boated and trekked back through knee-deep mud to transport them to a safe place for delivery. When we arrived, we located a heart beat on the unborn baby, re-activated labour, and delivered another healthy baby girl. Had we not arrived, it is likely that all three would have died.

Clinic Evaluation Report: Primary Health Care (cont.)

In our Primary Health Care clinics, we always worked with the local health care worker if there was one. They would help with translation, in our pharmacy, registration, or sit with our doctors to learn. On outreach, one of our doctors was also able to sit with the local health care workers and go through their supply cupboard, teaching them about some of the medication they had and how to order supplies.

We saw a range of health concerns. We saw a lot of musculoskeletal problems due to the hard labour that many of the people have to do. Respiratory problems were also prevalent, from the common cough and cold to upper respiratory infection, asthma, and pneumonia. Though many people had access to mosquito nets, malaria was quite common. Skin infections/conditions and wounds were quite common, depending on the village and level of hygiene. We saw quite a number of suspected worms cases as well.

The YWAM Medical Ship Key Performance Indicator for this trip was to increase the health of individuals in Papua New Guinea by treating 30-40 people each day per every doctor. After 3 outreaches and 25 days of clinics, we treated 1,643 people. This is, on average, 66 people each day. We found that communities with a high level of ownership or a local health care worker who was actively working in their area, were our busier clinics.

On top of the delivery of service, we were also able to distribute toothbrushes, tooth paste, birthing kits, and mosquito nets. Our original Key Performance Indicator, in regards to malaria, was to offer protection to every person that came to the clinics for treatment. We estimated that we could distribute 360-480 nets every outreach, along with education. On arrival to PNG, we talked with Rotarians Against Malaria (RAM) who are currently distributing nets throughout the Gulf and had recently gone through and supplied many of the health care centres. In our conversation, we discovered that we needed to provide less than anticipated.



Evaluation Report: Community Development Program

In addition to the health programs, the marine engineers and ship crew were called upon to assist with the repair of many essential items in the villages, such as outboard motors, generators, and water facilities. Due to this need, the team developed and delivered education clinics, which were very productive in building capacity and sustainability for food and transportation providers in the villages. These programs were so successful that they will be further enhanced and utilised as an important part of future programs.

Gerald

One particular village had been suffering from a water shortage. We learned that they had been given water tanks, but not only were they empty from the drought, but also had no taps on them to conserve any rain that did fall. We went to work creating some make-shift taps and teaching the village how to use local materials to maintain and utilise their water tanks. Would you believe that the very next day it rained and filled the tanks? It's amazing to see how you can empower a community in such a simple way and actually help increase the quality of life and health for a long time.





Villages Serviced

Patients came from the following villages throughout the Gulf Province.

- | | | | |
|---------------------|-----------------|--------------|----------------|
| 1. Aboya | 20. Bouobo | 39. Haiireea | 58. Kairimai |
| 2. Aibigahe | 21. Buri | 40. Havovo | 59. Kairua |
| 3. Aimei | 22. Dobu Island | 41. Herekera | 60. Kaivu Karu |
| 4. Aimgi | 23. Doibo | 42. Herevavo | 61. Kapai |
| 5. Apiwara | 24. Ebegau | 43. Hopaiku | 62. Kapuaro |
| 6. Akoma | 25. Egu | 44. Hururu | 63. Kapuna |
| 7. Apropa | 26. Epiko | 45. Ihu | 64. Kararua |
| 8. Ara'ava | 27. Erakorave | 46. Ikinga | 65. Karavake |
| 9. Aratiti | 28. Erakiti | 47. Ikinu | 66. Karitai |
| 10. Aureke | 29. Erave | 48. Iko | 67. Karua |
| 11. Avabu | 30. Ereikilavi | 49. Imeia | 68. Kavalavi |
| 12. Bahemba | 31. Erimuku | 50. Inawa | 69. Kavave |
| 13. Baia | 32. Ero | 51. Inikne | 70. Keiou |
| 14. Baimuru | 33. Eromoko | 52. Iouku | 71. Kekea |
| 15. Baroi | 34. Eware | 53. Ipiko | 72. Kemei |
| 16. Baroko | 35. Gibi | 54. Irimuku | 73. Kerema |
| 17. Bavi | 36. Goilavi | 55. Iuku | 74. Kervimo |
| 18. Biok Settlement | 37. Gouri | 56. Iuma | 75. Kikori |
| 19. Borari | 38. Gubae | 57. Kailavi | 76. Mandee |



- | | | | |
|------------------|-------------------|------------------|-------------------|
| 77. Kinipo | 99. Mairivepa | 121. Mount Hagen | 143. Port Moresby |
| 78. Kinomere | 100. Mamagu | 122. Muro | 144. Rawua |
| 79. Kivoumai | 101. Mandee | 123. Nabe | 145. Samoa |
| 80. Knien | 102. Mapaio | 124. Nahoro | 146. Sotau |
| 81. Koke | 103. Maraki | 125. Nalo | 147. Tainabuna |
| 82. Koraivi | 104. Marea | 126. Nenegau | 148. Tamua |
| 83. Korake | 105. Maren | 127. Obor | 149. Tekeriepo |
| 84. Koravake | 106. Mariki | 128. Ogomabu | 150. Teredau Base |
| 85. Kuporo | 107. Marrepepeia | 129. Okumabu | 151. Titihuri |
| 86. Lae | 108. Maurea | 130. Oldiare | 152. Tovei |
| 87. Laera | 109. Madang | 131. Omaio | 153. Ubuo'o |
| 88. Lairuhairu | 110. Meia | 132. Omatia | 154. Upaia |
| 89. Larehao | 111. Mepia | 133. Opiko | 155. Vailala West |
| 90. Larimea | 112. Meremilau | 134. Orokoru | 156. Veiru |
| 91. Larimiaio | 113. Miagoma | 135. Orovaki | 157. Verebari |
| 92. Lavia | 114. Miao | 136. Oru | 158. Verlala |
| 93. Liroumoui | 115. Milimaila | 137. Oumere | 159. Viko |
| 94. Logging Camp | 116. Miriwasi | 138. Mandee | 160. Voroi |
| 95. Mabou | 117. Moreke | 139. Paeulu | 161. Waitari |
| 96. Maiparoa | 118. Moro Pakemba | 140. Paia | 162. Waramu |
| 97. Maipepeia | 119. Morovamu | 141. Pakembs | 163. Wouobo |
| 98. Mairepea | 120. Mouabou | 142. Poroi | 164. Wowo |



Improving Ties Between PNG and Australia

3.7 To improve ties between Papua New Guinea and Australia

During World War II, a unique bond formed between Australians and Papua New Guineans. The Chocolate Soldiers, who fought so hard to protect both countries, and the Fuzzy Wuzzy Angels, who relentlessly cared for the fallen soldiers, formed an unbreakable connection along the Kokoda Trail. The battle for life continues in a new way today, but that spirit of helping one another still remains and the opportunity to strengthen one another abounds.

