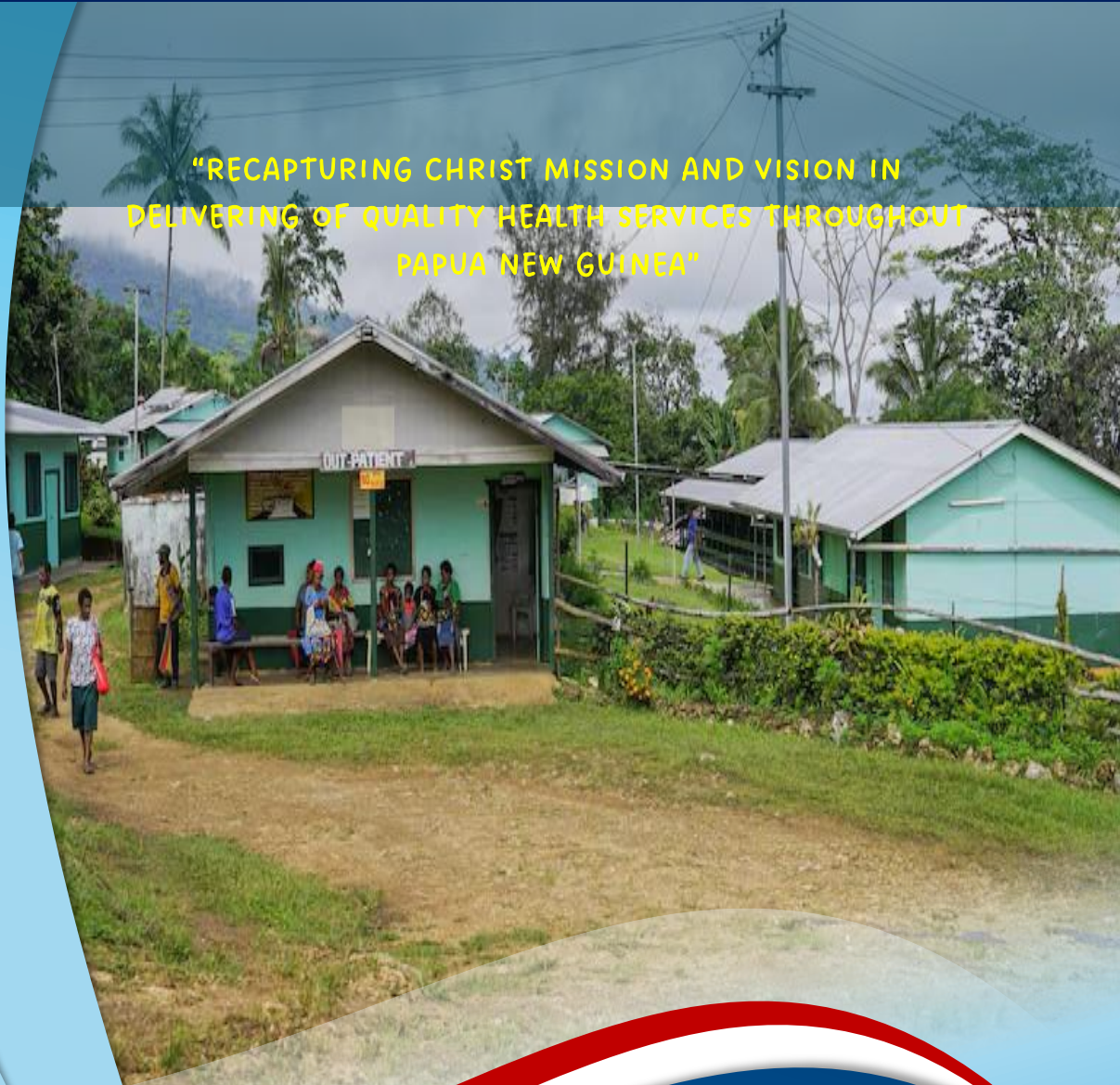




CHRISTIAN HEALTH SERVICES PAPUA NEW GUINEA

"RECAPTURING CHRIST MISSION AND VISION IN
DELIVERING OF QUALITY HEALTH SERVICES THROUGHOUT
PAPUA NEW GUINEA"



ANNUAL REPORT
YEAR 2025



The 2025 Annual Management Report is presented

to the

**National Department of Health
*Government of Papua New Guinea***

On behalf of the

**Christian Health Services General Assembly
CHSPNG Executive Board**

and the

Churches that own and operate Church Health Services

In accordance with

Part III; Section 21, 22, and 23 of the: CHS Act 2007

Presented herein by:


**Mr. Japalis Kaiok
Chairperson**


**Mr. Ulch Tapia
Chief Executive Officer**



Christian Health Services PNG Annual Management Report 2025
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National Department of Health

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The information in this Annual Report 2025 is correct at the time of publication.

Cover page:

Nestled in the rural mountains of Morobe Province. The Etep Rural Hospital sits on top of a hill, overlooking the ocean one side and surrounded by mountains and thick bush on all others. Etep Hospital services most of the surrounding villages and towns.

Like a lot of rural PNG health facilities, it cut off from the majority of the country. Access to Etep is difficult, with no roads connecting it with the nearest major centre to get to the nearest major centre you must go by boat, on a trip that takes at least a day.



Introduction:

The Christian Health Services Papua New Guinea (CHSPNG) Annual Management Report 2025 reports on the organization's performance in delivering health services in partnership with the Government of Papua New Guinea through the National Department of Health. It highlights CHSPNG's contribution to national health priorities, particularly in rural and hard-to-reach communities.



Guided by the National Health Plan 2021–2030, the CHSPNG Strategic Plan 2025–2035, and Corporate Plan 2025–2027, this report presents progress and achievements across key program areas, including public health, curative services, health systems strengthening, infrastructure, human resources, and governance. It outlines implementation results, operational performance, and key developments during the reporting period.

The report also serves as an accountability and reporting document for government, partners, and stakeholders by documenting performance, identifying gaps, and informing planning and policy decisions. It demonstrates CHSPNG's ongoing commitment to equitable, accessible, and quality health service delivery.

Back Cover Page: Kassam O-Wan District Hospital, Evangelical Brotherhood Church, EHP Province



Overview:

The tables and figures in this report present a summary of CHSPNG's performance across key operational and program areas. The tables cover workforce status, health information systems progress, governance processes, and supply chain challenges, as well as key public health indicators such as TB cases, maternal health, child population, and family planning services.

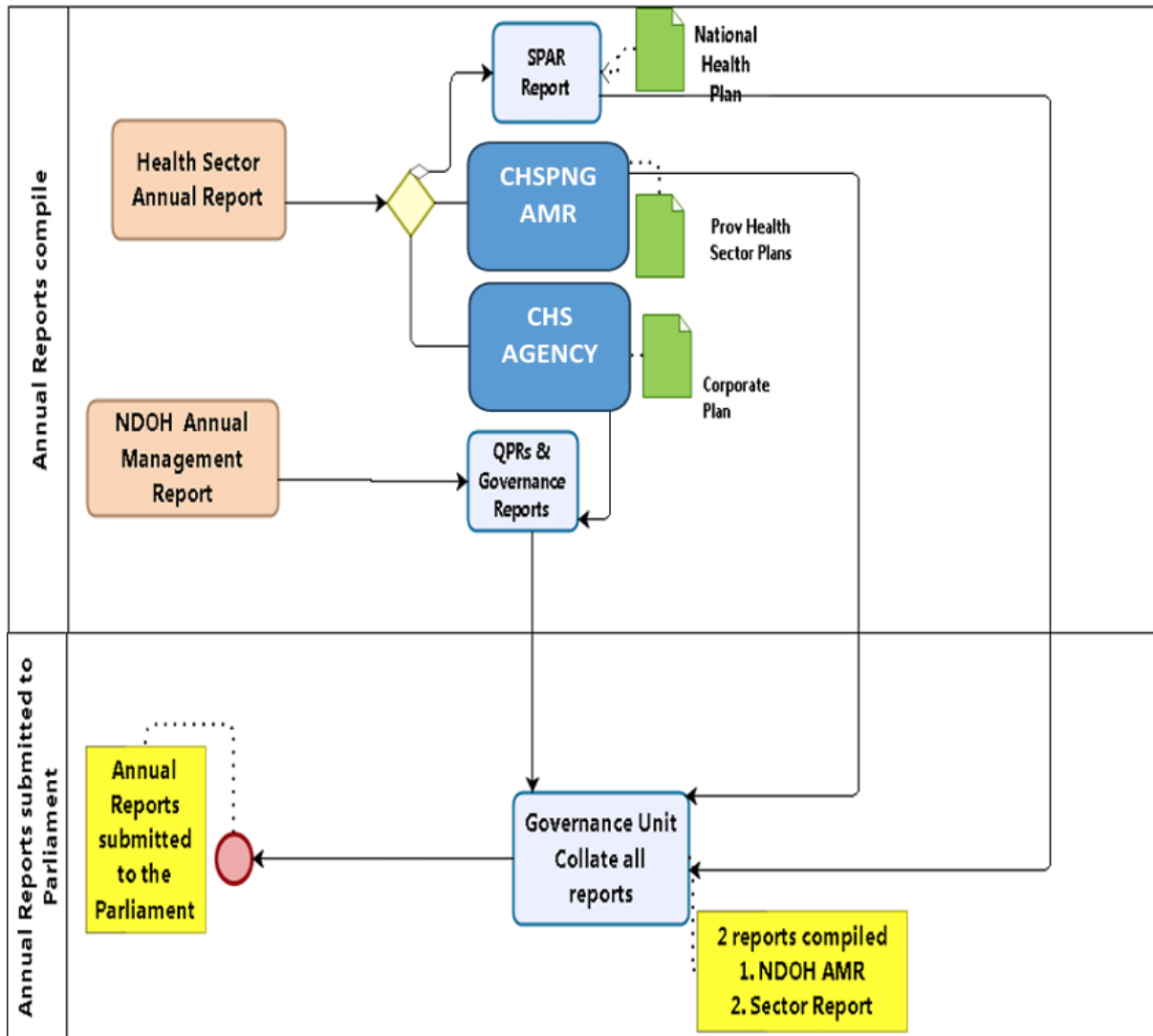
They also provide information on health facility distribution, infrastructure development, maintenance plans, and human resource management, including recruitment and retention efforts.

The figures illustrate major service delivery trends, including malaria positivity rates, immunization coverage, antenatal care attendance, and staffing levels against approved establishment.

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CHAIRMAN'S MESSAGE

Mr. Japalis Kaiok. Executive Chairman, CHSPNG General Assembly & Executive Board

On behalf of Christian Health Services General Assembly, its Executive and all the hard-working Association Members of Christian Health Services PNG Inc.; I am honoured to present the 2025 Annual Management Report to the National Department of Health.

In the journey of Christian Health Services; the period before the year 2000 was when our overseas parent church organizations were actively involved in supporting us provide health services in PNG. The period between the year 2000 and to current is a transition period as most of our member agencies fully nationalized. It is the period in which the management of each agency and the delivery of health services is now in the hands of PNG nationals. The Executive is becoming increasingly aware that most of the member agencies are now struggling to properly manage and delivery quality health services in accordance with the National Health Priorities of the National Department of Health. We remain steadfast in our prayers and seek our Heavenly Father for His wisdom and fear Him at all times in making decisions that affect the administration of all our agencies in the delivery of health care services within His Healing Ministry.

I as the Chair of the CHSPNG General Assembly and the Executive Board; take this opportunity to thank the Government of Papua New Guinea for the continuous financial and others resources support through partnerships at National, Provincial and District levels throughout PNG. We remain committed in the delivery of both Public Hospital and Primary Health Services throughout PNG with particular emphasis on Public Health. At this juncture, we are actively ensuring that all agencies are accountable and prudent in the management of Government funding to delivery health care services.

All Member Church Health agencies are now into reflecting their respective agencies journey and strategizing to manage the challenges at end through collective planning in the implementation of the National Priorities of the National Health Plan (KRA) to deliver quality health care services.

During this transition period, we seek continued support from the Government through the National Department of Health and the central agencies, to lay a solid foundation for Christian Health Services to delivery quality health services to our remote rural and disadvantaged population in PNG.

In conclusion, I hereby commend the leadership and the value in this special partnership between Department of Health, Provincial Health Authorities, District Development Authorities and Ward Councillors that ensure health services reach our people at primary level. Additionally, I commend the entire CHSPNG Workforce for their continued commitment in serving the health care needs of our people. And also, my sincere words of appreciation to the CHS Executive Board, the Management and Development Partners for the continued commitment in 2025, with the guidance of our Heavenly Father.

We remain steadfast in providing quality, accessible and compassionate health care, guided by our Christian Values and the Love of Christ.

In His Service

Mr. Japalis Kaiok
Executive Chairman
CHSPNG General Assembly & Executive Board



FORWARD

CHS Chief Executive Officer

It is with gratitude and a deep sense of responsibility that this Christian Health Services Papua New Guinea Annual Management Report for 2025 of behalf of the CHSPNG Executive Board, the General Assembly and the stakeholders (Churches). This report reflects another year of service, progress, challenges, and achievements by our Church health agencies and affiliated members in delivering quality health services to the people of Papua New Guinea.

Last year's Annual Management Report was a historic first for CHSPNG, and it was received as a great success. We are especially proud and that this landmark report was even presented in Parliament, in recognition of the important role Church health services play in our national health system. We are equally thankful to the Minister for Health, Rt. Hon. Elias Kapavore, for tabling our Annual Management Report on the floor of the National Parliament.

We are also sincerely grateful to have received the full Budget Allocation for both Salary and Operational Grants in 2025. This was a significant improvement from 2024, when we received only half of the annual budget appropriated. On behalf of CHSPNG, I wish to extend our heartfelt appreciation to everyone who made this happen for this timely and much-needed support.

This level of support has strengthened our ability to continue serving rural and remote communities, supporting frontline health workers, and maintaining essential services across the country. It also reinforces the importance of partnership between CHSPNG, the Government, and all stakeholders committed to improving health outcomes for our people.

I would also like to pay special tribute to the tireless health workers serving under CHSPNG, most of whom work in rural and remote communities where the need is greatest. Their commitment, resilience, and compassion continue to sustain health services in some of the most difficult and underserved parts of our country. We deeply value their sacrifices and the difference they make in the lives of countless families every day. As we look to the future, a fresh re-evaluation of our thinking and planning will be necessary if we are to sustain this system, produce more capable health workers, and respond effectively to a growing population with changing health needs. We must also find practical ways to support and deploy more staff to the places where people actually live, especially in remote and rural areas where access to care remains limited.

As we look ahead, CHSPNG remains committed to strengthening governance, improving service delivery, supporting our workforce, and ensuring that our facilities continue to serve with compassion, dignity, and excellence. We recognize that the future of church health services depends on thoughtful re-evaluation, stronger workforce development, and smarter ways of bringing health services closer to our people in rural and remote communities. I acknowledge and thank all our staff, church agencies, development partners, and government counterparts for their dedication and collaboration throughout the year.

In His Calling: Serve Not to Be Served.

Mr. Ulch TAPIA
Chief Executive Officer CHSPNG Inc



EXECUTIVE SUMMARY

Christian Health Services Papua New Guinea (CHSPNG) represents a nationwide service network that remains essential to health service delivery, workforce training, and system support across all 22 provinces. Its broad geographic reach continues to make it a critical provider of health care in rural and hard-to-reach communities, where access to alternative services is often limited. CHSPNG's work remains aligned with national health priorities and is guided by its Strategic Plan 2025–2035 and Corporate Plan 2025–2027.

Performance overview

CHSPNG's performance in 2025 remained broad-based, spanning public health, curative care, training, infrastructure, and governance. Service delivery is focused on rural settings, where church-run facilities remain a major point of care for many communities. Across its network, CHSPNG continued to support access to essential preventive, promotive, and curative services through an integrated delivery platform.

