



## CHRISTIAN HEALTH SERVICE PNG

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**Mr. Joseph Sika**  
*Chief Executive Officer*

Well, ten years on and we are here now...its unimaginable how fast time runs.

Let me begin by acknowledging the hand of God almighty in all that CHS has done, both at the secretariat level and at the various church health agencies throughout PNG. If it wasnt for his divine interventions, we would not have come this far. All of us within CHS have our own testimonies so for the benefit of this article, I will share my testimony as your servant for the

past ten (10) years.

Historically, health services begin with the pioneer missionaries even before the government come into being. The health work in the initial stage by those pioneer missionaries was part of their evangelisation to share and spread of the word of God. It is only fitting that the churches continue to embrace the health service as a healing ministry to share the love of God expressed through his son Jesus Christ.

The churches must be compelled to continue to provide those basic health care needs of our people brushig aside all odds because its just who we are.

Over the years, since the inception of the the organization, it was known as the Churches Medical Council of PNG [CMC]. It was in 2007 that the name CMC changed to Christian Health Servcies of PNG [CHSPNG] under an Act of parliament.

The organization has grown from strength to strength and I can only thank those pioneer missionaries who have had a vision to have such a body in place. I believe, at that time, it was an avenue to have fellowship and share their testimonies of how God helped them in their endeavors for serving the sick and dying.

Many spokes persons have come and gone, both missionaries from abroad as well as Papua New Guineans who filled the capacity of Church/Govenemnt Health Liasion Officers. I dont have records to make mention of names, a few to recall includes the Late Dr. Clifford Smith, Pawa Warena and Vincent Michaels. Thankyou all those Church/Government Health Liasion Officers who have lead the organization with their Executive Board to where it is now. The name and title has changed from Church/Government Health Liasion Officer to Chief Executive Officer in early 2000. This was nessary to indicate the role Churches play in Health

Servcies delivery, as the biggest partner with the National Deapartment of Health thus having a more cordinated CHS Secretariat.

I am more thn delighted to have served in that capacity as the CEO of this ever growing organization and I can atest that there is much more in store for CHS and only time will tell of our strength and eargness to serve our people as those avnues will be open to us.

Over the past 10years CHS focus has been shifted from one major agenda to take on on board a wider approach to doing our business. From being a small operating agent we have broadened our scope to operate more like a corporate entity.

### **1. Our identity as a Christian Church**

That has been reflected in many instances and its something CHS can be proud off. We all appreciate and respect each others faith and uphold them in all that we do. That is a great testimony for all us. We have different church denominations and affiliaions but we serve one God.

### **2. Advocacy and Awareness**

The Secretariat on behalf of the 28 different church groups have respected you well in many ways, reflecting the work each church health agency does and it has gone a long way.Your publicity on the media, in the CHS quarterly newsletters, putting the work of CHS on the web page, talking to many development partners and donor agencies. Unlike before, the work of CHS is now recognized and appreciated. CHS Secretariat will continue to adovocate where appropriate for the benefit of its members.

### **3. Development of relevant Policies**

The Secretariat has proposed and developed many policies for the benefit of all its members which includes, CHS personnel, finance including trust accounts, housing, vehicles, setting minimum standards for selecting a health Manager for an agency, and many smaller standard guidelines. This is all part of a good goverance system to effectively administer an organization.

### **4. Infrastructure Dvelopment**

We all know that for any organizaton to survive it must have some minimum set ups. I am am more than happy to announce that the organization has assets valued in millions of kina. The potential to grow in this area is great and the market is there

### **5. Human Resource Development**

The CHS Secretaria continues to increase its staff ceiling with the intention to better represent and serve its members needs accordingly and appropriately. The secretariat office humbly began with two staff and then to four and now stands tall at ten

professional staff and thirteen support staff. This number will change once DPM has factored the new organizational structure that will see a total of thirty-two positions most of which will be professionally filled. This is looking twenty years down the line. I greatly acknowledge the NDoH for accepting this new structure and will certainly be effected in the Alesco payroll system.....a budget of these structure on an annual basis wont be an issue for the Board nor the Secretariat office.

## **6. ICT/HIM/M&E**

One of the key indicators for CHS to be considered equal partners in health service delivery is records and reports of what is actually being done at the facility level. CHS Secretariat sees statistics and data as a very important component of all that we do. The Secretariat has embarked on a number of initiatives in the area of ICT and devised tools to enhance the work of records and reports on health indicators. We are seeing some results but CHS will need to constantly work on improving its health information management systems. Desk tops and modems were purchased to enable Health Managers and line officers to send health information to the national office. The secretariat even developed tools for inputting the NHIS onto the system. The Secretariat office continues to look at user friendly systems to enable our users use the system with minimal knowledge and training.

We have included the publication of quarterly newsletters which are not only colourful but has wealth of information for its readers.

We have also created and established a Monitoring and Evaluation office that will oversee all activities of CHS. Something that has been missing for a long time.

## **7. Governance of the organization**

While the Secretariat recognizes the independence of the respective churches, their health Ministries will continue to be coordinated and monitored by the Secretariat office. This is due to the fact that CHS is a major recipient of government funding for health services in PNG. There are many issues surrounding the topic on governance, apart from other minor policy developments and setting standards, one major structure is how we can get together to raise our voices. The following systems have been encouraged to be established:

- a) *Local Agency level....to have health boards who can manage and oversee the affairs of health services in their respective agencies.*
- b) *Where provinces who have more than one agency present, a provincial CH is encouraged so that the body is unified to bring issues of needs and concerns to proper respective health authorities in the provinces.*

- c) *At the regional level, provincial issues are discussed for forward planning*
- d) *National Conference is where all matters raised and identified in the regions are discussed and resolved*
- e) *The secretariat will continue to strengthen those levels of governance so the body of CHS is more cordianted and governed t ocarry out its duties.*

## **8. Partnerships**

CHS is a major partner with the NDoH in terms of delivering health Services. CHS has no spread health plan by which its operations are based on. CHS uses the one national health plan, therefore we need to emphasis and make every effort to observe and help theNational Health Department to implement the national health plan. This is further strengthened by the signing of the MOA between the NDoH and CHSPNG. We also recognise other important shake holders and partners and work colloberately for the common benefit of our people.

## **9. EDEN Program**

EDEN is the acronym for Effective Development and Empowering the Nation, an initiative of all those believers in a more cost effective and sustainable approach to addressing most of the preventable causes of disease and illnesses. It has proven to be very effective and for the CHS, this can be another milestone for all CHS body can incorporate that into their health plans. EDEN program is cordinated and monitored through the National CHS office and I can only ecouraged those doing it to be steadfast and and continue on. This is another area ofservice delivery, if done right, we can but partner with many development partners in partnership arrangements.

## **10. Centralised Payroll**

A centralized payroll system for CHS workers has already began with the Training institutions and now in the process of rolling it out for the services area. The need to put in a budget submission every year will be a story of the past and will be a great relief for all staff as well as the management team of CHS. One will reflect back after many years from now on to say a big thank you to whoever initiated the concept.

So what is the point here would be the question????? Well, CHS PNG has come a long way as an organization and this is only so within the past ten years. Let us be open to change and in only doing so will we learn right from wrong.

**Joseph Sika**  
**Chief Executive Officer**  
**2007-2017**