The following relationships and partnerships were all strengthened through the YWAM Australia & PNG Ship Tour:

Townsville & Port Moresby Sister City Relationship

Townsville, home for the YWAM Medical Ship, formed a sister city relationship with Port Moresby in 1983. The partnership was formed by YWAM Medical Ship's Patron, the Honourable Mike Reynolds AM. This has been a productive and lasting relationship over the last 27 years, which has brought about substantial cultural, social, economic, and sporting associations between the two cities.

YWAM Medical Ships has been included as a main component of its Sister City Program, aiming to work with Port Moresby to deliver essential health services to regional and remote areas of PNG.

YWAM Medical Ships' CEO, Ken Mulligan, is also a member of the Townsville Sister City's Forum and has participated in Sister City's activities alongside Townsville City Council's Mayor, Councillor Les Tyrell and National Capital District Governor, Honourable Powes Parkop.

North Queensland Cowboys

YWAM has a partnership with the North Queensland Cowboys NRL team to help engage Papua New Guineans as rugby is one of the most effective connecting points to reach locals.



There are many Cowboys supporters in PNG who follow the NRL competition as avidly as North Queenslanders. The NRL Cowboys have been keen to give back to PNG in a meaningful way. Cowboy Matthew Bowen is the program's official ambassador and mentor and has been the 'face' of the PNG campaign to raise awareness of issues such as good nutrition and preventable health care.

Townsville PNG Wantok Association

The Townsville PNG Wantok Association is actively supporting the project through the PNG community in Townsville and engaging PNG doctors living in Australia to volunteer their time each year and help provide health care in their home country.

Birthing Kit Foundation of Australia

YWAM's Medical Ship is a distributor of clean birthing kits, which are funded and created by the Birthing Kit Foundation of Australia and help decrease incidents of maternal and infant mortality.

BuzzOff Malaria Prevention

BuzzOff provides resources to NGOs actively addressing malaria in developing nations. They are a key supplier of mosquito nets, testing kits, and drugs.

Lions Recycle for Sight

During the 2010 YWAM Australia & PNG Medical Ship Tour, 24,000 spectacles were collected from around the nation. Lions facilitated the delivery of these spectacles to their facility in Redland Bay where the spectacles were sorted, cleaned, tagged, and repackaged for distribution by qualified optometrists on board the YWAM Medical Ship.

AusAID

The 2010 YWAM Australia & PNG Medical Ship Tour was the key activity in raising awareness about PNG and garnering the support from medical and marine professionals who were willing to volunteer 2 weeks of their time, as well as engaging young people. This tour was funded in part by AusAID and was so successful that we had long waiting lists for the 2010 pilot outreaches to PNG and already have applications for 2011's program.

See Appendix F for data and statistics for the Australia Tour.

Australian Schools

With 25 schools from North Queensland actively involved and over 175 around Australia, we aim to build a schools program that will build person-to-person links in PNG among young people, helping them to understand their culture. Our aim is to give PNG and Australian young people access to one another through meaningful relationships, encouraging youth from both nations about the importance of volunteering, service, and respect.



Providing Training

3.7 To provide training opportunities for youth volunteers and professionals to the benefit of the wider community

Training young leaders

The Institute for the Nations - Australia is a part of Youth With A Mission (YWAM) International. The Institute for the Nations - Australia is a registered training organisation affiliated with YWAM's international network of tertiary level education/training known as the University of the Nations. The University of the Nations is not registered/accredited as a university in Australia.

As a registered training organisation, YWAM aims to equip young leaders for service in communities. Through the Certificate III program, YWAM trained 211 young people at the Townsville centre who have gone on to serve in Australia & Papua New Guinean communities.

Primary Health Care training

18 Primary Health Care workers were trained for service in Papua New Guinea. These Townsville-based students were actively involved in the advance preparation work for the ship and some have continued on to assist long term in Papua New Guinea

Capacity Building through Volunteering

In addition to YWAM's full-time volunteer staff and students, a number of volunteers assisted in PNG as well.

Total # of Volunteers

Number of Marine Volunteers	45
Number of Medical Volunteers	38
Number of General Volunteers	60
TOTAL NUMBER OF VOLUNTEERS	143



Benefiting North Queensland

3.8 To benefit North Queensland by basing a ship in Townsville

The ship provides a tangible opportunity and serves as a catalyst to help achieve economic and community development goals, which are supported by our civic leaders, business community, service clubs, and schools.

The Townsville Port Authority, along with the generosity of many local businesses, has been instrumental in helping to establish the YWAM Medical Ship in Townsville on a long-term basis.

Reaching Young People

YWAM's program includes long-term benefits and outcomes for Townsville's young people. Over 7,000 youth access the Youth Street program on an annual basis. We have run 103 high school seminars covering topics such as: Goals & Values, Self Esteem, and Relationships – reaching over 11,000 students.

Townsville Bulletin Newspapers in Education

Townsville Bulletin's NIE program has made an active focus on Papua New Guinea, the Millennium Development Goals, and YWAM's Medical Ship, delivering information on the above topics to 3,000 Townsville students on a regular basis and garnering support from over 25 local schools.



Helping Young People

3.9 Help young people gain a sense of purpose through helping others

We aim to expose Australian youth to a global perspective by promoting a greater sense of individual value and purpose, increasing their social consciousness, and cultivating their desire to make a positive difference in the world and their own communities.

When youth engage to help others, there are also long-term benefits both for the individual youth and their community, such as:

- Increased self-esteem
- Personal growth and development (cognitive, academic, social, and psychological)
- Career benefits – better life choices
- Prevention of negative behaviours such as drug and alcohol use

Our experience is that the exposure to the needs of others and the opportunity to make a practical difference serves as an excellent preventative and early intervention approach to these issues in the lives of young people.

School Presentations.

International teams of volunteers (bands, dance teams, etc.) visited 140+ schools in 16 port cities along the east coast of Australia and regional/rural areas up to 200 km around each port, presenting young people with a picture of Papua New Guinea through dynamic arts and media, and showed them how to help the disadvantaged.