Public health performance remained focused on TB, malaria, HIV, immunization, maternal health, and family planning across all regions. TB trends improved over the longer term, with reported cases declining from earlier peaks, although continued surveillance, early detection, and treatment follow-up remain necessary. Malaria patterns remained variable, with fluctuating case trends and uneven reporting compliance during the year, highlighting continuing weaknesses in surveillance quality and data completeness.

Immunization coverage showed gradual improvement during 2025, although coverage remained below national targets and continued effort is needed to sustain routine service delivery. A table highlights the integral part that CHSPNG is playing in the immunization drive across the country, at times responsible for more than 40% of the coverage countrywide.

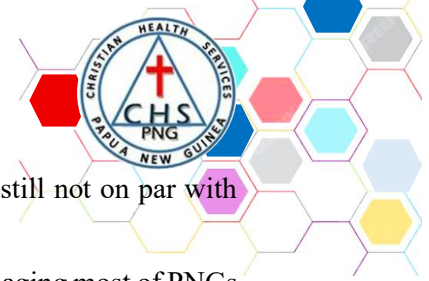
HIV services remained a significant part of the public health response, with continued testing, referral, treatment support, and integration with antenatal and EDEN-related activities, the faith based public health promotion tool developed by CHSPNG. Maternal health trends were broadly positive, but weaker continuity between first and later antenatal visits indicates that follow-up and completion of care remain important challenges, especially for remote and hard to reach health facilities, that need to be addressed through better public health messaging and follow ups.

Clinical and hospital services continued to carry a substantial workload across inpatient, outpatient, emergency, and referral care. Kudjip Provincial Hospital in Jiwaka is paving the way in terms of service delivery. Overall service utilization varied across hospitals, with some facilities carrying heavier demand (over 10,000 inpatients) and greater pressure on staffing and patient management systems (36,161 outpatients). Overall performance was relatively stable compare to the last year, but continued attention is needed in clinical quality, supervision, readmissions, and referral coordination.

Infrastructure, HR and finance

Infrastructure remains a significant constraint to service delivery, with many facilities requiring renovation, rehabilitation, or new development, particularly at lower-level facilities. District hospitals are generally in better condition, but major gaps remain in building quality, utilities, equipment, and maintenance across the wider network. CHSPNG does not receive dedicated health financing grants for infrastructure and equipment, which means progress continues to depend heavily on partnerships. As facilities are scheduled for renovation and upgrades under the national infrastructure development plan, CHSPNG seeks to supplement this by seeking external support for best performing facilities.

Human resource pressures also remained significant in 2025, with a large proportion of approved positions on the ALESCO payroll still vacant across the network (3164 out of 5723). Progress continued in payroll reform and ALESCO onboarding, but staffing shortages remain a major constraint, especially



in rural and hard-to-reach areas. The fact that the pay scale of church workers is still not on par with public funded positions creates a double burden for in this regard.

Training institutions remain central to workforce development, with CHSPNG managing most of PNGs CHW training schools. Yet the training schools remain unfunded through any official structure as there is still no dedicated budget line for them, placing continued pressure on financial sustainability of their institutions as well as on the students. This situation makes long-term workforce planning in an already strained system even harder.

Financially, salary support continues to account for the largest share of government funding to CHSPNG, while operational funding remains limited relative to service delivery needs and requires a major budget increase for facilities to better deliver. Health under the current operational budget receive just over 600 Kina per facility per month, which is not enough to effectively run a district hospital or a level three health facility.

Financial controls and reporting systems are structured and compliant based on Agency audits conducted through CHSPNG across the country, but ongoing pressure from the above mentioned operational shortfalls, rising costs, and personnel-related constraints continues to affect institutional performance.

Risks and outlook

The main risks remain funding pressure, infrastructure deterioration, workforce shortages, and supply chain weaknesses. Stock shortages, procurement delays, and transport constraints continue to affect the availability of essential drugs and medical supplies, especially in rural and remote facilities.

Unfunded training schools remain a significant institutional risk, particularly for future workforce development and sustainability. Without proper support through improved structural support, the production of much needed workforce in health will remain below the country's needs.

At the same time, CHSPNG is expanding into some areas of Programme integration and systems strengthening. Work on SARV and GBV has begun through a new partnership and is being integrated into the EDEN Programme. CHSPNG also continues to rely on eNHIS as its primary source for measuring health outcomes across the country, making continued data sharing central to planning, reporting, and performance monitoring.

Christian Health Services Papua New Guinea remains a cornerstone of healthcare service delivery and workforce development in the country. Its contribution to rural health coverage, frontline service delivery, and training remains vital, but persistent constraints in funding, infrastructure, staffing, and logistics continue to affect performance. With continued government support, stronger partnerships, and better use of health information systems, CHSPNG is positioned to sustain and strengthen its role in improving access to quality health care across Papua New Guinea.



PART A: GENERAL INFORMATION

1. VISION, MISSION & MOTTO

With over 4,000 plus health workers and partners in 22 provinces, CHSPNG continues to strengthen community health services and advance the well-being of communities across Papua New Guinea.



VISION

Strives to carry out the healing ministry of Jesus Christ by providing quality, affordable health care for all.



MISSION

Inspired by the Gospel of Jesus Christ, we provide compassionate, dignified health care in partnership with government and non-government providers.



MOTTO

To serve with love, dedication, compassion and commitment in humility.



Inserted: NCD, Port Moresby, Holiday Inn Hotel (Ball Room), CHSPNG 55th Anniversary General Assembly.



2. CORE FUNCTION OF THE ORGANIZATION

Christian Health Services PNG (CHSPNG) operates in close partnership with a nationwide network of church-based health agencies, many of which are located in some of the most remote and underserved areas of Papua New Guinea. These faith-based institutions play an essential role in the country's health system and are often the only providers of medical services for isolated communities. CHSPNG's network includes hospitals, health centres, urban clinics, aid posts, and health training institutions

CHSPNG's core functions are anchored around three main service areas:



I. Public Health Services

CHS prioritizes illness prevention and health promotion through vaccination campaigns, maternal and child health programs, and disease awareness activities. Public health teams conduct community outreach, including mobile clinics, hygiene and sanitation education, and nutrition awareness, ensuring essential services reach even the most isolated populations.

Inserted: NCD Province, Four Square Health Services, Kaugere HSC

II. Curative Health Services

Through its various levels of health facilities, CHSPNG delivers primary and specialized medical care, including outpatient and inpatient services, emergency treatment, minor surgeries, and rehabilitative care. This ensures that communities across PNG have access to timely and quality medical services when needed.



Inserted: Milne Bay Province, Anglican Health Services, Dogura HSC

III. Training and Workforce Development



CHSPNG is a major contributor to the nation's health workforce through its nursing colleges and Community Health Worker (CHW) training schools. Accredited curricula equip nurses, CHWs, and midwives with the competencies required to respond to evolving health needs, particularly in rural settings. Providing these training opportunities ensures a sustainable and skilled workforce that is the backbone of healthy communities across PNG.

Inserted: Gulf Province, Gulf Christian Health Services, Kapuna CHW Training School.

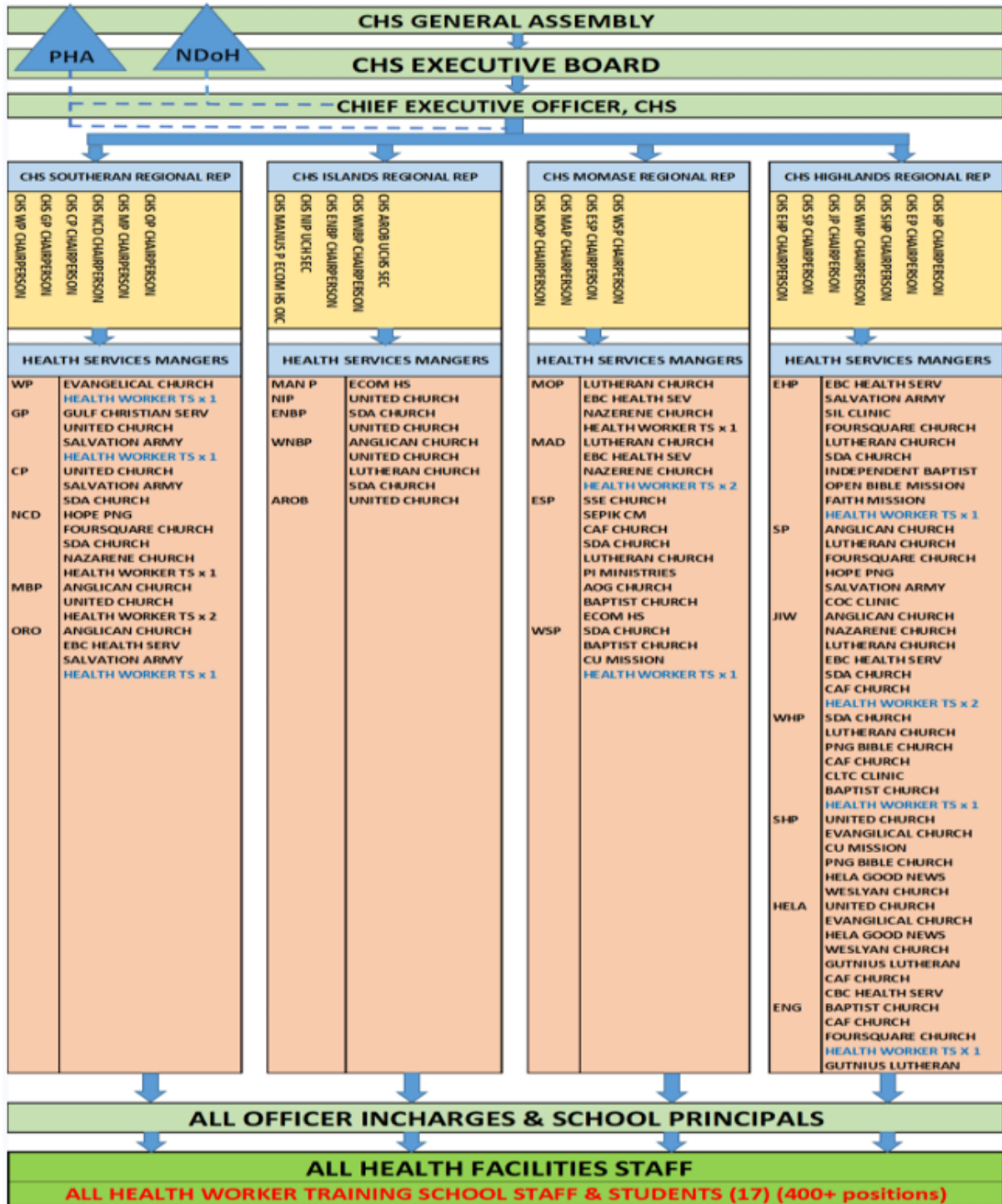


3. ORGANIZATIONAL STRUCTURE

The Christian Health Services of Papua New Guinea provides essential secretariat support to all church health agencies across the country. Central to these services it ensures that church-run health facilities receive the necessary funding grant from the Government of Papua New Guinea to continue their vital work in extending health services as part of God’s ministry.

Through a focus on both spiritual well-being and physical healing, CHSPNG through its agencies bridges the gap between faith-based health service providers and the broader national healthcare framework.

CHSPNG Organizational Structure





3.1. SERVICE COVERAGE

CHSPNG provides health services across all four regions of Papua New Guinea. Highlands, Momase, Southern, and Islands, covering all 22 provinces. Through this extensive geographic reach, CHSPNG supports access to essential health care, particularly in rural and hard-to-reach communities.

Service delivery is supported by a network of 513 health facilities, including 154 Community Health Posts, 260 Health Posts, 85 Health Centres (Level 3 facilities), 13 District Hospitals, and 1 Provincial Hospital. This integrated network enables continuity of care from community-level services to hospital-based care, strengthening CHSPNG’s role as a key partner within the national health system.



Inserted: WHP, Baptist Union Health Services, Tinsley Rural District Hospital

Health worker training remains a key pillar of Christian Health Services PNG (CHSPNG)’s contribution to the national health system. By strengthening the capacity of the health workforce, CHSPNG supports the delivery of quality, accessible, and responsive health care services across the country.

CHSPNG oversees (5) General Nursing Schools and (14) Community Health Worker (CHW) training schools throughout Papua New Guinea. These institutions play an important role in developing a skilled and competent health workforce to support service delivery at all levels of the health system.

The training programs are designed to prepare nurses and CHWs to respond effectively to the realities of health care delivery in rural and underserved settings. Graduates are equipped with the practical skills, professional knowledge, and community-focused approach needed to meet local health needs and strengthen frontline health services nationwide.

3.2. The ALLESCO PAYROLL:

CHSPNG further supports the implementation of the ALESCO payroll system to promote transparency in staff remuneration. Ongoing onboarding of health workers aims to address common concerns around payroll delays and communication gaps. By improving administrative systems and strengthening engagement with agency managers, CHSPNG continues to build trust and reinforce its commitment to the welfare of its health workforce.

Table 1. Regional Health Workforce Summary – Staffing Positions and Vacancies

Region	No. of Provinces	Total Positions	Total Hired	Vacancies	Hired %
Highlands	7	2,331	1,302	1,029	55.85%
Momase	4	1,490	832	658	55.83%
Southern	6	1,561	705	856	45.16%
NGI	5	341	176	165	51.61%
TOTAL	22	5,723	3'015	2'708	52.68%

Source: CHSPNG Secretariate Office HRM section, 2025

PART B: PERFORMANCE INFORMATION

1. HEALTH INFORMATION

Christian Health Services PNG continues to utilize the electronic National Health Information System (eNHIS) provided by the National Department of Health. The system plays a critical role providing CHSPNG with health data its needs in its planning processes as well as in improving data accuracy, accessibility, and reporting efficiency across CHSPNG agencies.



Inserted: CHSPNG, Highlands Regional Assembly

To strengthen capacity in health information management, the CHSPNG National Secretariat conducted ICT and data management workshops across the Highlands, Momase, Southern, and NGI regions. These trainings focused primarily on building basic IT competency and Excel skills to support improved data entry, analysis, and interpretation.

Health Managers were also issued eNHIS login credentials to allow them to apply their training directly to the national system. This access enabled managers to input, retrieve, and analyses routine health data supporting informed decision-making, improved surveillance reporting, and self-evaluation of service delivery. While some facilities receive system access directly from the Health Department, the figures presented reflect access facilitated specifically by CHSPNG.

Across the four regions, 27 out of 227 facilities in the Highlands (11.9%), 14 of 123 in Momase (11.4%), 9 of 121 in Southern (7.4%), and 7 of 43 in NGI (16.3%) currently use eNHIS. Engagement varies by region, with NGI showing the strongest adoption and Southern facing the greatest barriers.

These variations highlight the ongoing challenges in system uptake, particularly limited ICT skills, inconsistent connectivity, inadequate follow-up support, and gaps in technology access for remote facilities.

Despite these challenges, CHSPNG remains committed to strengthening HIS performance. Using the data from eNHIS for health planning will require reliable power supply, strengthened communication networks, and continued investment in IT training for Health Managers and Data Officers.

Table 2. CHSPNG’s Health Databases Progress

Health Information System	Status	Progress Summary
1. EDEN Online Reporting System	Operational	System is fully operational and routinely used by health facilities for program and activity reporting under the EDEN Wholistic Approach Program.
2. Electronic National Health Information System (eNHIS)	Operational	Regional workshops conducted across all four regions.
3. Monitoring & Evaluation Reporting System.	Initiated / Implementation stage	With initial reporting templates and indicator frameworks drafted and forms designed to collect data. Further work will focus on system design, alignment with program indicators, piloting, and gradual rollout across agencies.
4. CHS Integrated Financial Reporting System	Operational/Planning stage to go online	System is fully operational. Collects monthly routine financial acquittals data for reporting.



2. PLANNING & MANAGEMENT PROCESS

CHS operates under a structured governance framework that ensures effective leadership, accountability, and alignment with national health priorities. The organization is governed by the General Assembly and supported by the Executive Board and the National Secretariat Office (NSO). Together, these bodies guide the planning, coordination, and implementation of programs across all church health agencies and training institutions.