Presentations in schools will continue throughout Australia, promoting volunteerism and advocacy for the disadvantaged.



YWAM Medical Ship Tours

The YWAM Medical Ship was open for tours to the public throughout its tour along the east coast of Australia. School groups took excursions aboard the ship to see the ship's living quarters, wheelhouse, onboard clinic, and lounge.

In addition to a 20-minute tour aboard the ship, students had the opportunity to go through a PNG Awareness pavilion beside the ship to learn more about the culture of Papua New Guinea, including some of the challenges they are facing in and around the Millennium Development Goals.

Throughout the tour of the ship, students were shown how the ship operates as well as opportunities to be involved in assisting our closest international neighbours in PNG.

Mission Adventures

To encourage sustainability of volunteerism, we provide a framework to facilitate the training, structure, and experience for young people to practically engage in communities through a short-term volunteering opportunity for youth called Mission Adventures.

Mission Adventures runs typically for ten days every school holidays. The first four days of the program are spent in training while the next 6 are spent volunteering in Papua New Guinea or in an Australian Indigenous community.

In 2010, four high school groups participated in Mission Adventures with a total of 60 students and 13 teachers.

Donation Initiatives

School and youth groups throughout Australia actively engaged in collecting spectacles, sunglasses, toothbrushes, and toothpaste to give to remote regions in PNG.

A number of schools also took initiative in running various fundraising projects.

2010 Financial Report

YWAM Medical Ships - Australia LTD Profit and Loss

Income

Donations	\$285,231
Donations - Care Trust Fund	\$55,808
Gifts in Kind	\$524,129
Volunteer Contributions	\$93,135
Grants	\$106,632
Miscellaneous	\$43,319
Total Income	\$1,108,254

Expenses

Administration	\$76,077
Marketing & Communications	\$94,849
Program Support Costs	\$171,759
Ship Operations	\$298,092
Medical Supplies	\$102,708
Miscellaneous	\$32,956
Total	\$776,441

Net Surplus **\$331,813**

*Estimated Value of donated labour \$1,833,064

Key Partners for 2010

3.11 Key Partners for 2010

YWAM regularly works with other NGO's, service clubs, churches, schools, businesses, and civic leaders, which allow us to act on a broader scale and achieve greater results. Some of the significant partnerships for 2010 included:

- 1300 SMILES
- Australian Relief and Mercy Services
- Birthing Kit Foundation of Australia
- BuzzOff Malaria Campaign
- Curtain Brothers
- Gulf Province of Papua New Guinea
- Henry Schein Halas
- Honeycombes Property Group
- Lions Recycle for Sight
- North Queensland Cowboys
- Papua New Guinea Department for Health
- Port of Townsville
- Townsville Bulletin
- Townsville City Council
- Townsville Papua New Guinea Wantok Association
- Townsville Returned Services League
- United Church for Papua New Guinea
- YWAM Australia

We would also like to thank the Hon Mike Reynolds, AM for another two years serving as our Patron.



Moving Forward

4.1 Phase I - 2011

During our discussions with the PNG Department of Health, it has been recommended that priority should be given to the Gulf and Western Provinces of PNG where our medical ship, MV Pacific Link, could have access to areas of greatest health needs in remote areas of these provinces. Throughout 2010, we worked very successfully with the Governor of the Gulf Province; the Honourable Havila Kavov, MP; and the province's administration in providing thousands of successful medical services to the people of the Gulf Province.

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

This year saw the YWAM Medical Ship's first service to the people of Papua New Guinea. Because of the very successful work we have done in the Gulf Province we now plan to expand our medical services into the Western Province. Our 5 – 10 year strategic plan is to continue our important work in the Gulf Province and also to provide medical services to the Western Province over this time.

Our target for the Western Province is to service the 153 villages along the Middle and South Fly river. Our land-based primary health care team will do initial research and preparation work in the new year to prepare for the ship's arrival.

Lymphatic Filariasis & Intestinal Worm

Lymphatic Filariasis and Intestinal Worms continue to remain two of the most debilitating diseases in the world. It is estimated that 1 million people in Papua New Guinea are infected by Lymphatic Filariasis and over 70% of children have chronic infestation of intestinal worms, causing stunted growth, break down of immune system, malnutrition and learning disabilities.¹

Two drugs can treat and cure these tropical diseases - Albendazole and Diethylcarbamazine. 80% of the population needs one tablet per year for five years to be effective, two tablets per year for children.

Discussions have started with the PNG Department of Health, James Cook University, and the World Health Organization to tie in with the National Health Care Strategy in eradicating these diseases in the Gulf and Western Province over the next five years, starting in 2011. Medical teams on board the ship, as well as land-based teams, will participate in Mass Distribution Administration programs to combat these debilitating diseases.

[1. Professor Wayne Melrose, James Cook University]



4.2 2011 Proposed Outreach Dates and Locations

Outreach	Dates	Location
Outreaches 1 - 4	March 29 – June 18	Gulf Province
Outreaches 5 - 8	June 19 – September 10	Western Province

4.3 2011 Proposed Budget

Revised as of February 2011

Projected Expenses

Legal/Financial	\$ 50,040
Office Operations	\$ 54,673
Ship Operations	\$ 576,804
Marketing & Communications	\$ 81,268
Medical Supplies	\$ 378,154
Staff and Personnel (Donated)	\$2,326,744
Totals	\$3,467,683

Key Performance Indicators

4.4 2011 Key Performance Indicators

2010 was our first year using the YWAM Medical Ship as a means to reach into the Australia and Papua New Guinea cultures. Although we achieved good results in the past year, we aim to build on the experience and lessons learned to achieve even better results in 2011.

In order to track and report on our performance in 2011, we have developed the following KPIs:

KPI 1: Implement Townsville School and Aussie Youth Programs

Aim: Present young people with a picture of Papua New Guinea through dynamic arts and media and show ways to help the disadvantaged, thus promoting volunteerism and advocacy.

Measurement: Youth Ministries team to keep record of all school presentations

Target: 10 school presentations per school term highlighting the "I WANT TO LIVE" message.

KPI 2: Conduct Mission Adventures Programs

Aim: Provide short term volunteering and service opportunities both within Australia and Papua New Guinea for youth aged 12 - 17 years. We aim to expose Australian youth to a global perspective, promoting a greater sense of individual value and purpose, increasing their social consciousness, and cultivating their desire to make a positive difference in the world and their own communities.