Inserted: CHSPNG, Launching of Strategic Plan 2025 - 2035

The planning and management process begins with the Executive Board, which sets organizational priorities and endorses actions required to meet strategic needs based in its CHSPNG Strategic Plan 2025-2035. Through the Office of the CEO and the Management Team, Key Performance Indicators (KPIs) are developed to guide staff performance and measure progress against set objectives.

The Secretariat carries out organizing and coordination functions, ensuring that directives from the CEO, Board resolutions, and partner commitments are translated into operational activities.

Monitoring and Evaluation (M&E) plays a central role in the governance cycle. The CEO and management team use M&E reports to track planned activities, assess progress, ensure responsible use of resources, and provide updates during management and staff meetings. This structured approach promotes transparency, strengthens collaboration among health agencies, and supports the implementation of CHSPNG’s newly launched Strategic Plan 2025–2035.

The organization remains guided by its Constitution, the CHS Act 2007, and its core values. Prayer, Christian Unity, Dignity, Integration, Sustainable Development, Community Ownership, and Multiplication. These principles anchor its governance model while ensuring alignment with the National Health Plan (NHP) 2021–2030.

Table 3: Policy and Governance processes review progress status update

Strategic Document	Status	Key Update / Achievement
CHS PNG Constitution (Revised Oct 2024)	In Effect	Provides the governance framework for CHSPNG operations.
CHS PNG Act 2007	Legislated	Enacted by PNG Parliament; currently under review for repeal and replacement in 2026.
CHS PNG Strategic Plan 2025–2035	Implementation Stage	Strategic Plan officially launched after 54 years of operation, providing long-term strategic direction for the organization.
CHS PNG NSO Corporate Plan	Implementation Stage	Corporate Plan approved and currently guiding annual planning, budgeting, and performance monitoring at the National Secretariat Office.
CHS PNG Agency Corporate Plans	Implementation Stage	Agency-level Corporate Plans developed and aligned to the CHSPNG Strategic Plan 2025–2035 for coordinated service delivery.
CHS PNG Training School Corporate Plans	Implementation Stage	Training School Corporate Plans developed to align institutional training priorities with national health workforce needs and CHSPNG strategic objectives.

Source: NSO, Governance Planning 2024 - 2025



3. MANAGEMENT OF ESSENTIAL DRUGS & MEDICAL SUPPLIES



The management of essential drugs and medical supplies within CHSPNG is coordinated under the oversight of the National Department of Health. Member agencies access medical commodities through a combination of centralized push systems, self-procurement mechanisms, and other approved supply channels, in alignment with the National Health Goal of ensuring universal access to essential medicines.

The National Health Information System (eNHIS) is utilized to capture facility-level data on consumption and stock status, supporting routine monitoring and reporting. Essential medicines are procured from multiple sources, including Provincial Health Authorities, private medical suppliers, and licensed pharmacies.

Data generated through eNHIS supports CHSPNG in tracking stock availability, identifying supply gaps, and informing procurement and distribution planning. However, despite these mechanisms, supply chain inefficiencies persist, particularly in coordination and logistics, indicating the need for continued system strengthening.

Table 4. Summary of Supply Chain Challenges and Agency Findings

Supply Chain Issue	Summary of Agency Findings
Drug Stock Shortages	A significant number of health facilities reported frequent stock shortages of essential medicines in 2025, affecting the continuity and quality of healthcare services.
Irregular Supply Chains	Many health facilities experienced inconsistent supply chain processes, leading to unpredictable availability of medical commodities.
Procurement Delays	Delays in procurement were commonly reported, contributing to stockouts and disruptions in service delivery.
Distribution Challenges	Agencies highlighted difficulties in distributing supplies to rural and hard-to-reach facilities, resulting in inequitable access to essential medicines.
Limited mSupply Coverage	While the mSupply system is utilized in some areas to support stock management, its implementation is not yet widespread across all facilities.

Source: NSO internal M&E unit, 2025

CHS secretariat office will focus on improving distribution to rural and hard-to-reach facilities, building staff capacity in logistics management, and reinforcing monitoring and accountability mechanisms.

NSO M&E Report 2025 Recommendation

Government and donor engagement should be amplified to secure increased funding for procurement and transportation subsidies, reducing the financial burden on health agencies.

CHS is suggesting for an establishing regional and Provincial stores in strategic locations that can improve accessibility and minimize transportation delays. It should be made easier for Agencies to pick up supplies at AMS directly.

4. PUBLIC HEALTH PROGRAMS IMPLEMENTATION AND INDICATORS

CHSPNG delivers integrated public health services across all regions, targeting priority diseases including TB, malaria, HIV, and other communicable diseases, alongside routine immunization and child health programs. Efforts focus on prevention, early detection, and treatment, reaching both urban and remote communities.

Routine immunization and supplementation programs continue to protect children from vaccine-preventable diseases and nutritional deficiencies, while TB, malaria, and HIV programs support national health targets. CHSPNG’s public health interventions contribute to reducing preventable morbidity and mortality, strengthening health systems, and improving population health outcomes across all facilities.

4.1. Tuberculosis (TB)

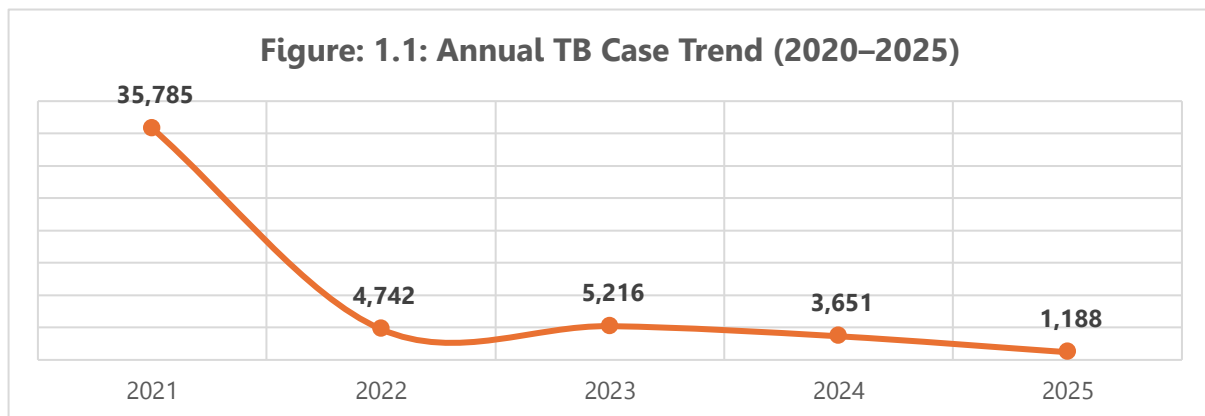
During the reporting period in 2025, CHS facilities actively screened patients at both outpatient and inpatient levels, with priority attention to high-burden areas such as Highlands and Momase regions. TB services are integrated with HIV testing, maternal and child health, and community outreach programs, enhancing case detection and continuity of care.

The TB program emphasizes capacity building for health workers, community awareness, and data-driven monitoring, ensuring timely reporting and alignment with national TB targets.



Inserted: Northern Province (Oro), Anglican Health Services, Gona HSC

These interventions support CHSPNG’s mission to reduce TB morbidity and mortality while strengthening the overall public health response.



Source: Monthly eNHIS summary report, 2025.

Over the five-year period, tuberculosis (TB) cases reported fluctuated, peaking in 2023 before declining significantly by 2025.

“Lower reported TB cases in 2025 should be interpreted with caution, as reporting from remote facilities is often delayed due to logistical and connectivity challenges, resulting in progressive updates to the dataset validation in eNHIS.”

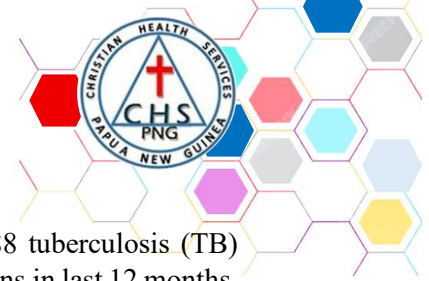


Table 5. TB Cases and Deaths by Region

Region	TB Cases	TB Deaths
Highlands	235	13
NGI	50	0
Momase	232	16
Southern	671	33
Total	1,188	62

Table 5 shows that a total of 1,188 tuberculosis (TB) cases were reported across all regions in last 12 months, with 62 TB-related deaths recorded. This corresponds to an overall TB Case Fatality Rate (CFR) of 5.2%.

While TB-related deaths continue to be reported, one possibility for the reduction is that substantial proportion of TB cases benefited from access to diagnosis and treatment services provided through CHSPNG-affiliated health facilities.

Source: Monthly eNHIS TB cases summary report, 2025

Or could be that testing is not done and many cases go undetected, which would explain the remaining TB-related deaths.

Continued efforts to strengthen early case detection, ensure timely treatment initiation, support treatment adherence, and improve follow-up and referral mechanisms remain important to further reduce TB-related mortality.

4.2. Malaria

At the facility level, the implementation of key malaria interventions including rapid diagnostic testing (RDT), microscopy, and standardized case management has strengthened disease surveillance and response. Despite these improvements, data trends continue to show ongoing transmission, with malaria case numbers fluctuating over recent years.

This underscores the need for sustained efforts to enhance diagnostic accuracy, ensure timely and effective treatment, and reinforce vector control measures to further reduce the malaria burden.

This section presents an analysis of total malaria cases and diagnostic trends reported over a five-year period, highlighting key patterns, progress made, and priority areas for continued intervention.



Inserted: Milne Bay Province, Anglican Health Services, Dogura HSC

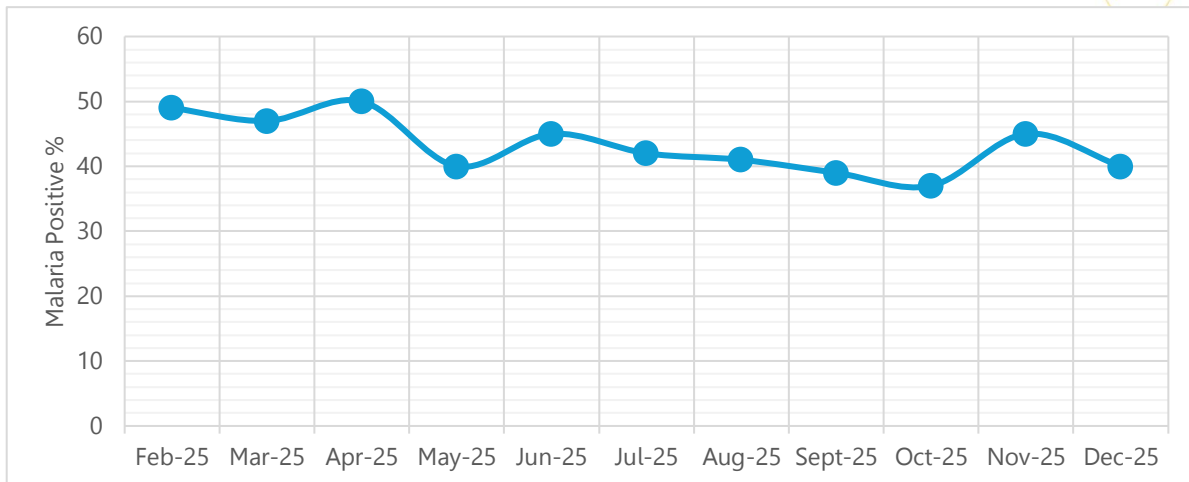
Inserted is Malaria Trends in Outpatient, Inpatient, and Deaths by Year

	2021	2022	2023	2024	2025	Trendline
Outpatient	334,970	403,457	373,704	383,240	157,057	
Inpatient	2,680	3,616	3,228	2,762	1,465	
Deaths	6	5	15	25	29	

Source: Monthly eNHIS summary report, 2025



Figure 1.1. Percentage of positive malaria cases in last 12 months



Source: Monthly eNHIS summary report, 2025

Figure 1.1. shows that the reporting rates remained between 37% and 50% throughout the year, with the highest coverage recorded in April (50%) and the lowest in October (37%).

The data indicates moderate but inconsistent reporting, with a noticeable decline from April to October, followed by a slight recovery in November.

This pattern highlights the need to strengthen facility reporting compliance, follow-up, and data submission support, especially during the mid-to-late part of the year, to improve the completeness and reliability of national health data.

4.3. Immunization



Immunization is a core component of child survival and primary health care in Papua New Guinea. CHSPNG supports immunization service delivery through its network of church-affiliated health facilities, contributing to national efforts coordinated by the NoH.

This report presents an analysis of selected immunization coverage achieved by CHSPNG facilities, based on data extracted from the electronic National Health Information System (eNHIS).

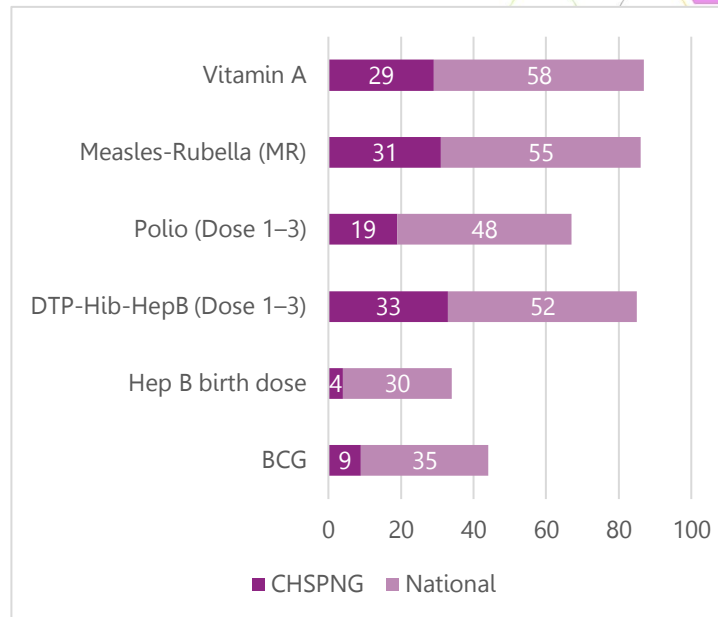
The analysis focuses on key childhood vaccines and supplements, including BCG, Hepatitis B birth dose, DTP-Hib-HepB, Polio, Measles-Rubella (MR), and Vitamin A.

Table 6 Population of Children Under One Year by Region

Region	Population (under 1 year)
Highlands	116,354
Islands	62,007
Momase	104,169
Southern	57,071



Figure 2 National Routine Immunization Coverage (%)



Population data source: National Health Information System

Charts show at the national level, routine immunization coverage demonstrates moderate to strong performance across several antigens;

National coverage is highest for Measles-Rubella (86%) and Vitamin A (87%), indicating effective implementation of outreach and campaign-supported strategies.

Coverage for DTP-Hib-HepB (52%) and Polio (67%) reflects moderate uptake within the routine immunization schedule, suggesting that approximately half of the target population is being reached.

The figure X shows the National routine immunization % of children aged < 1 year vaccinated, by antigen and dose number. The program target is 100% of children aged 1 year.

Health facilities continue to play an important role in the delivery of immunization services. These comparisons are intended for comparative and programmatic analysis and should not be interpreted as fully immunized child (FIC) rates.

4.4. Human Immunodeficiency Virus (HIV), Jan–Dec 2025



Inserted: Central Province, Nazarene Health Services, Aroma Church (EDEN Program)

Human Immunodeficiency Virus (HIV) continues to be a major public health concern in Papua New Guinea in 2025. The Government has declared a national HIV crisis due to increasing infection rates and ongoing challenges in prevention, testing, and treatment services.

A total of 325,684 clients were tested for HIV during the reporting period. From those tested, 4,602 individuals were identified as positive and referred for treatment, giving an overall positivity rate of 1.4 percent. A large number of these tests were conducted during antenatal care (ANC) visits, which made up about 37 percent of all tests.

This continues to show how important routine HIV screening during pregnancy is for early detection and for preventing mother-to-child transmission. The 2025 data shows that health facilities are continuing to provide steady HIV services, with ongoing opportunities to improve community awareness, early testing, and stronger linkage to treatment and care.

Health facilities implementing the EDEN Holistic Approach Program continue to support the national HIV response through services such as HIV testing, counselling, antiretroviral therapy (ART), community outreach, and treatment adherence support, particularly in rural and underserved communities.

As part of strengthening the EDEN concept, Gender-Based Violence (GBV) and Sorcery Accusation and Related Violence (SARV) have also been introduced and are currently in the planning stage for integration into the EDEN program. This will help health facilities provide more comprehensive support for individuals and communities affected by HIV and related social health challenges.

4.5. Maternal Health

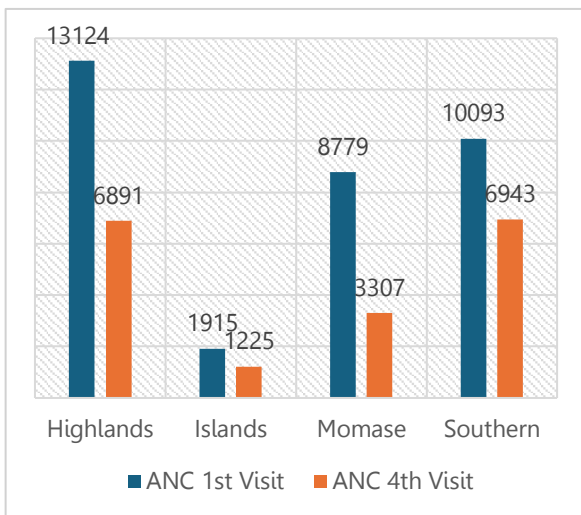
A critical focus is the Prevention of Mother-to-Child Transmission (PMTCT) of HIV. PNG’s mother-to-child transmission rate remains high, reported at 37 percent, among the highest in the region, posing serious risks to newborn health.

CHSPNG facilities support antenatal screening, early initiation of ART for pregnant women living with HIV, and counselling to prevent vertical transmission and improve maternal and neonatal health outcomes. (Post-Courier, 2025)



Inserted: ESP, SSEC Health Services, Albinama HSC

Figure 3 Antenatal Care Attendance by Region



The chart illustrates the number of women attending their first and fourth antenatal care (ANC) visits across regions. It shows that while initial attendance (ANC 1st visit) is relatively high, there is a notable decline by the fourth visit in all regions.

The Highlands and Southern regions have the highest ANC attendance overall, whereas the Momase and Islands regions show larger gaps between the first and fourth visits.

Source: Monthly eNHIS summary report, 2025

This pattern highlights the ongoing challenge of ensuring continuity of maternal care and emphasizes the need for targeted interventions to encourage women to complete the recommended ANC schedule.

4.6. Family Planning

This data presents an analysis of family planning (FP) service uptake across the four regions. Highlands, Southern, Momase, and Islands, based on reported service statistics. The analysis consolidates all family planning methods, including Micro, Pills, Injection, Ovula, Condom, IUD, and Implant, to assess each region’s contribution to the overall service volume.

The purpose of this analysis is to provide a regional comparison of family planning service delivery and to support evidence-based planning, resource allocation, and program monitoring.

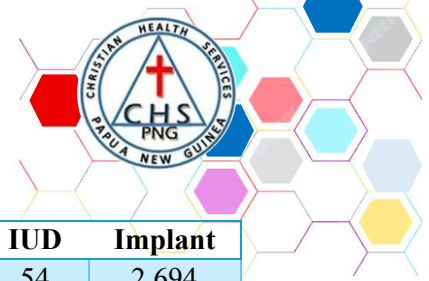


Table 7 Family Planning Service Uptake by Method, 2025

Region	Micro	Pills	Injection	Ovula	Condom	IUD	Implant
Southern	1,330	1,316	8,483	860	5,824	54	2,694
Momase	2,369	1,734	4,395	89	2,451	62	2,554
Islands	526	124	1,290	23	621	0	504
Highlands	3,993	8,007	34,451	1,430	15,962	91	2,985

Source: Monthly eNHIS summary report, 2025

A total of 104,222 family planning services were reported across all regions during the last 12 months.

Family planning service data from all regions were aggregated by summing the total number of services provided across all FP methods for each region.

Table 8 Status and Achievements of Key Public Health Programs

Public Health Implementation Area	Main Public Health Program	Status	Achievements
Health Promotion & Community Engagement	EDEN Wholistic Approach Program	Active	Implemented across health facilities to strengthen public health programs through a faith-based, health awareness and increased community participation.
Gender-Based Violence / Human Rights	Sorcery Accusation & Related Violence (SARV) Project – EDEN	Planning and Implementation stage	Training activities planned and yet to rolled out at facility and agency levels to strengthen awareness, prevention, and response to SARV-related violence.
Essential Drugs & Medical Supplies	CHSPNG Essential Medicines Survey	Ongoing	Survey being conducted with health managers to assess availability, supply gaps, and challenges in essential medicines management.

Source: NSO M&E unit, 2024 – 2025

CHS will continue strengthening integrated public health service delivery for TB, malaria, HIV, immunization, and maternal and child health across all regions, with particular focus on rural and hard-to-reach communities.

Priority actions include improving early case detection, treatment adherence, and continuity of care through strengthened outreach, workforce capacity building, and closer integration of services at facility and community levels.



5. HOSPITAL CLINICAL HEALTH INDICATORS

5.1. Overview of Curative Health Services and Hospital Network

The Secretariat Office manages an extensive network of more than 500 plus health facilities nationwide, including 13 District Hospitals and one Provincial Hospital, providing essential curative health services across Papua New Guinea. These hospitals play an important role within the national health system, delivering a broad range of services such as inpatient and outpatient care, emergency services, and surgical procedures.

The inventory highlights ongoing variations in infrastructure and equipment capacity across regions. In response, CHSPNG continues to priorities targeted facility upgrades, equipment maintenance, and resource mobilization to strengthen service delivery. These efforts support continuity of curative services, particularly in remote and underserved areas, and contribute to a more responsive and equitable health system for both rural and urban populations.

Inserted (a) 1: CHS Hospital Inpatient and Outpatients performance summary

Agency_name	Hospital_name	Total Inpatients Recorded	Total Outpatients	Total Readmission	total_death
Evangelical Church of PNG	Balimo	1,750	18,441	14	26
Evangelical Church of PNG	Rumganaie	715	1,308	30	29
Gulf Christian Services	Kapuna	1,330	2,627	12	20
Gulf Christian Services	Kikori	2,038	1,930	100	14
Baptist Union	Kompam	500	1,040	0	16
Baptist Union	Tinsley	750	1,450	2	8
Church of Nazarene	Kudjip	10,619	21,248	0	145
Evangelical Brotherhood Church	Kassam	539	2,450	0	11
Evangelical Lutheran Church of PNG	Braun	1,076	1,831	40	41
Evangelical Lutheran Church of PNG	Etep	1,829	3,520	115	31
Evangelical Lutheran Church of PNG	Yagaum	440	625	33	8
Evangelical Lutheran Church of PNG	Gaubin	2,040	3,930	30	22
Baptist Union	Telefomin	832	1,329	2	6
Total		24,458	61,729	378	377

Source: NSO M&E unit, 2025

Above inserted (a) shows significant data variation in service utilisation across CHS hospitals. Reflects varying levels of service demand across CHS hospitals, with a few facilities carrying a heavier clinical workload.

Table 1 1 CHSPNG Hospital Curatives Health Indicator Performance Summary

Indicators	Values	Achievements
Total Hospital beds	1, 130	Adequate bed capacity maintained to support inpatient service delivery across facilities.
Total Discharges	22, 064	High patient turnover indicates active service utilization and continuity of care.
Average Length of Stay (Days)	6 days	Efficient patient management with optimal length of stay within acceptable range.
Bed Occupancy Rate (%)	88.5%	High bed utilization reflecting strong demand for inpatient services.
Total Deaths	377	Mortality levels monitored and managed within expected facility capacity.
Mortality Rate (%)	1.5%	Maintain a relatively low mortality rate, indicating effective clinical care
Maternal Deaths	44	Continue efforts in maternal health services, with scope of improvements
Patients Transfer	1, 816	Effective referral and transfer system supporting access to higher-level of care. Significance challenges remain.

Data Source: NSO M&E Unit, 2025



Inserted: Braun District Hospital, Evangelical Lutheran Church of PNG – Morobe Province

5.2. Supervision (clinical) from NDoH, DP's, NGO's)

Clinical supervisory visits to CHSPNG facilities in 2025 were largely conducted through partner-supported and collaborative approaches involving the National Department of Health (NDoH), Development Partners (DPs), and Non-Government Organizations (NGOs).

5.2.1. In terms of status, the data reported shows that:

- Joint supervision involving NDoH, DPs, and NGOs was reported in agencies reflecting coordinated multi-stakeholder engagement.
- DP-led supervision (including combinations with NGOs or “Others”) accounted in reporting, highlighting the strong role of partners in supporting clinical oversight.
- NDoH-only supervision was reported only once in every 4 months, suggesting limited standalone government-led supervisory visits.

5.2.2. Achievements:

Despite variations in reporting, supervisory visits contributed to several key outcomes:

- Strengthened adherence to clinical standards and treatment protocols across facilities
- Improved capacity of health workers through mentorship and on-site technical support
- Enhanced coordination between government and partners, especially in joint supervision settings
- Increased identification and follow-up of service delivery gaps at facility level
- Improved data reporting and accountability, although inconsistencies remain in classification

5.2.3. Key Insight:

The report demonstrates that clinical supervision is heavily reliant on Development Partners and NGOs, with NDoH more commonly participating in joint rather than standalone supervision. The reporting indicates a need to standardize reporting categories and supervision frameworks to improve clarity, consistency, and monitoring.



5.3. Key Challenges in Hospital Performance and Service Delivery

Analysis of hospital data highlights several areas requiring attention to maintain quality and efficiency of care. While inpatient mortality remains generally low across facilities, some hospitals report slightly higher deaths, suggesting opportunities to strengthen clinical management, early case detection, and timely interventions. High bed occupancy in certain facilities reflects increasing patient demand, which can strain resources, affect patient flow, and challenge discharge planning. Variations in readmission rates indicate the need for improved post-discharge follow-up, patient education, and treatment.

5.3.1. Way forward

CHS will continue strengthening hospital services by improving clinical care, staff capacity, and referral systems across its facilities. Greater attention will be given to monitoring key hospital indicators such as mortality, bed occupancy, and patient management to support better planning and decision-making.

Collaboration with the NDoH, PHA's, and development partners will also continue to enhance supervision, infrastructure, equipment, and medical supplies. These efforts aim to improve the quality and accessibility of hospital services for communities across Papua New Guinea.



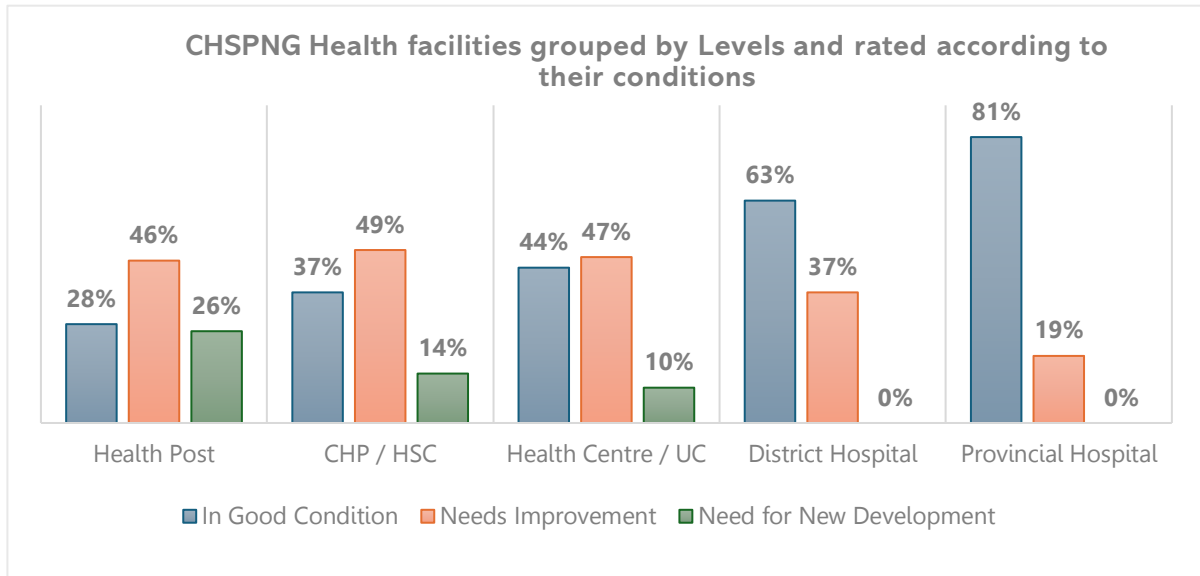
Inserted: Western Highlands Province, Baptist Union Health Services PNG, Tinsley Rural District Hospital.



6. INFRASTRUCTURE AND ASSET

The infrastructure assessment reveals that a significant proportion of health facilities require renovations, highlighting the need for targeted investments to enhance facility conditions. While donor-funded projects have supported improvements in some areas, further efforts are needed to address the remaining gaps across facilities.

Prioritizing facility upgrades and implementing sustainable energy solutions, particularly solar power, will strengthen service delivery and operational efficiency. The assessment also identified areas for improvement in building conditions, equipment availability, and access to essential utilities, emphasizing the importance of strategic planning to ensure facilities are safe, functional, and well-equipped to meet community health needs.



Source: NSO M&E Unit, 2025

The graph illustrates the condition of infrastructure across various levels of health facilities. District hospitals generally exhibit better infrastructure conditions, while aid posts, CHP/HSC, and HC/UC facilities demonstrate a higher need for improvement.

Lower-level facilities, particularly aid posts and CHP/HSCs, show a notable requirement for new development.

These findings highlight the need to prioritise infrastructure strengthening at the primary and community facility levels to support effective and reliable service delivery.



Inserted: Jiwaka Province, Kudjip Nazarene Provincial Hospital



Table 9 Total Regional Distribution of CHSPNG Health Facilities

Region	Provincial Hospitals	District Hospitals	Health Centers	Community Health Posts	Health Posts	Total Facilities
Highlands	1	5	29	75	118	227
Momase	0	4	16	48	54	123
Southern	0	4	35	19	63	121
NGI	0	0	5	12	25	42
Total	1	13	85	154	260	513

Data source: NSO M&E Unit, 2025

Provincial and district hospitals represent a smaller share of the network, underscoring the need for continued investment in lower-level facilities to support effective referral pathways and service coverage across regions.

6.1. Challenges in Securing Infrastructure Funding

Securing National Government funding for healthcare infrastructure remains a significant challenge due to budgetary constraints and competing national priorities. CHSPNG currently does not receive Health Financing Grants for infrastructure and equipment, relying instead on public-private partnerships with Provincial Health Authorities (PHAs) through Service Level Agreements. These partnerships are often limited by weak institutional capacity, affecting timely implementation.

6.2. CHS Strategic Direction for Infrastructure

CHSPNG is advancing a structured infrastructure development plan guided by Agency corporate plans, performance data from the Electronic National Health Information System (eNHIS), and internal Monitoring & Evaluation (M&E) assessments.