Target: 3 group bookings per school holidays (April, July, October).

KPI 3: Provide Impaired vision corrective surgery in PNG

Aim: Provide surgery to correct common and treatable forms of vision impairment in PNG. Cataracts are clouding of the lens of the eye, which impedes the passage of light. It can cause impaired vision and sometimes blindness. The treatment for cataracts is surgery.¹ Pterygium is the thickening of the conjunctive that grows onto the cornea. It can grow large enough to interfere with vision. Again, the only treatment for this is surgery.² Over a period of ten working days, we will be able to restore or enhance sight to 80 people. If we were to increase the amount of operating days, the amount of eyesight we could restore or enhance would increase accordingly.

Measured: This will be measured by keeping record of how many eye operations we would do over a year. This will be addressed each year to see that this is still a realistic goal.

Target: to improve vision in PNG by restoring/enhancing sight to 80 people in 2 weeks.

Equipment needed: In 2011, with approximately 6 weeks of treatment tours, we will need 240 cataract packs.

Personnel needed: 1 ophthalmologist, 1 scrub nurse 1 post operative nurse, 1 nurse clinic leader, 1 nurse for anaesthesia for each tour.

1 <http://www.who.int/blindness/causes/priority/en/index1.html>

2 <http://www.pterygium.us/>



KPI 4: Correction of Impaired Vision by glasses in PNG

Aim: By providing the necessary testing and supply of glasses, we will be able to correct a common form of impaired vision in PNG caused by refractive error.¹ Within Papua New Guinea, there is shortage of refractive services. Glasses are available in city centres but are out of reach for the urban poor and those living in rural and remote areas. With glasses and refractive services, we will be able to address this issue.² The Fred Hollows Foundation states that 175,000 are estimated to have low vision, correctable with spectacles. With one optometrist, we have the capacity to prescribe 20 pairs of glasses in one day. By training locals and other team members to help, we can increase daily prescriptions to around 50 pairs of glasses.

Measured: This could be measured by keeping record of how many spectacles we would give out over a year. This will be addressed each year to see that this is still a realistic goal.

Target: to improve vision in PNG by giving out corrective glasses to 50 people per day.

Equipment needed: In 2011, with approximately 7 tours each 2 weeks long with 10 working days; we will need 3,500 pairs of glasses.

Personnel needed: 1 optometrist, 2 visual testers, 2 people distributing reading glasses, 1 registration person. This team can expand to accommodate more patients.

KPI 5: Provide Oral health care In PNG

Aim: The incidence of oral disease in PNG remains unacceptably high and is worsening. A large percentage of teenagers and children in Papua New Guinea have dental caries. Dental caries are preventable, and dental education is the key. There is also a shortage of specialist dentists, general dentists, and dental technicians since the closure of the PNG dental school in December 1987.² We aim to provide oral health care to 10-15 people each day with one dentist. The maximum capacity for dentists working concurrently on board is three. We aim to treat 40-50 people per day with three dentists.

Measured: By keeping detailed records including the type and number of procedures performed over the course of the outreaches. A review at the completion of the year will indicate if our goals have been reached and if we need to adjust our Dental KPI for the following year.

Target: To increase the level of oral health in PNG by treating 10-15 people each day per dentist.

To improve oral health through education targeting 15-30 people per day.

Equipment needed: In 2011, we will need approx 3,600 toothbrushes and 3,600 tubes of toothpaste.

Personnel Needed: It is ideal to run two dental units. This requires: a clinic leader, two dentists, two dental assistants, registration volunteer, sterilization person, pre op and post op helpers who also assist with education. To run the third dental unit: an extra dentist and dental assistant is required.

1 <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1705966>

2 http://www.icee.org/where_we_work2/asia_pacific/papua_new_guinea.asp#

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

KPI 6: Improve General Health of PNG People

Aim: The people of Papua New Guinea generally have poor health status. This is reflected in life expectancy and maternal and child mortality rates. Although there have been some improvements, these rates are still below average for lower, middle income countries. There is limited primary health care available, which is evident in their health status.¹ Primary health care is defined as essential health care that is acceptable, accessible, affordable, practical, and scientifically sound. It is the first level of contact with a person and constitutes the first element of a continuing health process.² Currently in Papua New Guinea, there is a shortage of trained health professionals to deliver care; and therefore, access to health care is difficult - especially in provincial areas.

On each tour in 2010, on average, one doctor saw 24 patients/day. In addition, on average, one nurse will see 9 patients/day. Combining nursing and doctor consultations, 660 patients can be seen per 10 clinic days (based on average of 2 nurses and 2 doctors working). Having more experienced and trained primary health care workers could increase this number dramatically.

Measured: By keeping detailed records of the number of patients treated and the diagnosis

Target: To increase the health of individuals in Papua New Guinea by treating 20-30 patients/day per doctor. As defined previously, this would increase with multiple doctors working and other health care professionals seeing and treating patients.

Equipment required: 8 tours planned for 2011 with 10 clinic days per outreach (80 clinic days).

Personnel Required: Minimum of a clinic leader, one doctor, three registered nurses (including one nurse for registration, wound care, and pharmacy). A general volunteer could potentially register patients but a nurse would be preferred.

This team has the potential to be much larger depending on volunteers. There can be multiple doctors treating, and extra nurses/volunteers can double up on all stations. It is also highly recommended that a physiotherapist join the team.

KPI 7: Provide Malaria prevention

Aim: Malaria is one of the leading causes of illness and death in Papua New Guinea. Papua New Guinea has a goal to halve death and illness caused by malaria between 2001- 2010. Some of the strategies to achieve this are: improve diagnosis, treatment, and vector control.³ Malaria as a disease falls heavily on young people, causes enormous human suffering, retards economic and social development, and places severe strain on weak and under-resourced health systems.⁴ Mosquitoes that carry malaria feed at night, and the use of mosquito nets can help combat this disease. There are 3 types of nets available: untreated nets, insecticide treated nets (ITN), and long lasting insecticide treated nets (LLITN).⁵ The WHO and United Nations have recommended LLITN's, which is the net we plan to distribute. We have collaborated with Rotary Against Malaria (RAM) for the procurement and distribution of nets.⁷

Measured: By keeping detailed records, we can track the distribution of nets and where they have been provided. At year's end, we can review our distribution of nets and evaluate if this is a realistic target.