This strategy aims to optimize resource allocation and strengthen service delivery across CHSPNG-affiliated health facilities and will continue to work closely with member agencies, development partners, and government stakeholders to mobilise resources for infrastructure upgrades, rehabilitation, and equipment replacement. Emphasis will also be placed on aligning infrastructure development with service delivery needs, staff accommodation requirements, and national health infrastructure standards to ensure sustainability and long-term impact



Inserted: Western Province, North Fly, ECPNG - Rumginae Rural District Hospital



Table 10: Ongoing and Priority CHS Hospital and Health Facility Infrastructure Development:

Province	Church	Hospital Name	Status
Western	ECPNG	Balimo	Old, needs rehabilitation
Western	ECPNG	Rumginae	Old, Provincial Government & Ok Tedi Trust working on it
Gulf	Gulf Christian Services	Kapuna	Newly built and equipped through PNG Incentive Fund
Gulf	Gulf Christian Services	Kikori	Old, has funding from MRDC, in Planning Development phase
Enga	Baptist Union	Kompam	Rebuilt and equipped, routine maintenance
Enga	Gutnius Lutheran	Mambisanda	Wapenamanda Full Rehabilitation funded by DDA and Enga PHA
WHP	Baptist Union	Tinsley	Old, needs full rehabilitation. New Outpatient not being used
Jiwaka	Church of Nazarene	Kudjip General Hospital	South Waghi Newly built and equipped through PNG Incentive Fund
EHP	Evangelical Brotherhood	Kassam	Obura Wanenera New project, needs financial support to complete
Morobe	Evangelical Lutheran	Braun	Complete rehabilitation of whole facility/new facility needed
Morobe	Evangelical Lutheran	Etep	Complete rehabilitation of whole facility/new facility needed
Madang	Evangelical Lutheran	Yagaum	Very old, complete demolition and build new facility
Madang	Evangelical Lutheran	Gaubin	Very old, complete demolition and build new facility
WSP	Baptist Union	Telefomin	Needs assessment to determine the facility needs

Table 11 Key Infrastructure Assets and Maintenance Plan for CHS Hospitals (2025)

Assets	Status	Disposal / Maintenance Plan
Hospital Buildings	Mostly Fair / Needs Improvement	Prioritize rehabilitation and structural maintenance; upgrade aging infrastructure
Medical Equipment	Varies across facilities	Conduct regular servicing; replace obsolete or non-functional equipment
Water Supply Systems	Inconsistent in some facilities	Improve water access systems; install backup water storage where needed
Power Supply (Electricity)	Unreliable in several facilities	Install solar backup systems; maintain generators and electrical wiring
Waste Management Systems	Needs strengthening	Implement proper medical waste disposal systems; train staff on waste management practices

Source: NSO M&E unit report, 2025



PART C: HUMAN RESOURCE MANAGEMENT

1.1. OVERVIEW

Christian Health Services, Papua New Guinea has a consolidated multi denominational Human Resource for Health Structure approved by Department of Personal Management with a position ceiling of 5723. It comprised of 374 -Training School, 36-National Secretariat, 351- Kudjip Nazarene Hospital and 4962- Health care workers in the rural health facilities.

Christian Health Service Human Resource Management under the Government Priority Policy has three main objectives;

- 1) Fully implement Policy on computerized payroll for all Church Health Workers under Christian Health Service, PNG
- 2) Centralized control of Human Resource Management ensuring Compliance in implementation of Terms & Conditions of Employment
- 3) To enable Centralized and Remote line Agencies access to Organizational, manpower and payroll cost data to ensure Accountability & Compliance to Budgetary Ceilings



Inserted: CHSPNG, Highlands Regional General Assembly

CHS National Secretariat Office

In the 2012 Policy announcement by the National Government in the Alotau Accord for the Church Health Workers salary to be computerized into Aleco Payroll System which rooted the National Government Policy Priority.

The new era brought stability and better remuneration to our employees. During that process evolved many new employment opportunities as well as challenges. The new era came in four phrases; 1st - Training Institution, 2nd - National Secretariat, 3rd - Health Service and 4th - Kudjip Nazarene Hospital.

The Christian Health Service Pay Group under the GoPNG payroll includes the Training Institutions, the National Secretariat, the Health Services and the recently launched Kudjip Nazarene Hospital.

Diagram 1: Establishment Report as at Pay 26 of 2025 (GoPNG Payroll System)

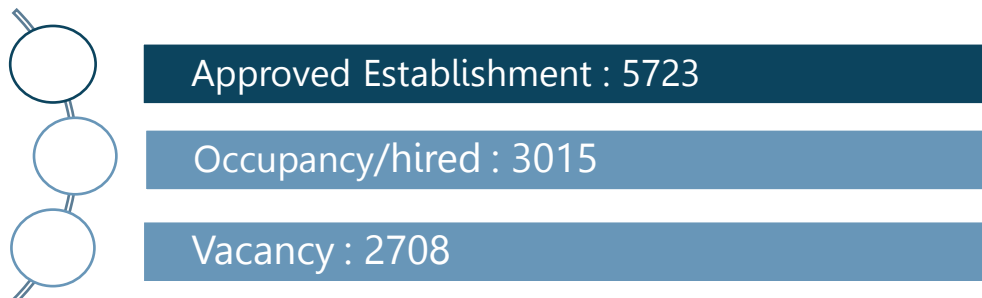
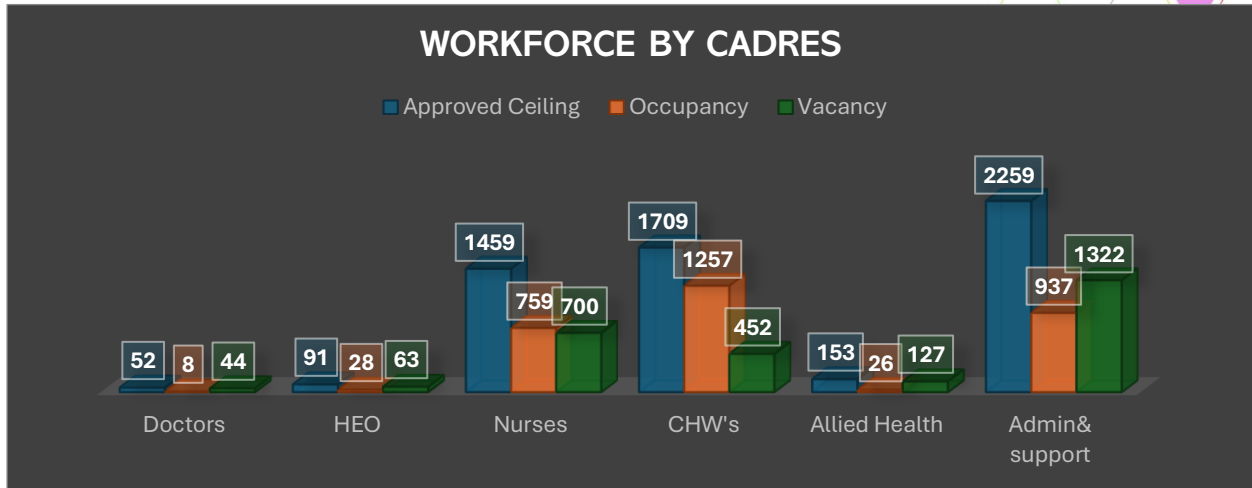




Figure 4 Approved Staff Establishment and Staffing Status



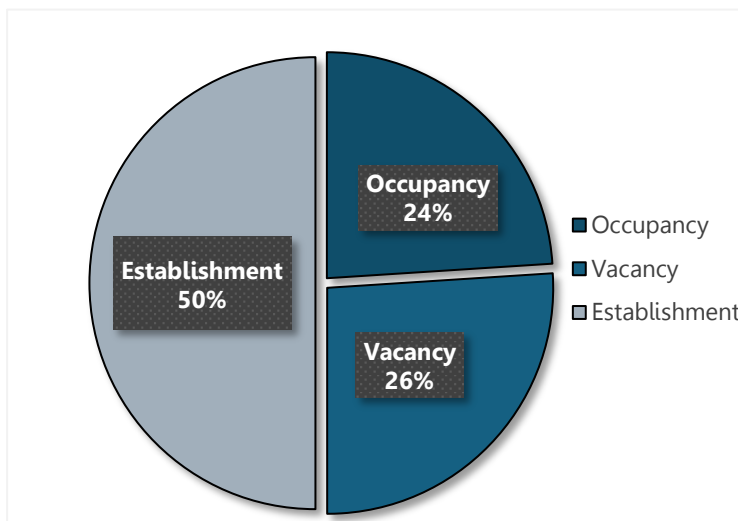
Source: NSO Secretariat HRM workforce, 2025

Figure 4 presents the staffing status across key staff categories, including approved positions, filled positions, and current vacancies.

After pay 26, we had on record total hired personnel of 2774 out of the approved structure of 5723 staff ceiling under Christian Health Service, Papua New Guinea with a residual vacancy of 2979. Out of the 32-member church agencies had already commence recruitment process to refill the vacancies prioritizing the most critical needed positions then followed by others.

The on-boarding transition of our Health workers had saw majority been already on Alesco payroll system as of pay #26 however only minority from the initial staff on strength including the Catholic Church Health Workers Training Schools are still on CHS Pay group for transfer into CCHS Payroll.

Figure 5 CHS Establishment - Occupancy Against Vacancy

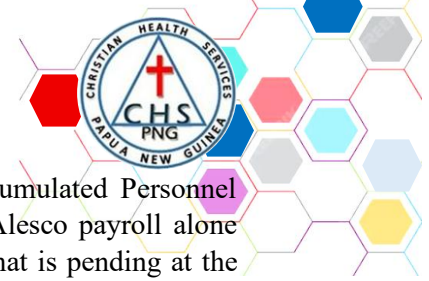


The figure 5 shows the overall staffing across CHSPNG facilities. Out of a total establishment of 5,723 positions, 2,744 positions are currently filled, while 2,979 remain vacant.

The chart indicates that about half of the approved positions are yet to be filled, highlighting the ongoing need for recruitment and workforce strengthening to support health service delivery across CHS facilities.

Source: CHS Secretariat HRM workforce, 2025

We are thankful that the National Executive Council's decision in 2013 to address the salary disparity for Christian Health Services. The NEC decision did not take full effect on our health workforce to this date however; we continued to provide basic health care services to the most remote and rural population despite having continuous salary disparity and over-expenditure in the Personnel Emolument consecutively since pay-period ending pay #26 of 2022.



As of pay #26 of the financial year 2025, we had incurred again another accumulated Personnel Emolument over expenditure of K19.53M deficit salary for our workforce on Alesco payroll alone which is exclusion of the different health awards for the various health cadres that is pending at the Department of Personnel Management.

All personnel are hired against a position therefore we do not have nor entertain unattached officers under CHS Pay group. We had compulsory retirement of 36 retirees that past compulsory retirement age of 65 years as of Pay #26 of 2024 and continues into 2025 with the compulsory exit exercise.

Table 12 Human Resource Recruitment and Staffing Retention Strategies

Indicator	Number/details	Notes
New appointments	77 bio-data on hand for compliance check for 1st new hire batch for 2026	Recruitment is progressive
Resignation/retirements	357 both voluntary & compulsory	Compulsory retirement exits for 65 years +
Retention strategy	<ol style="list-style-type: none"> 1) Professional development: Continuous upskilling, scholarships, rehabilitation & retreat programs for all staff for professional & spiritual enrichment 2) Incentives: Salary packages, allowances, and recognition awards. 3) Housing: Provision of staff housing, for all & as a condition of employment 4) Safety: Ensuring secure workplaces and occupational health measures. 5) Staff Satisfaction: Engagement in decision-making, career progression pathways, and supportive supervision 	<ol style="list-style-type: none"> 1) Professional and Christian ethics are paramount and must be facilitated through rehab programs 2) Continuous upskilling for competency trends by different health cadres for effective & efficient patient care and work output. 3) Configure awards for different health cadres for CHSPAY Group

Source: NSO HRM Section, 2025

The table 12 provides an overview of key human resource movements and staff management initiatives. It outlines the number of new appointments being processed, staff exits through resignations and retirements, and the strategies in place to support staff retention.

These efforts include professional development opportunities, incentives, housing support, workplace safety, and staff engagement initiatives aimed at maintaining a motivated and well-supported workforce.

Table 13 CHS Human Resource Management – Status and Achievements

List of HR functions	Status	Achievements
1. Centralized Coordination & Management of payroll for all church health agencies under CHSPNG	Active/Progressive	Full implementation of Government Priority Policy – On-board CHS New Hires into ALESCO payroll system
2. Established SOP for payroll administration & management	Approved by CHS Executive Board	Facilitated rollout through regional workshops with proposed continuous upskilling for identified issues
3. Structure documentation & submission to DPM	Approved by DPM With progressive hire	DPM approved 351 positions from Kudjip Hospital onto Ascender Payroll System
4. Classification of CHS awards	Approved for configuration	Award changed from GoPNG to CHS specific awards - Progressive
5. Restructure (Structure review)	Work in Progress (Finalize documents)	Documentation done for both Secretariat & Training School now under final review.

Source: NSO HRM section, 2025



1.2. HEALTH TRAINING INSTITUTIONS

General Nursing and Community Health Worker

During the reporting period, CHS continued to support Health Training Institutions delivering programs in **General Nursing, Midwifery, and Community Health Work.**

A total of 19 training institutions were supported across the CHSPNG network, contributing to the ongoing development of the country's health workforce. These institutions continue to play a key role in preparing students to serve in both clinical settings and community-based health services.



Inserted: Gulf Province, Gulf Christian Health Services, Kapuna CHW Training School Graduates, February 2026.

In the last 12 months, the report highlights progress in the implementation of the revised curriculum. Out of 16 institutions, only three reported delays in rolling out the updated curriculum, while the majority have already progressed to delivering their second batch of students under the new program.

The staff capacity building continued through the “**Fast Track Program**”, which has now reached its second round of Training of Educators. This initiative is helping to strengthen teaching capacity and improve the quality of training delivery across institutions.

Table 14 Summary of Programs

No	Program	No. Of Institutions
1	Certificate in Community Health Worker (CHW)	14
2	Diploma in General Nursing	4
3	Bachelor in Nursing	1
4	Bachelor in Clinical Nursing Midwifery	2

Table 15 2025 Total student Population by Program

No	Program	No. Of Graduates	No. Of Continuing Students
1	Certificate in CHW	422	879
2	Diploma in General Nursing	479	479
3	Bachelor of Nursing	73	240
4	Bachelor of Clinical Midwifery	37	33

Source: NSO HRM section, Coordination of Training School summary report, 2025

Attached Annex: Detailed Summary of Institution Funding in 2025 by Provinces

CHRISTIAN HEALTH SERVICES PNG				
Total Operational Funding Disbursement - 2025				
No	Program	Institution	Total Disbursement	Source
1	Community Health Worker schools	BRAUN	41'600.00	NDoH
2		GAUBIN	21'946.70	
3		KAPUNA	21'946.70	
4		ONAMIGA	0	
5		RUMGINAE	21'946.70	
6		SALAMO	21'946.70	
7		TELEFOMIN	21'946.70	
8		TOMBIL	21'946.70	
9		KUKUMANDA	21'946.70	
10		KUNDIAWA	0	
11		TINSLEY	21'946.70	
12		ST MARGARETS	21'946.70	
13		AOG		
14		SSEC ALBINAMA		
GRAND TOTAL FOR 2025			219'512.00	
15	Nursing Schools	PAU		Direct D'HERST Funding
16		LUTH SON		
17		NAZARENE SON		
18		ST. BARNABAS SON		



1.2.1. Achievements

The Albinama CHW School in East Sepik Province, SSEC Health Services, recorded a significant achievement with the successful graduation of 96 Community Health Worker students after five years of training. With AOG CHW in Morobe Province and Rumginae CHW in Western Province has held their graduation this year March 2026. This milestone demonstrates continued progress in strengthening the health workforce and supporting community health service delivery.



The rollout of Kobo Toolbox has commenced to enhance data collection and reporting in schools. As part of this initiative, a pilot trial was conducted at Tombil CHW School in Jiwaka Province during the first week of April 2026. The trial marks an important step toward improving digital data management systems for more efficient and accurate reporting.

1.2.2. Key Challenges Affecting CHW Training Institutions and Service Delivery

Limited funding continues to affect training institutions, particularly the Community

Health Worker (CHW) programs, impacting the delivery of training and student support.

Access to online learning resources remains difficult for rural-based schools due to poor connectivity, especially for CHW training institutions. There is also an ongoing shortage of teaching and learning materials, which continues to affect the quality of training across institutions.