Target: To offer protection from malaria to families that access care from our clinics. On Average, during one tour of 10 clinic days, we would be able to give mosquito nets to 360 - 480 people. All mosquito nets would be given with education on how to use the net correctly.

Equipment Needed: In 2011, with 8 outreaches planned, we estimate that we will require 800 nets. If we were to buy our nets through Buzz Off we would need approximately \$17,600 (\$22/net for a family sized, WHO approved net.)

Personnel required: One person to oversee and coordinate the mosquito net program and distribution. This person can also be involved in clinics at the same time and does not need to be counted as a separate person.

1 http://www.usaid.gov/country/png/png_intro.cfm

2 http://www.wpro.who.int/health_topics/primary_health_care/

3 <http://rbm.who.int/wmr2005/profiles/papuang.pdf>

4 <http://www.usaid.gov/keyaid/health.cfm>

5 http://www.buzzoff.org/viewpage.php?page_id=17

6 <http://www.olyset.net/>

7 <http://www.ram.com.pg/>



KPI 8: Provide treatment of Lymphatic Filariasis.

Aim: Provide treatment of Lymphatic Filariasis (also known's as elephantiasis) which is caused by worms known as filariae. The infection is normally acquired in childhood and is one of the leading causes of permanent and long term disability. In endemic countries, it has a major social and economic impact¹. In 1997, WHO classified lymphatic filariasis as potentially eradicable. The elimination strategy has 2 components: (1) stop spread of infection (interrupting transmission) and (2) alleviate suffering of affected populations (controlling morbidity) To interrupt transmission, yearly, mass treatment programs are required to administer medication to at risk communities. Suffering caused by this disease can be alleviated through community education programs to raise awareness.

Lymphatic Filariasis is covered by the Neglected Tropical Diseases Department of the WHO.²

Measured: By keeping detailed records of the locations and number of patients treated using the appropriate regime to eradicate lymphatic filariasis.

Target: To offer medication to target lymphatic filariasis to every person accessing clinics through the medical ship. To provide education on the management of the disease, including hygiene practices to prevent secondary infections, exercises, and pressure bandaging to decrease swelling.

Equipment needed: Supply of standard treatment medications to dispense; education resources and tools.

Personnel needed: Lymphatic filariasis coordinator (oversee the distribution of medication and ensure adequate documentation completed) and a nurse to collaborate closely with coordinator, to distribute the medications, and to oversee pharmacy management.

KPI 9: Treatment of Soil transmitted Helminths (Intestinal Worms) in PNG.

Aim: Provide effective treatment for intestinal worms or soil-transmitted helminthes. Intestinal worms cause a wide range of symptoms, including intestinal manifestations, general weakness, and malaise that can affect working/learning capacities and impair growth. Hookworms cause chronic blood loss leading to anaemia.¹ Soil-transmitted helminths are covered by the Neglected Tropical Diseases Department of the WHO.² Helminths are most often found in tropical and sub-tropical areas, especially during rainy seasons. Children are most likely to be infected, sometimes by more than one type of worm.³

Measured: By keeping detailed records of the locations and number of patients treated using the appropriate standard treatment for intestinal worms.

Target: Offer medication to all patients presented to the PHC team with suspected helminth infections. Provide health education about prevention, signs & symptoms of infection, and treatment of infections.

Equipment needed: Supply of standard treatment medications to dispense through the primary health care clinic; education resources and tools.

Personnel Needed: As this program can be absorbed into the PHC clinic, the clinic leader can oversee the Helminth Program and ensure regular education sessions occur through the clinic.

1 http://www.who.int/intestinal_worms/en/

2 http://www.who.int/neglected_diseases/diseases/en/

3 <http://www.intestinalworms.net/>

Phase II: A new vessel

4.5 Phase II – 2012 & Beyond

Purchase of new ship

Plans and preparations have begun for purchasing a custom-made ship that will better serve our goals and objectives in providing health care to isolated regions.

Approximate dimensions are as follows:

Length extreme: 63.00m

Beam O.A (moulded): 13.00m

Draft: 2.95m

Weight: 2000 ton

Cost: \$30 million *Courtesy of the Townsville Bulletin

Our current plans for the new ship include three on board theatres, a laboratory and improved living conditions for our crew and medical volunteers, and also lecture rooms to increase training opportunities for both Australians and PNG nationals. Due to the ship's shallow draft, isolated villages will be easier to reach, and more services can be provided with multiple theatres.



English - Playmate, Tok Pisin - Wanpilal.

www.ywamships.org

Provinces/ districts

Papua New Guinea is divided into four regions, that are not the primary administrative divisions but are quite significant in many aspects of government, commercial, sporting and other activities.

The nation has 20 province-level divisions: 15 provinces, the Autonomous Region of Bougainville and the National Capital District. Each province is divided into one or more districts, which in turn are divided into one or more Local Level Government areas.

Provinces are the primary administrative divisions of the country. Provincial governments are branches of the national government — Papua New Guinea is not a federation of provinces.

The province-level divisions are as follows:

- 1 Central
- 2 Chimbu (Simbu)
- 3 Eastern Highlands
- 4 East New Britain
- 5 East Sepik
- 6 Enga

- 7 Gulf
- 8 Madang
- 9 Manus
- 10 Milne Bay
- 11 Morobe
- 12 New Ireland
- 13 Northern (Oro Province)
- 14 Bougainville (autonomous region)
- 15 Southern Highlands
- 16 Western Province (Fly)
- 17 Western Highlands
- 18 West New Britain
- 19 West Sepik (Sandaun)
- 20 National Capital District



Parliament has approved the creation of two additional provinces by 2012: Hela Province, which will consist of part of the current Southern Highlands Province, and Jiwaka Province, which will be formed by dividing Western Highlands Province.

Activity - Select a district, write a paragraph about it including its capital and a drawing of its province flag

Culture

It is estimated that more than a 1000 different cultural groups exist in Papua New Guinea. Because of this diversity, many different styles of cultural expression have emerged; each group has created its own expressive forms in art, dance, weaponry, costumes, singing, music, architecture and much more. Most of these different cultural groups have their own language. People typically live in villages that rely on subsistence farming. In some areas people hunt and collect wild plants (such as yam roots) to supplement their diets. Those who become skilled at hunting, farming and fishing earn a great deal of respect.

On the Sepik River, there is a tradition of wood carving, often in the form of planes or animals, representing ancestor spirits.

Sea shells are no longer the currency of Papua New Guinea, as they were in some regions — sea shells were abolished as currency in 1933. However, this heritage is still present in local customs; in some cultures, to get a bride, a groom must bring a certain number of golden-edged clam shells as a bride price. In other regions, bride price is paid in lengths of shell money, pigs, casacourtes or cash; elsewhere, bride price is unknown, and it is brides who must pay dowry.



People of the highlands engage in colourful local rituals that are called "sing sing". They paint themselves and dress up with feathers, pearls and animal skins to represent birds, trees or mountains spirits. Sometimes an important event, such as a legendary battle, is enacted at such a musical festival.

Activity - Go to townsvillebulletin.com.au/news/1001105 and download a black mask template to decorate.



Port Moresby

Port Moresby is the nation's capital and nerve centre for government and commerce. Port Moresby is in fact a microcosm of Papua New Guinea, catering for about 230,000 people consisting of a large number of non-citizens, as well as 300 diverse languages and cultures.

Moresby fluctuates from the hustle of commercialisation to the serenity of a country town. Downtown at the water's edge is the nostalgic Moresby of narrow streets and historical street signs. At the entrance of Fairfax Harbour Sea Lovers and Fishermen's Island, favourite picnic areas for sailors. Beautiful views from Papa Point overlook Eia Beach and Koki Bay.

Juxtaposed to the metropolis is the partly unspoiled Mansabada Village, home of the traditional Milne Bay landowners of Moresby. Burnt after WWII, the big village was rebuilt by the Australian Administration. Despite cosmetic changes, the character of the village is still there and it is renowned for its elaborate and expensive bridal ceremonies.

Koki market down at the waterfront is a favourite for those in need of brought in daily by local fishermen. Here you'll also find lots of fresh vegetables and fruits for sale.

There's a pleasant informality about dress in Moresby and casual clothes and open neck shirts for men are worn throughout the year, along with the traditional clothes such as remi, tufut, laylape and kolio.

Blending the new and the old, the National

YWAM Schools Youth Forum this Friday, 11am - 1pm at YWAM, Ingham Rd, Ring Jenny Lancken 4722 4527

Parliament, a symbol of modern architecture, contrasts with the dignity of traditional design at The National Museum and Art Gallery.

Well worth a visit is the National Museum and Art Gallery which began its first permanent display of local culture artifacts in late 1978. It is on the slopes of Independence Hill at Wagers and is open weekdays and Sunday afternoons.

If you are lucky enough to be in Moresby during the Hiti Moko Festival in September, you can join the celebrations to commemorate the historical trade between villagers around the Gulf Province and the capital. The festival features canoe races, processions, choirs, sing songs, sing-sings and the Hiti Queen contest.

Port Moresby is made up of a complex traditional society formed upon historical bonds between the traditional landowners, the coastal Morisians and the inland Koliaba, through intermarriage and trade which have been occurring since the mid-19th century.



Today the Moko-Koliaba have sacrificed much of their heritage to the influence of European and Polynesian missionaries, who have been visiting the port since the 1700s.

Activity - Make a collage of Port Moresby images

YWAM Ship Specs

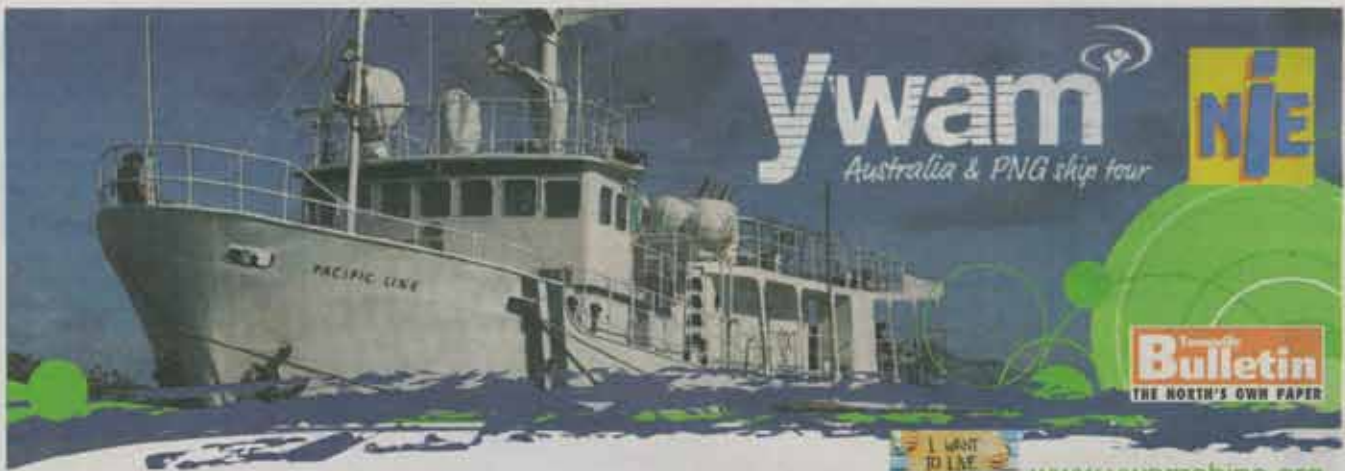
Papua New Guinea is a nation with many communities that lack basic medical facilities that are readily accessible to larger cities. The M/V Pacific Link has on-board facilities offering simple treatment of infection to life changing cataract surgeries.



Some of the ship's specifications include:

- Build:** Japan 1978
- Length:** 27m
- Breadth:** 7.3m
- Depth:** 2.4m
- Capacity:** 50 berths
- Engines:** Daihatsu 900hp
- Propulsion:** Variable pitch propeller
- Flag:** New Zealand
- Facilities:** Operating Theatre
- Economical Speed:** 8.5 knots
- Classification:** Medical/Non-Passenger
- Home Port:** Tauranga, New Zealand





English - brothers and sisters Tok Pisin - bratasusa



www.ywamships.org

Make a Spectacle of Yourself - Competition

The Kokoda Track

With the realities of what Australian Youth face today, the I Want to Live campaign is aiming to see young people come alive. By offering the opportunity to address needs within their own communities, as well as the needs of people in less fortunate nations, we want to see a generation of Aussie getting the most out of life and giving life to others.

MAKE A SPECTACLE OF YOURSELF - VIDEO COMPETITION

Are you between the ages of 11 and 18 years, live in the Townsville region and want to make a difference in the world? If so, then take a look at this...