1.2.3. Strengthening Funding, Resources, and Collaboration for Improved CHW Training Delivery

There is a need to strengthen and sustain funding support, especially for the Community Health Worker (CHW) programs, to ensure training institutions can operate effectively. Access to learning materials must be improved for rural-based schools by providing offline and printed resources where internet connectivity is limited.

Training institutions also require adequate teaching and learning materials, including essential equipment and reference books, to improve the quality of education. CHSPNG will continue to work

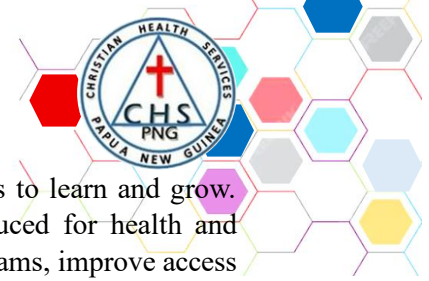
Inserted: ESP, SSEC Health Services PNG, Albinama CHW Training School Graduates, March 2026

Despite these challenges, the training institutions remain committed to delivering quality education and producing competent health workers to serve communities across Papua New Guinea.

1.3. FUTURE DIRECTION For Human Resource Management

The coming years will see renewed effort to fill long-standing vacancies, especially in rural and hard-to-reach areas where the need is greatest. We will work closely with the Department of Personnel Management to speed up recruitment and ensure that every approved position is filled by the right person.

A key priority is to complete the transfer of all remaining staff onto the Alesco payroll system so that everyone receives their pay on time and in the correct account. Alongside this, the review of organizational structure to make sure it reflects current service demands and supports fair distribution of staff across facilities.



We will also invest in training and development so that our workforce continues to learn and grow. Professional development, scholarships, and refresher programs will be introduced for health and support staff. To keep our people motivated, we will strengthen staff welfare programs, improve access to housing, and recognize outstanding service and dedication.

The Secretariat Office will continue the discussions with government partners to resolve ongoing salary disparities and seek adequate funding to meet personnel costs. We are also developing a digital human resource database to make workforce management more efficient and transparent.

PART D: FINANCIAL INFORMATION – BUDGET & EXPENDITURE

1.1. BUDGET ALLOCATION

Sources of funding

The Budget Allocation to CHSPNG nationwide in 2025 was by the National Government of Papua New Guinea (GoPNG) through its Yearly Grants Appropriations.

The total Budget Appropriation Allocation was K74, 840, 000.00 which comprises the Salary component of K71, 040, 000.00 and the Operational component of K3, 800, 000.00.

There was slight increase of K10 million in the Salary component compared to previous year's allocation. The Operational Grant remained unchanged despite of increased in Proposed Budget submission for 2025.

CHSPNG was very grateful to received the full 2025 Budget Allocation of K74, 840, 000.00 for both Salary & Operational Grants unlike 2024, only received half the appropriations allocated which was only K32 million plus for the whole year (2024) unfortunately.

Table 16 2025 Health Facilities Budget & Expenditure

ID#	Date	Types of Grants	Budget Appropriations	Actual Expenditures
GR (grant)	2025	Salary Grant	71, 040, 000.00	71, 040, 000.00
GR (grant)	2025	Operational Grant	03, 800, 000.00	03, 000, 000.00
Total 2025 Budget Allocation			74, 840, 000.00	74, 840, 000.00

The Operational Grant was under funded in 2025 to deliver Basic Primary Health Services to the bulk of the population in the rural communities in PNG. Refer above table for more details. Given the scarce resources, CHSPNG has managed quite well to delivery the health services to its people across the country. The Budget Allocation in 2025 was well appropriated to All our Agencies across the country and expended accordingly as per the table above.

It's very imperative that Government of Papua New Guinea should look into increasing the Operational grants in the years to come for CHSPNG Budget Allocations.

It's our hope and prayer that GoPNG will realise our shortfalls in the Operational Fundings on a yearly basis and rescue us out in our struggles and challenges in delivering Basic Primary Health Care Services to our people in the rural and remote parts of our beloved country, Papua New Guinea.

A detailed Statement of Financial Performance (P&L 2025), Statement of Financial Performance (Balance Sheet 2025), With Cash Flow Statement (Operational & Salary 2025) and CHSPNG WIDE Annual INCOME and EXPENDITURE summary are attached as annexes.



1.2. AUDIT & COMPLIANCE

Financial controls, accountability measures, External audit findings.

Christian Health Services Papua New Guinea (CHSPNG) as an organisation, we have ensured to have a structured overview of the Audit & Compliance section in Finance for Annual Management Report, focusing on financial controls, accountability measures and of course external audit findings.

1.2.2. Overview of Financial Controls

Financial controls are established to ensure accountability, transparency, and efficient use of resources within the organization. A key control measure is the segregation of duties, where responsibilities for authorization, recording, and custody are clearly separated to minimize the risk of fraud or errors.

In addition, budgetary oversight is maintained through regular monthly reconciliations, ensuring that actual expenditures remain consistent with approved budgets and organizational priorities. Furthermore, procurement controls are enforced through competitive bidding and thorough supplier vetting processes, promoting fairness, value for money, and transparency in the allocation of resources.

1.2.3. General Procurement Process:

Departments identify needs and submit requisitions aligned with operational requirements, approved budgets, and strategic priorities.

1.2.4. Specification & Approval

Detailed specifications prepared to ensure clarity in requirements. Approval obtained from relevant authority (e.g., Finance or Executive Management).

1.2.5. Supplier Selection

The supplier selection process begins with the initiation of a competitive bidding procedure, including tendering and detailed bid analysis. Suppliers are then evaluated against key criteria such as pricing, quality of goods or services, compliance with requirements, and overall reputation. Preference is given to suppliers who demonstrate strong ethical practices and adherence to sustainability standards, ensuring responsible and value-driven procurement decisions.

- ✚ **Contracting:** Formal contracts signed outlining terms, conditions, and deliverables. Legal and compliance review conducted before finalization.
- ✚ **Payments & Delivery:** Payments through the financial payment system. Supplier delivers goods/services as per agreed timelines.
- ✚ **Inspection & Acceptance:** Quality checks performed upon delivery. Non-compliance or defects documented and addressed before acceptance.
- ✚ **Payment Processing:** Invoices matched against purchase orders and delivery notes. Payments released only after verification and approval.

The process emphasizes fairness, transparency, accountability, and value-for-money, while ensuring compliance with financial controls and audit requirements.



1.1.2. Accountability Measures

Accountability within the organization is maintained through structured reporting and strict compliance practices. Management prepares and submits quarterly financial performance reports to the Chief Executive Officer (CEO), which are then presented to the Board for review and noting.

A strong compliance framework is upheld through the adoption of International Financial Reporting Standards (IFRS) and adherence to local statutory requirements, including the Public Finance Management Act (PFMA) and the Christian Health Services of Papua New Guinea (CHSPNG) Act, ensuring transparency and regulatory compliance in all financial operations.

1.1.3. External Audit Findings

The external audit provided positive assurance, confirming that the organization's financial statements present a true and fair view of its operations. The most recent audit resulted in an unqualified opinion, reflecting a high standard of financial management and reporting. As an organization, there is a strong commitment to maintaining and building upon this benchmark in the future.

While the overall findings were favourable, the auditors noted minor observations, including the need to strengthen documentation processes for asset disposals and to improve the timeliness of account reconciliations. In response, management has committed to addressing these areas and implementing the necessary corrective measures ahead of the next audit cycle.

The organization demonstrates strong financial discipline and accountability, with external auditors validating compliance. Minor gaps identified are already being addressed, reinforcing credibility with stakeholders especially GoPNG and donors.

1.3. MAJOR CONSTRAINTS

Financial and Service Delivery

The Annual Operational Funding cuts affects the cashflow of CHSPNG and it's a major issue with CHSPNG across the country. Our Health Facilities (Hospitals, Health Centres, Sub Health Centres, CHP, Aid Posts & Day Clinics) are located in the twenty-two (22) provinces across the country are affected in their daily operations. The GoPNG needs to reconsider and increase in the Operational Fundings in the yearly Budget Allocations.

Our old Health infrastructures built by early missionaries are deuterating which urgently needs maintenance/rebuilding new ones. Since CHSPNG does not access PIP Funding like PHAs do in the country in the Government Grants Appropriations, CHSPNG therefore seek alternative support arrangements which GoPNG can look into assisting in the infrastructure developments for health facilities in the country. If GoPNG can consider CHSPNG in the PIP Funding to rescue us out in our daily challenges in the facility infrastructures across the country.

1.4. RECOMMENDATIONS

For Enhanced Cashflow and Reporting

The GoPNG must reconsider in our Funding Appropriations especially in the Operational component in order to improve in our cashflow and Delivery Quality Primary Health Services to our people across the country.

As an organisation, we are also looking into online reporting on agency expenditures and integrated so National Secretariat Office can monitor and on time reporting to the stakeholders on sanctioned meetings and to meet other statutory requirements as required by GoPNG and compliance as well.



PART E: GOVERNANCE & COMPLIANCE

1. AGM ACTIVITIES/ BOARD MEETINGS

Christian Health Services General Assembly has its last yearly Meeting September 2025 that was celebrated together with the 50th Independence Anniversary Celebrations. The Rt. Hon. Elias Kapavore officially opened the Annual General CHSPNG. Going forward, all General Assembly Meetings will be held every second year and in between the four Regional Assembly Meetings will be held. This change is in compliance with the CHS Constitution as amended in the 2024 General Assembly Meeting.

The 55th General Assembly Meeting coincided with the 55th Anniversary of Christian Health Services that was celebrate on the 12th of September 2025 and was officiated by the Civil Aviation Minister, Rt. Hon. Wake Goi who was the Guest of Honour.

There were 43 resolutions passed in the 2025 General Assembly Meeting. The main resolutions passed in this meeting are as presented hereafter:

1. National Health Services Standards Assessment – Preparations (Internation Quality Assurance)
2. Public Health Policy with emphasis community/people empowerment to delivery health care
3. Approval New Concept Write Up for New CHSPNG Act – CHS Regulatory Act
4. Medical Doctors recruitment from Philippines
5. Funding for Church run Health Worker Training Schools
6. Health Services Commission – Position of CHSPNG as An Association
7. Established of new un-approved Health Worker Training Schools

Due to the constitutional changes in the CHSPNG Constitution, the Christian Health Services Act 2007 is being reviewed to ensure that the Act and the CHSPNG Constitution comply with each other. CHS wide consultation on the Act with draft presentations completed. The document is now before a law firm for writing before it can be present to the National Department of Health Legal Team to review.

In 2025, the Christian Health Services Executive held only three meetings which is still in compliant with the CHSPNG Constitution (2024 Revised). In meeting three, the Executive appointed at total of nine personnel onto the vacant positions at the CHSPNG National Secretariat Office.

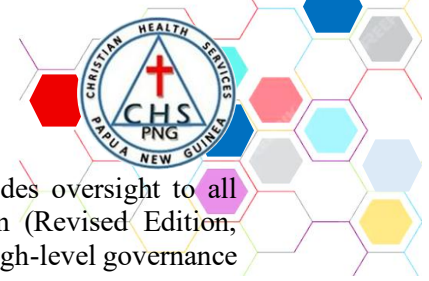
2. POLICY ALIGNMENT

Christian Health Services has adopted the National Health Plan 2020 to 2030 by developing the CHSPNG Strategic Plan 2025 to 2035. It was launched in 2024 from which member Church Health Services agencies have been tasked to develop their Corporate Plans basing from the five Key Result Areas of the CHSPNG Strategic Plan.

In 2025, the CHS National Secretariat Corporate Plan 2025–2027 was developed as part of implementing the CHS Strategic Plan priorities derived from the PNG National Health Plan 2020-2030.

The organization operates within a strong legal and governance framework that ensures alignment with national and provincial health priorities. Is constituted and enacted under the (Christian Health Services of Papua New Guinea Act 2007, 2007) and is registered with the Investment Promotion Authority (IPA) as Christian Health Services PNG Inc.

The Act of Parliament provides the legal mandate for CHSPNG to represent and coordinate church-run health services and to partner with government and stakeholders in delivering health care across Papua New Guinea.



The General Assembly is the supreme governing body of CHSPNG and provides oversight to all organisational operations. It functions according to the CHSPNG Constitution (Revised Edition, November 2024), setting strategic direction, approving key policies, and guiding high-level governance matters.

CHS Executive Board is delegated by the General Assembly to oversee the operations throughout the country and to ensure that strategic decisions are implemented effectively. The Board works closely with the Secretariat Office, which serves as the coordinating hub for all member agencies and their programmes. Executive leadership roles, including the Chairman, Treasurer, and Secretary are elected by the General Assembly for two-year terms and are eligible for re-election. Regional representatives from the four regions (Highlands, Momase, Southern, and Islands) are elected during regional assembly meetings and endorsed by the General Assembly, serving three-year terms with eligibility for re-election.

The Strategic Plan 2025–2035 provides the long-term vision and priority focus areas, while the Corporate Plan 2025–2027 operationalises strategic goals into practical programmes, measurable targets, and defined responsibilities. Together, these planning instruments ensure that the work is aligned with the National Health Plan, Provincial Development Plans, and broader national health objectives.

This governance and alignment framework strengthens accountability, supports effective oversight, and enhances collaborative partnerships with government agencies, development partners, and communities, ensuring that health services are relevant, sustainable, and responsive to the needs of Papua New Guinea’s population.

3. LEGAL OBLIGATION

CHS operates and ensures accountability, transparency, and adherence to statutory requirements. Oversight is provided by the General Assembly and the Executive Board, which guide strategic direction and approve key policies and reports.

As part of its statutory responsibilities, an Annual Management Report is prepared to summarize organizational performance, financial management, and program achievements for review and endorsement by the CHSPNG Executive Board.

Quarterly Reviews are conducted to track progress against planned activities, address challenges, and support timely decision-making.

National reporting requirements are met through the electronic National Health Information System (eNHIS), ensuring that facility-level data contribute to national health statistics and inform evidence-based planning and resource allocation. Compliance with these reporting obligations reflects a commitment to good governance, statutory accountability, and transparency to government authorities, development partners, donors, and the communities served.



PART F: RISK MANAGEMENT

Effective risk management is critical to ensuring the continuity, quality, and sustainability of health service delivery across Christian Health Services Papua New Guinea (CHSPNG). Given the organization's extensive operations in rural and hard-to-reach areas, CHSPNG faces a range of operational, financial, and public health risks that require proactive identification, monitoring, and mitigation.

CHSPNG adopts a risk-informed approach to planning and decision-making, integrating risk considerations into governance, program implementation, and resource allocation processes.

A. OPERATIONAL RISKS

Operational risks remain a significant challenge, particularly in relation to human resource shortages, supply chain inefficiencies, and infrastructure limitations.

The organization continues to experience a high number of staffing vacancies across all regions, which affects service delivery, increases workload for existing staff, and limits the availability of essential health services in remote facilities. In addition, weak supply chain systems, including delays in procurement and distribution of medical supplies, contribute to frequent stockouts of essential medicines.

As operational means are just over 600 Kina per facility per month, any malfunction of equipment or damage to the infrastructure of a facility can put it in a position where it might not be able to deliver the required services effectively anymore.

Infrastructure constraints, especially in lower-level facilities, further impact service delivery due to poor building conditions, unreliable power supply, and limited access to clean water.

Mitigation Measures:

- ❖ Ongoing recruitment and staff retention strategies targeting critical positions
- ❖ Strengthening logistics and supply chain coordination, including proposed regional storage hubs
- ❖ Investment in infrastructure rehabilitation and solar energy solutions
- ❖ Budget increase for operational grants
- ❖ Capacity building for health workers and facility managers



B. FINANCIAL RISKS

CHSPNG continues to face significant financial risks arising from funding uncertainty, delayed disbursements, dependency on external partners, and increasing operational costs.

The organization relies heavily on funding support from the National Department of Health (NDoH) through the Church Health Services Grant Assistance Program. Any reduction, delay, or withdrawal of government funding presents a major risk, as it directly impacts staff salaries, procurement of essential medicines, infrastructure maintenance, and overall service delivery.