YOUR MISSION

If you choose to accept it, it is to get creative, original and resourceful! Through your video-making skills create a short clip that promotes, enlightens and inspires people to collect spectacles for the people of Papua New Guinea as we take our YWAM Ship up the coast of Australia and on into PNG for the 2010 YWAM Australia and PNG Ship Tour.

THE SCOOP

Create a five minutes or less video of you 'making a spectacle' of yourself. Get outrageous! You can be as silly, ridiculous, and creative as you like but remember the aim is to get the judges' attention and to have a clear and positive message. (Think smart)

For clear message, ideas and information go to the website and click on the HOME button above 'Watch the video' and read more about the YWAM Australia and PNG Ship Tour.

INSTRUCTIONS

Please read through our contest guidelines.
3-5 minute video (Do not exceed the maximum length.)
No use of inappropriate language
Sexually explicit content is not permitted
Content relating to drug/alcohol abuse is not permitted
No graphic violence
Respect copyrights - no plagiarism
And remember... files need to be in .avi, .mp4 or .vid format! (If we can't see it then it can't win!)
Upload it to youtube, vimeo, or some other video hosting website, and come back here and submit!

First 10 entries receive 2 FREE COWBOYS TICKETS!

1st Place - \$250 cash prize, personally autographed photo of Cowboys player Johnathan Thurston and your video will be presented on our website!

2nd Place - \$150 cash prize and a signed Cowboys Jersey

3rd Place - \$100 cash prize

Competition winners will be announced, contacted and presented on the www.ywamships.org website.



The Kokoda Track or Trail is a single-file foot thoroughfare that runs 96km overland - 80km in a straight line - through the Owen Stanley Range in Papua New Guinea. The track is the location of the World War II battle between Japanese and Australian Forces in 1942.

The track starts, or ends, at Owen Corner in Central Province, 30km east of Port Moresby, and then crosses rugged and isolated terrain, which is only passable on foot, to the village of Kokoda in Oro Province.

Hot, humid days with intensely cool nights, torrential rainfall and the risk of endemic tropical diseases such as malaria make it a challenge to walk. Despite the challenge posed it is a popular hike that takes between four and 12 days (depending on fitness). Locals have been known to hike the route in three days.



YWAM Medical Ship Tour

In February 2010 the *MV Pacific Link* began its 16-port ship tour of Australia, sailing down to Adelaide. It will arrive in Townsville in June/July 2010 before embarking on the Medical Mission part of the tour.

The tour has two main purposes:

The first section of the Ship Tour of Australia will be a promotion/public awareness tour with the objectives of:

Highlighting the needs of the nation of PNG;

Volunteering and training opportunities available for health professionals, businesses, churches, service clubs, schools etc within both Australia and PNG;

Promotions for minor fundraising events;

The second section (the main objective) of the Ship Tour will be a Medical Mission to Papua New Guinea. The strategic plan includes a 5-10 year commitment to provide health care services to PNG.

There are heaps of activities happening around each port visit including school programs, tours, concerts, and more.

SOUTH TOUR

- February 23 - March 1: Newcastle
- Old Tug Wharf #4
- March 2 - March 3: Sydney - Cockle Bay, Darling Harbour
- March 8 - March 10: Uludaale - The Harbour
- March 17 - March 22: Geelong - Cunningham Pier
- March 25 - April 2: Adelaide - McLaren Wharf
- April 5 - April 11: Portland - Truener Wharf
- April 14 - April 20: Hobart

NORTH TOUR

- May 18 - May 24: Redlin - Public Arty
- May 25 - May 31: Southport - Maithe Bridge
- May 31 - June 6: Durrango - Riverbank
- June 7 - June 14: Gresham - Ryavista
- June 15 - June 21: Bowen - Marina
- June 22 - June 27: Townsville - Paddy Jetty
- July 1 - July 10: Cairns
- July 11 - August 2: Thursday Island

PAPUA NEW GUINEA:

- August 12 - August 28: Outreach 1
- September 2 - September 18: Outreach 2
- September 23 - October 9: Outreach 3

All dates are subject to change.

Battle of Kokoda

One of the bloodiest campaigns of World War II, which has forever sealed the relationship between Australia and Papua New Guinea, began 67 years ago.

It was on July 21, 1942, that Japanese troops landed on the northern coast of New Guinea and unexpectedly began to march over the Owen Stanley Ranges with the intent of capturing Port Moresby with its strategic airbase and harbour. Had they succeeded, the mainland of Australia would have come under dire threat.

The 21st Brigade, commanded by Brigadier Poits DSO MC, was rushed to New Guinea and within days, its 1800 men were holding on to the precarious Owen Stanley Ranges in an attempt to position themselves

to stop the advance of the Japanese forces - now building up to more than 10,000 men.

Kokoda was arguably Australia's most significant campaign of World War II. More Australians died in the seven months of fighting in Papua, and the Japanese came closer to Australia, than in any other campaign. Many of those Australians, whose average age was between 18 and 19, now lie buried at the Bomans War Cemetery outside Port Moresby.

The famous photograph of 'fuzzy wuzzy angie' Ragnold Okinca leading a blindfolded wounded Australian soldier is the close relationship between Australians and Papua New Guineans which has come about because of the battle of Kokoda.



"...I keep a mother in Australia when the busy day is done,
Send a message to the Almighty for the keeping of her son,
Asking that an angel guard him and bring him safely back.
Now we see those prayers are answered on the Owen Stanley track.
For they know not any hole or only hole is closed in their way,
And their feet are washed by heaven with watch fire in their way,
Whisper back the words of comfort just as steady as a breeze,
They know to keep the men off and as gentle as a breeze,
Slow and careful on the hot places on the awful mountain track,
He look upon their faces would make one think I had not been back,
Not a water to wet the forehead as they feel how hot it is,
It's a picture worth knowing that one angel's got to send,
Must a hell and see its suffer and land on their own way,
Just because the busy army cannot sleep to save their lives,
From mortal hands and make one give or chance to give an attack.
To the safety and the care of the hearts of the bottom of the track,
May the mothers of Australia know they offer up a prayer,
And see those prayers are answered with their fuzzy wuzzy hair..."
- Earl Kinnear



*Courtesy of the Townsville Bulletin

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for this
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THURSDAY, APRIL 22, 2010

Young driver
safety
PAGES 8 and 9



Wedding
trifecta
PAGES 11 and 54



Welcome aboard...

By Amanda Stroud

The Youths with a Mission (YWAM) medical ship M/V Pacific Link is open to all comers this Friday afternoon (12 noon until 8pm) at the breakwater wharf and the price of admission is free...unless you have old spectacles you can donate in which case please bring them along.