In addition to government funding, CHSPNG also benefits from financial and technical support from development partners, donor agencies, and non-governmental organizations. While these partnerships are important to program implementation and service delivery, over-reliance on partner funding poses sustainability risks, particularly when donor priorities shift, funding cycles end, or external support is reduced or withdrawn. This may result in interruptions to key health programs, especially in rural and underserved areas where partner-supported activities are often concentrated.

Ongoing challenges such as delays in fund disbursement, rising operational costs, and recurrent personnel emolument deficits further compound financial pressures and may affect the organization's ability to meet its obligations and maintain consistent service delivery.

Mitigation Measures:

- ❖ Strengthening financial planning, forecasting, and expenditure monitoring systems
- ❖ Continuous engagement and advocacy with NDoH and government for sustained and timely funding support
- ❖ Diversifying funding sources to reduce dependency on a single funding stream
- ❖ Strengthening partnerships through clear agreements, long-term collaboration frameworks, and alignment with national priorities
- ❖ Developing sustainability plans to gradually transition partner-supported programs into core government-supported services
- ❖ Implementing cost-control measures and prioritizing high-impact and essential services
- ❖ Enhancing financial reporting, transparency, and accountability across all agencies
- ❖ Exploring innovative financing mechanisms and resource mobilization strategies to support long-term financial stability



C. PUBLIC HEALTH RISKS

The CHSPNG facility operates in a high-risk public health environment, with ongoing threats from communicable diseases (such as TB, malaria, and HIV), disease outbreaks, and emerging health challenges.

Papua New Guinea remains vulnerable to epidemics, as well as climate-related health risks such as flooding, droughts, and changing disease patterns. Limited access to health services in remote communities further increases the risk of delayed detection and response to outbreaks.

Mitigation Measures:

- ❖ Strengthening disease surveillance and reporting through the eNHIS system
- ❖ Enhancing community outreach and early detection programs
- ❖ Integrating public health programs (TB, HIV, malaria, immunization) for coordinated response
- ❖ Building workforce capacity in emergency preparedness and response
- ❖ Collaboration with National Department of Health and partners for coordinated interventions

Environmental and Disaster Risks

Natural disasters such as floods, landslides, earthquakes, and extreme weather events pose risks to health infrastructure, supply chains, and service delivery, particularly in isolated regions and remote parts.

These events can damage health facilities, disrupt transportation routes, and limit access to affected communities.

Mitigation Measures:

- ❖ Incorporating disaster risk reduction into infrastructure planning
- ❖ Pre-positioning essential medical supplies in strategic locations
- ❖ Strengthening coordination with provincial authorities and disaster response agencies
- ❖ Promoting resilient infrastructure design and emergency preparedness planning

Risk management remains a continuous and evolving process within CHSPNG. While significant risks persist across operational, financial, and public health areas, the organization is committed to strengthening its systems, building resilience, and enhancing coordination with stakeholders.

By integrating risk management into its strategic and operational frameworks, CHSPNG aims to ensure the sustained delivery of equitable, accessible, and quality health services to all communities across Papua New Guinea.



PART G: COMMUNITY & STAKEHOLDER ENGAGEMENT

1. PARTNERSHIP

NGO's, donor agencies, private sector collaborations



Inserted: NCD, Port Moresby, NSO, DFAT, Community Justice Fund, Initial Workshop on GBV & SARV

Partnerships remain a vital component of CHSPNG's project management and service delivery approach. The organization continues to work in close collaboration with the National Department of Health, non-governmental organizations (NGOs), donor agencies, and private sector partners to strengthen health systems and improve service delivery across all regions of Papua New Guinea.

Donor and NGO collaborations play a critical role in addressing service delivery gaps, particularly in rural and hard-to-reach areas. Through technical assistance, program funding, and capacity-building initiatives, these partners significantly enhance the reach, quality, and sustainability of health services.

Notably, CHSPNG partnered with the Department of Foreign Affairs and Trade (DFAT) through the Community Justice Fund (CJF) to support workshops focused on **Gender-Based Violence (GBV)** and **Sorcery Accusation Related Violence (SARV)**. These workshops aimed to build the capacity of health workers and community stakeholders to effectively respond to, manage, and report cases of violence, while also promoting awareness, prevention strategies, and survivor-centered care.

1.1. COMMUNITY INVOLVEMENT

Health committees, village volunteers

The integration and rollout of interventions addressing Gender-Based Violence (GBV) and Sorcery Accusation Related Violence (SARV) under the EDEN Program are being strengthened across health facilities. Community volunteers play a vital role in health awareness, outreach, and mobilization for essential services, including immunisation, antenatal care, tuberculosis (TB) and malaria screening, family planning, and broader health promotion activities. Community support contributes to facility operations, including security, maintenance, and staff welfare in many locations. This strong level of engagement enhances local ownership and supports the sustainability of health services

1.2. FEEDBACK MECHANISMS

Patients' stratification survey, grievance redness system

CHSPNG facilities recognise the importance of listening to patients and communities to improve the quality, accessibility, and responsiveness of health services. Feedback is gathered through multiple channels, including community meetings, supervisory visits, engagement with facility health committees, and routine interaction between health workers and community members.

The EDEN initiative corresponds with the Healthy Islands Concept provides a community-centred platform where health issues, service gaps, and community concerns are discussed and addressed collaboratively, promoting inclusiveness and community ownership of health services. At the system level, the eNHIS is being utilised as a key platform for capturing and monitoring service delivery feedback and performance data. Through eNHIS reporting, facilities are able to document service trends, identify gaps, and track key indicators, which indirectly reflect patient experiences and service quality.



PART H: FUTURE OUTLOOK

1. STRATEGIC PRIORITIES

Expansions plan, service delivery improvements

CHS National Secretariat Office is pursuing a deliberate national expansion of its health services outreach throughout 2026.

The HR Division is also undertaking a Major Organizational Structure Review and completing Salary & Establishment reviews to ensure the workforce is appropriately sized and positioned to meet service demands. A Quality Assurance and Clinical Governance Framework is under development for completion in September, and a Service Level Activity Plan Workshop will be conducted in Madang to align facilities with national service standards.

Organization is extending Financial Health Checks and program supervision across all major regions of Papua New Guinea. Scheduled visits span provinces including Southern Highlands, East Sepik, Eastern Highlands, Oro, Western, Hela/Tari, West Sepik, Chimbu, Gulf, West New Britain, Manus, East New Britain, and the Autonomous Region of Bougainville, ensuring comprehensive coverage of church health facilities nationwide. Complementing this, four Regional Financial Workshops are planned across NGL, Southern, Momase, and Highland's regions, strengthening financial literacy and governance at the facility level.

1.1. INNOVATION

Digital health, new treatment models, research initiatives

2026 marks a significant step forward in the digital transformation of the CHS National Secretariat Office. A full internal ICT infrastructure overhaul including installation, configuration, firewall setup, server upgrades, and cabling is underway from March to May, establishing a secure and modern technology foundation. A Data Management Application will be deployed between June and August to improve data handling and reporting capacity, with further rollout continuing in November.

In October, the organization will execute a full external email migration to Microsoft 365, modernizing communications and enabling cloud-based collaboration across all staff and divisions.

The EDEN Program continues to be a flagship model of community health innovation. In 2026, the program is expanding its Training of Trainers (TOT) model, with mass training activities delivered to UC Health Services (24 participants), Nazarene Health Ministries (25 participants), and Gulf Christian Services in Kapuna (20 participants). Internally, the EDEN Training Manuals and Standard Operating Procedures are being reviewed and revised in March–April, and a dedicated Writing Workshop for the Public Health EDEN Curriculum is planned for April to strengthen the program's evidence base.

A Surveyors and Accreditors TOT for Health Agencies and Training Schools is also planned for August–September to build national accreditation capacity.

1.2. TARGETS

Measurable goals for the next fiscal year

For 2026, the organization targets key operational milestones across finance, training, and technology including financial health checks across all 14 provincial church health networks, four regional workshops by August, and full ICT and Microsoft 365 migration by October, alongside a Data Management Application rollout completed by November. At least 69 health workers and community participants will be trained through EDEN activities across four provinces, while governance commitments include four quarterly board meetings, a CEO Regional Conference by July, and a Quality Assurance Framework adopted by September. HR priorities round out the year with a Training and Development Policy and a Major Organizational Structure Review both finalized by September 2026.



PART I: ACKNOWLEDGEMENT

Christian Health Services Papua New Guinea (CHSPNG) sincerely acknowledges and appreciates the invaluable contributions, commitment, and continued support of all stakeholders who play a critical role in the delivery of health services across the country.

First and foremost, CHSPNG extends its deepest gratitude to the Government of Papua New Guinea, particularly the Ministry of Health under the leadership of the Minister for Health, **HONOURABLE. ELIAS KAPAVORE**, and the National Department of Health (NDoH). Their strategic leadership, policy direction, and sustained financial support, especially through the Church Health Services Grant Assistance Program that remain fundamental to strengthening and sustaining equitable health service delivery throughout the nation.

Organization also gratefully acknowledges the continued support of development partners, donor agencies, and non-governmental organisations (NGOs). Their technical expertise, financial assistance, and collaborative engagement have significantly contributed to enhancing program implementation, strengthening health systems, and improving the quality and reach of services, particularly in underserved and rural communities.

The organisation further recognises the strength and role of the CHSPNG National Secretariat Office, including all its divisions, sections, and sub-sections and Executive Board. Their leadership, coordination, technical guidance, and oversight ensure effective implementation of programs, strengthened governance, and alignment with national health priorities across all levels of service delivery.

Finally, CHSPNG extends its profound appreciation to the all the member Church Health Agencies and their respective workforce at the health facilities, who serve as frontline service providers across Papua New Guinea. Their unwavering dedication, resilience, and commitment to delivering essential quality health services often in challenging and remote environments which remains the cornerstone of CHSPNG's mission to serve the people.

Christian Health Services PNG remains deeply grateful for the strong and long standing partnerships, shared vision, and collective efforts of all stakeholders in advancing accessible, equitable, and quality healthcare services for all Papua New Guineans.

“Heal the sick, raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received; freely give.” — Matthew 10:8



PART I: ANNEXES

I. DETAILED STATISTICS

Morbidity, mortality, services utilization data, etc...

Table 1 2 Morbidity and Mortality Report

Region	Outpatients	Inpatients	Deaths	Mortality Rate (%)
Highlands	498,151	14,041	299	2.1%
Islands	96,546	3,352	31	0.9%
Momase	330,949	7,684	246	3.2%
Southern	431,328	9,166	247	2.7%

Source: NSO M&E unit, 2025

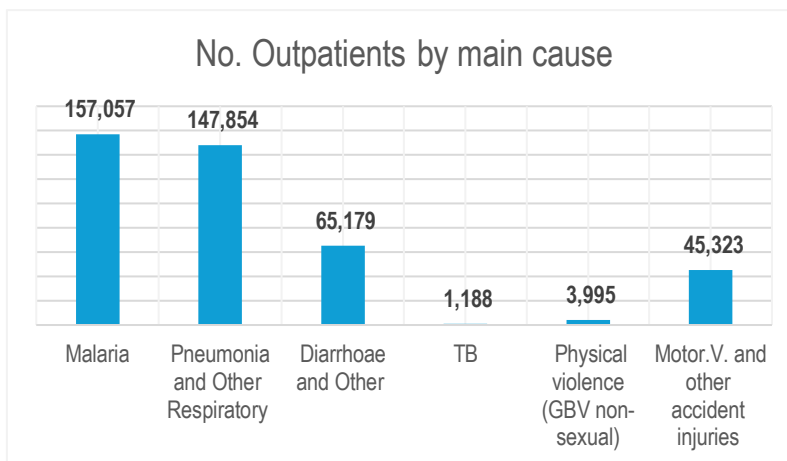


Fig.1 1 Outpatient Attendance by Main Causes of Morbidity

The Outpatient visits are heavily concentrated in one dominant condition, which accounts for most cases, while other causes contribute relatively smaller numbers.

This indicates sustained pressure on outpatient services and highlights the need for continued preventive and early intervention efforts at community level.

Source: eNHIS Outpatients summary, 2025

Table 1 3 Regional Distribution of TB Cases, Deaths and Mortality Rate (%)

Region	TB Cases	TB Deaths	Mortality Rate (%)
Highlands	235	13	5.53%
NGI	50	0	0.00%
Momase	232	16	6.90%
Southern	671	33	4.92%

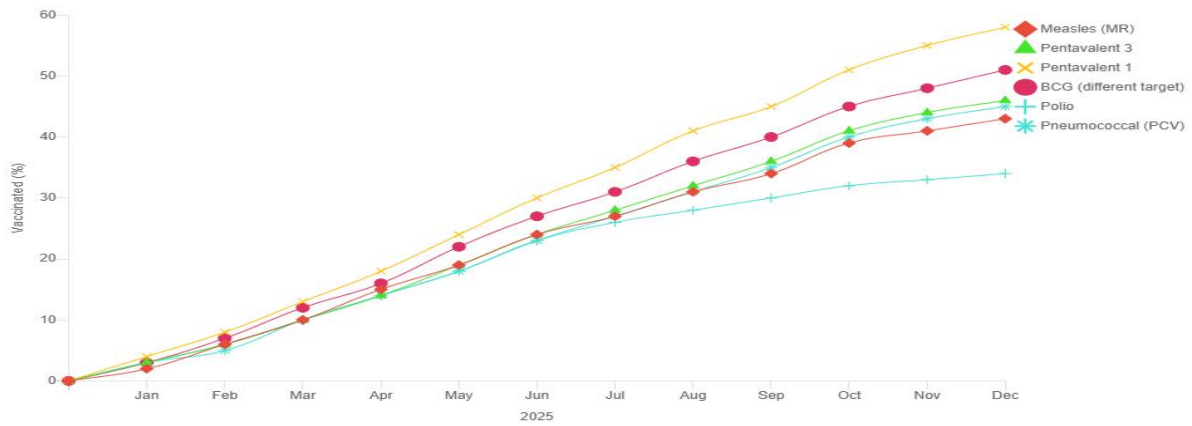
Source: NSO M&E unit, 2025

The Southern Region recorded the highest TB cases and deaths, while Momase had the highest mortality rate (6.9%). The Islands Region reported no TB-related deaths during the reporting period.

It is important to note that some patients seek diagnostics in private or health facilities in urban centers, where CHSPNGs are less represented.



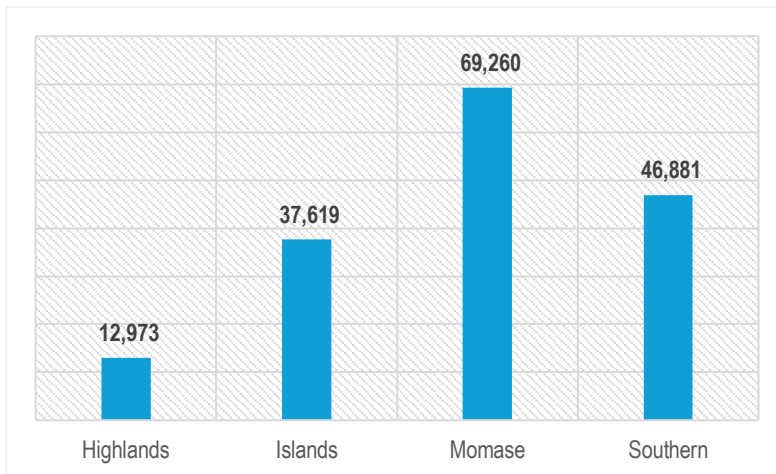
Fig.1 2 “Progression of Routine Immunization Coverage by Antigen, Jan–Dec 2025”



Source: [Monthly Immunisation: NHIS](#)

Routine immunization coverage increased steadily across all antigens throughout 2025. While none reached full target levels, the consistent upward trend reflects gradual improvement in service delivery and expanding national coverage.