YWAM is a not-for-profit charitable volunteer organisation that operates in over 1000 locations in 149 countries with over 16,000 staff.

YWAM's Marine Reach ships - of which the Pacific Link is one - have provided over 200,000 people with free services - given over \$37.5million to optometry, dentistry and primary health care and assisted with 37 housing projects.

The M/V Pacific Link is currently preparing to travel to the gulf province of Papua New Guinea to provide health care and community development.

Crewed by around 25 people from a variety of nationalities, crewmembers say the M/V Pacific Link is like a little United Nations.

Ships medical coordinator Hannah Fear can't wait to return to PNG.

"I've lived in a gorgeous hill in PNG, right on the water and watched dolphins play nearby every morning," an excited Hannah said on Tuesday.

"I've been involved with YWAM for six years and I love it. I'm a registered nurse and I've always had a desire to do work like this."

"On a daily basis I communicate with a range of medical professionals to source

equipment, supplies and volunteers for our trips.

"I wouldn't do anything different. I love working with the poor and the needy. Seeing people receive health care where it hasn't been an option before is amazing. The thought of being back in a hospital just makes me cringe."

On this next PNG trip Hannah will be helping to reduce maternal mortality.

One of the very practical ways they improve birth survival rates for the mother is through birth kits.

"The birth kits include a clean plastic seat, scalpel blade, soap, gloves and gauze. They only cost about \$3 and they are an absolute lifesaver in reducing maternal post-natal infection rates," she said.

If you are visiting the ship on Friday, bring along your old spectacles.

"We'll take your old spectacles and recycle them for somebody who needs them. There are 550,000 people in PNG who can have their eyesight restored with your specs so bring them on down."

• RIGHT: The M/V Pacific Link docks in Eden on Thursday and is open to the public for tours on Friday between 12noon and 8pm. Bring your old, unwanted spectacles with you - they will be recycled for some of the 550,000 Papua New Guineans' with sight problems.



...and bring your old specs!

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EDEN ON THE PARK



Privately customised double garage off 100,000 sqm with swimming pool, open fire, stone floor, to beach 1000. A new 2000m² stone, stone and 1 way, 100 & 2 beds, 1000m² to Kings Road walking path. Double brick, first floor, fully finished 2 bedroom, 2100sqm, walk-in-wardrobe, built-in kitchen, living, dining, spacious bathroom, laundry with separate W/S plus terrace overlooking with outside access perfect view over 1000sqm to beach... or 1000sqm, double garage, stone floor, small fire, maintenance free. **\$235,000**

community beat



Vision for the future

Gladstone helps give the gift of sight by donating hundreds of pairs of unused glasses

FOR the past month, people have been noticing – and using – spectacle collection boxes in various locations around the Gladstone region.

The spectacles drive is an extension of the medical mission ship *MV Pacific Link*, due to dock in Gladstone on Tuesday, June 8, en route to Papua New Guinea.

Organisers of the local spectacles drive are encouraging Gladstone residents to donate any unused spectacles and sunglasses to this worthy cause.

Spokesperson Pini Adams said no one should ever underestimate what a difference they could make in someone else's life.

"Our collection boxes have just been overflowing with pairs of glasses and our volunteers have already had to clear them. It's great to see so many people get behind this drive and support it," he said.

The question that begs an answer is: "What happens to the specs once they've been dropped in the donation bin? Do they actually go on the ship to PNG?"

According to Lions Recycle for Sight chairman Ken Leonard, the overall project is huge and the generous response to the local spectacles drive is "just the tip of the iceberg".

"We're talking upwards of 500,000 pairs of spectacles being recycled by our operation in Brisbane this year," said Mr Leonard, who added that the program had been running in Queensland for almost 34 years.

Once the spectacles drive finishes in Gladstone, the glasses will be sent, free of charge, by Australia Post for processing in Brisbane.

"Once they (Australia Post) came on board seven or eight years ago and provided us with a post-paid facility, we've been seeing exponential growth," said Mr Leonard. "Their contribution is worth thousands of dollars to us."

The recycling process passes through several stages, with volunteers and "compulsory volunteers" providing the labour.

"Most of our help comes from women on community service orders



COLLEEN BURNS

or living in half way houses. And we also have women in a few of the prisons around Brisbane and the Gold Coast working for us. These women are often there longer term than the ones doing community service," Mr Leonard said.

"They're more committed and are usually keen to be trained to use the specialised equipment. They seem to enjoy what they're doing. It gives them a real sense of purpose to do something practical for others who're less fortunate. Plus it's actually teaching them job skills for when they're released, so that gives them hope for a better future, too. It's a win-win situation," he said.

The first step of the recycling program begins with sorting the glasses.

"Like with any donated goods, there's a certain amount that are basically unusable," he said. "We find about 10% are no good; they're damaged

somehow. Usually the lens is scratched or the frame might be cracked. Sometimes, we can reuse the frames but only the metal ones."

Once sorted, the spectacles are washed before they are graded using a lensometer. This device is used to check the prescription of each pair of glasses and, once the script is read, each pair is sealed in a clear plastic sleeve.

"Initially, we used lensometers without printers but then we found the new machines with printers cost \$500 less. The print tends to fade on long sea voyages, so we write the script on paper labels and put them in the sleeve with the specs," said Mr Leonard.

From there, the spectacles are packed into boxes according to their prescription.

"We use the Lions Christmas Cake boxes to pack them in. As well as being sturdy boxes, they're decora-



GLOBAL CARE: 400,000 pairs of glasses have been sent to Africa through the program.

tive and so they provide a visual display of giving a gift," he said. The boxes are stored en masse, ready for dispatch.

"We'll send them anywhere – Africa, Asia, Papua New Guinea and the Pacific Islands. We've just sent a huge shipment of 400,000 pairs to Africa through Global Care.

"They were shipped out from Mackay. As long as there's a genuine need and people aren't reselling the glasses for profit, we're happy to supply them."

"They just need to pay the freight charges from Brisbane," said Mr Leonard.

With an ever-increasing demand for spectacles starting to outstrip supply, the recycling project now works in conjunction with Lions clubs in Japan, which collect and ship spectacles to Australia.

However improbable it is that their unused glasses will be worn by a Papuan, Gladstone residents are continuing to help bring sight to others.



ON A MISSION: Member for Gladstone Liz Cunningham promotes the efforts. Picture: ALEX NEWTON

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*Courtesy of the Community Advocate