Fig.1 3 Total Malaria Cases Reported by Region



The chart presents the total number of malaria cases reported across the four regions. Overall, malaria cases vary considerably by region, with clear differences in disease burden.

Malaria cases are most concentrated in the Momase and Southern regions, while the Highlands region contributes the smallest share of reported cases.

Source: Monthly eNHIS summary report, 2025

Inserted (a) 1 Ante-natal Care (2021 – 2025)

	2021	2022	2023	2024	2025	Trendline
Antenatal 1st Visit	32,207	33,921	35,413	35,516	33,530	
Antenatal 4st Visit	15,317	15,914	17,181	18,111	18,073	
Deliveries in HF	16,289	16,801	17,913	17,466	16,624	

Overall Trend: The data shows positive trends in antenatal care and facility deliveries, indicating improving maternal health service utilization. However, the slight decreases in 2025 suggest areas for continued monitoring and targeted interventions to sustain gains.



Table 17 Maternal Mortality Ratio (MMR) by region

Region	Live Births	Maternal Deaths	MMR (per 100,000 live births)
Highlands	108,157	23	21.3
Islands	44,342	4	9.0
Momase	85,797	13	15.2
Southern	60,810	14	23.0

Source: Monthly eNHIS summary report as of 24th April 2025

II. HOSPITAL INDICATOR

Summary of Clinical Indicator Performance

Table 1 4 Summary of Clinical Service Units Available in CHS Hospitals

Hospital Name	Operating Theatre	Maternity / Labor Ward	Neonatal Care	Laboratory Services	Radiology / Imaging	Others
Balimo	✓	✓	✓	✓	✓	X
Rumginae	X	✓	✓	✓	✓	X
Kapuna	✓	✓	✓	✓	✓	✓
Kikori	✓	✓	✓	✓	✓	✓
Kompam	✓	✓	✓	✓	✓	X
Tinsley	✓	✓	✓	✓	X	✓
Kudjip	✓	✓	✓	✓	✓	✓
Kassam	✓	✓	✓	✓	✓	✓
Braun	✓	✓	✓	✓	✓	X
Etep	✓	✓	✓	✓	✓	✓
Yagaum	✓	✓	X	✓	X	✓
Gaubin	✓	✓	✓	✓	✓	✓
Telefomin	✓	✓	X	✓	✓	✓

Table 1 5 CHS Hospital Clinical Performance Summary from Jan-Dec 2025

Hospital Name	Inpatients Mortality Rate (%)	Readmission Rate (%)	Facility Mortality Rate (%)	Surgeries Performed	No. Of Beds
Balimo	3.8	4.0	0.1	50	28
Rumganaie	4.9	4.2	2.2	0	60
Kapuna	1.5	0.9	0.8	86	89
Kikori	2.6	4.9	0.7	280	184
Kompam	3.0	0.0	1.5	118	73
Tinsley	1.1	0.3	0.6	200	134
Kudjip	1.4	0.0	0.7	2,391	68
Kassam	2.5	0.0	0.4	179	184
Braun	5.4	3.7	2.2	115	16
Etep	1.8	6.3	0.9	300	122
Yagaum	4.3	7.5	1.3	16	85
Gaubin	1.6	1.5	0.8	120	67
Telefomin	2.6	0.0	0.1	31	20
Total	1.6	2.6	1.8	3, 886	1, 130

Source: NSO M&E Unit, 2025



III. HEALTH TRAINING INSTITUTIONS

B. GENERAL NURSING SCHOOL BY AGENCIES

Table 18 Infrastructure Status of Nursing Schools by Province

Province	Church	School Name	Qualification	State
Western	Evangelical Church of PNG	Rumgunaie School of Nursing (Unfunded)	Diploma	Newly established with Provincial Government & Partner Support
Central	SDA Church	PAU School of Nursing	Degree GN, Midwifery	Good state, well maintained
Milne Bay	Anglican, Partners: United/Catholic	St. Banarbas School of Nursing	Diploma	Old, needs relocation and rebuilding
Jiwaka	Church of Nazarene	Nazarene College of Nursing	Diploma	Newly built and equipped through PNG Incentive Fund
Madang	Evangelical Lutheran Church of PNG	Lutheran School of Nursing	Diploma GN, Degree Midwifery	Mostly new, more development work ongoing

C. COMMUNITY HEALTH WORKER (CHW) Training Schools

Table 19 Infrastructure Status of CHW Training Schools by Province

Province	Church	School Name	Qualification	State
Western	Evangelical Church of PNG	Rumgunaie CHW Training School	Certificate	Newly rebuilt and equipped
Gulf	Gulf Christian Services	Kapuna CHW Training School	Certificate	Partly new
Milne Bay	United Church	Salamo CHW Training School	Certificate	Very old, complete rehabilitation/new facility needed
Northern	Anglican	St. Margaret's CHW Training	Certificate	Very old, complete rehabilitation/new facility needed
Enga	Foursquare Church	Kungumanda CHW Training School	Certificate	Routine maintenance/New Office and Computer Lab
WHP	Baptist Union	Tinsley CHW Training School	Certificate	Old, some maintenance done, needs complete rebuilding
Jiwaka	SDA	Tombil CHW Training School	Certificate	Relocated, new male and female dorms, new mass, computer lab and 3 staff houses
Simbu	Foursquare Church	Kundiawa Foursquare CHW Training School	Certificate	Temporary site, original grounds occupied, new library under construction
EHP	Salvation Army Church	Onamuga CHW Training School	Certificate	Routine maintenance
Morobe	Evangelical Lutheran Church of PNG	Braun CHW Training School	Certificate	Very old, complete rehabilitation/new facility needed
Morobe	Assembly of God	CHW Training School (Unfunded)	Certificate	Very old, needs demolition and new facility
Madang	Evangelical Lutheran Church of PNG	Gaubin CHW Training School	Certificate	Very old, needs demolition and new facility
ESP	South Sea Evangelical Church	Albinama CHW Training School (Unfunded)	Certificate	New school, awaiting assessment and registration
WSP	Baptist Union	Telefomin CHW Training School	Certificate	Needs assessment to determine facility needs



IV. FINANCIAL PERFORMANCE OVERVIEW

A: Statement of Financial Performance (P&L 2025)

CHRISTIAN HEALTH SERVICES PNG TRUST ACCOUNT Profit & Loss Statement January 2025 through December 2025		
4-0000	Income	
4-1000	Operational Grants	4,496,672.00
4-2000	Salary Grants	74,636,382.00
	Total Income	79,133,054.00
	Gross Profit	79,133,054.00
6-0000	Expenses	
6-1300	OP Grants Trf - Individual	21,758,048.00
6-1301	Sal Grant Trf - Individual	62,977,707.00
6-1400	CHS Partnership Contribution	200,000.00
	Total Expenses	84,935,755.00
	Operating Profit	- 5,802,701.00
8-0000	Other Income	
	Net Surplus / (Deficit)	- 5,802,701.00

NOTES

1. The Salary Grants for 2024 July, August & September was paid in 2025.
2. Total Balances paid in 2025 was K4,844,418.25 x 3Mnths = K14,533,254.75
3. As a result there was overspent amount of K5,802,701 in 2025 payments
4. The Deficit balance of K5,802,701 was bfwd to BS under Equity



B: Statement of Financial Position (Balance Sheet – 2025)

CHRISTIAN HEALTH SERVICES PNG TRUST ACCOUNT			
Balance Sheet As of December 2025			
1-0000	Assets		
1-1000	Current Assets		
1-1100	Cash On Hand		57,195,075.00
	Total Current Assets		57,195,075.00
	Total Assets		57,195,075.00
2-0000	Current Liabilities		
2-1150	W-Held & Rejected Oper Grants		
2-1500	Grants from NDOH		
2-1505	Salary Grants		9,220,449.00
2-1510	Operational Grants		359,559.00
2-2000	Southern Region Liabilities		
2-2100	Central Province		4,839,448.00
2-2200	Gulf Province		3,911,518.00
2-2500	Western Province		3,267,962.00
2-2600	NCD-National Capital District		68,194.00
2-3000	Momase Region Liabilities		
2-3300	East Sepik Province		2,613,509.00
2-3400	Sandaun Province		6,901,300.00
2-4000	Highlands Region Liabilities		
2-4100	Eastern Highlands Province		67,494.00
2-4200	Chimbu Province		1,984,146.00
2-4300	Jiwaka Province		549,337.00
2-4400	Western Highlands Province		3,661,579.00
2-4500	Southern Highlands Province		1,047,980.00
2-4600	Hela Province		1,117,817.00
2-4700	Enga Province		6,330,194.00
2-5000	NGI Region Liabilities		
2-5100	East New Britain Province		10,538,590.00
2-5200	West New Britain Province		2,406,541.00
2-5400	Manus Province		3,712,156.00
2-5500	AROB Province		400,000.00
	Total Current Liabilities		62,997,776.00
	Net Assets	-	5,802,701.00
3-0000	Equity		
3-8000	Retained Earnings	-	109,177.00
3-9000	Current Year Surplus/Deficit	-	5,802,701.00
3-9999	Historical Balancing		109,177.00
	Total Equity	-	5,802,701.00

NOTES

1. The current year deficit for K5,802,701 was bfwd from P&L
2. Accounting year starts from January - December 31
3. MYOB system rollover to Equity/Capital



C: 2025 Cash Flow Statement

Detailed budget and expenditure breakdown

Figure 6 Salary Budget Allocation

DEPARTMENT OF HEALTH																
CHRISTIAN HEALTH SERVICES																
SALARY 2025 BUDGET APPROPRIATION DISTRIBUTION SUMMARY (CASHFLOW)																
SALARY APPROPRIATION:		PGK 71,040,000.00														
SALARY																
Province	Staff Ceiling	2024 Appro	2025 Appro	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
10511: Western	199	3,761,000	4,261,000.00	355,083	355,083	355,083	355,083	355,083	355,083	355,083	355,083	355,083	355,083	355,083	355,083	4,261,000
10512: Gulf	182	3,364,000	3,864,000.00	322,000	322,000	322,000	322,000	322,000	322,000	322,000	322,000	322,000	322,000	322,000	322,000	3,864,000
10513: Central	138	2,805,000	3,305,000.00	275,417	275,417	275,417	275,417	275,417	275,417	275,417	275,417	275,417	275,417	275,417	275,417	3,305,000
10514: Milne Bay	194	3,577,000	4,077,000.00	339,750	339,750	339,750	339,750	339,750	339,750	339,750	339,750	339,750	339,750	339,750	339,750	4,077,000
10515: Oro	44	1,238,000	1,738,000.00	144,833	144,833	144,833	144,833	144,833	144,833	144,833	144,833	144,833	144,833	144,833	144,833	1,738,000
10516: SHP + HELA	252	3,790,000	4,290,000.00	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	357,500	4,290,000
10517: Enga	168	2,638,000	3,138,000.00	261,500	261,500	261,500	261,500	261,500	261,500	261,500	261,500	261,500	261,500	261,500	261,500	3,138,000
10518: WHP + JIWAKA	350	5,902,000	6,402,000.00	533,500	533,500	533,500	533,500	533,500	533,500	533,500	533,500	533,500	533,500	533,500	533,500	6,402,000
10519: Simbu	100	2,104,000	2,604,000.00	217,000	217,000	217,000	217,000	217,000	217,000	217,000	217,000	217,000	217,000	217,000	217,000	2,604,000
10520: EHP	153	2,558,000	3,058,000.00	254,833	254,833	254,833	254,833	254,833	254,833	254,833	254,833	254,833	254,833	254,833	254,833	3,058,000
10521: Morobe	218	3,841,000	4,341,000.00	361,750	361,750	361,750	361,750	361,750	361,750	361,750	361,750	361,750	361,750	361,750	361,750	4,341,000
10522: Madang	214	4,026,000	4,526,000.00	377,167	377,167	377,167	377,167	377,167	377,167	377,167	377,167	377,167	377,167	377,167	377,167	4,526,000
10523: East Sepik	168	3,312,000	3,812,000.00	317,667	317,667	317,667	317,667	317,667	317,667	317,667	317,667	317,667	317,667	317,667	317,667	3,812,000
10524: Sandaun	212	3,772,000	4,272,000.00	356,000	356,000	356,000	356,000	356,000	356,000	356,000	356,000	356,000	356,000	356,000	356,000	4,272,000
10525: Manus	20	672,000	1,172,000.00	97,667	97,667	97,667	97,667	97,667	97,667	97,667	97,667	97,667	97,667	97,667	97,667	1,172,000
10526: NIP	116	2,568,000	3,068,000.00	255,667	255,667	255,667	255,667	255,667	255,667	255,667	255,667	255,667	255,667	255,667	255,667	3,068,000
10527: ENBP	210	3,928,000	4,428,000.00	369,000	369,000	369,000	369,000	369,000	369,000	369,000	369,000	369,000	369,000	369,000	369,000	4,428,000
10528: WNBP	145	2,811,000	3,311,000.00	275,917	275,917	275,917	275,917	275,917	275,917	275,917	275,917	275,917	275,917	275,917	275,917	3,311,000
10529: NSP	159	3,237,000	3,737,000.00	311,417	311,417	311,417	311,417	311,417	311,417	311,417	311,417	311,417	311,417	311,417	311,417	3,737,000
10530: NCD	48	1,136,000	1,636,000.00	136,333	136,333	136,333	136,333	136,333	136,333	136,333	136,333	136,333	136,333	136,333	136,333	1,636,000
TOTAL	3290	61,040,000	71,040,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	5,920,000	71,040,000



Figure 7 Operational Cashflow Statement

DEPARTMENT OF HEALTH

CHRISTIAN HEALTH SERVICES

2025 OPERATIONAL BUDGET APPROPRIATION DISTRIBUTION SUMMARY (CASHFLOW)

OPERATIONAL APPROPRIATION:			PGK 29,182,313			SOS: 3,290			OPERATIONAL							
Province	Fac. 2017	2024 Appro	2025 Appro	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
10511: Western	51	300,000	300,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000
10512: Gulf	46	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10513: Central	35	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10514: Milne Bay	38	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10515: Oro	9	100,000	100,000	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
10516: SHP + HELA	93	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10517: Enga	28	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10518: WHP + JIWAKA	49	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10519: Simbu	19	100,000	100,000	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
10520: EHP	68	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10521: Morobe	43	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10522: Madang	52	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10523: East Sepik	50	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10524: Sandaun	30	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10525: Manus	3	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10526: NIP	11	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10527: ENBP	17	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10528: WNBPN	27	100,000	100,000	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
10529: NSP	31	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
10530: NCD	9	200,000	200,000	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	200,000
TOTAL	709	3,800,000	3,800,000	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	3,800,000



D: CHSPNG WIDE ANNUAL INCOME & EXPENDITURE 2025



DEPARTMENT OF HEALTH
GOVERNMENT ASSISTANCE TO CHURCH HEALTH SERVICES
CHRISTIAN HEALTH SERVICES (PNG) Inc. ANNUAL REPORT (FORM 2&3)
STATEMENT OF INCOME AND EXPENDITURE
NATIONAL - ANNUAL SUMMARY REPORT



YEAR : 2025

INCOME:		TOTAL
BALANCE B/FWD		K -
FORM 3 - OPERATIONAL		K 3,801,406.86
FORM 2 - SALARY		K 71,049,902.85
[A] TOTAL FUND RECEIVED FOR THIS YEAR		K 74,851,309.71
TOTAL INCOME		K 74,851,309.71
EXPENDITURE:		
FORM 3- OPERATIONAL		K 8,300,079.88
FORM 2- SALARY		K 70,336,668.91
[B] TOTAL FUND EXPENSED FOR THIS YEAR		K 78,636,748.80
SURPLUS/DEFICIT (A-B)		-K 3,785,439.09

Explain for surplus or deficit:

The deficit is due to some agencies used carried forward balance from previous reporting year in operational.

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DEPARTMENT OF HEALTH
Government Assistance to Church Health Services
Salaries and Allowances
 (FOR STAFF - ON - STRENGTH ONLY)



NATIONAL ANNUAL REPORT

YEAR **2025**

INCOME STATEMENT

INCOME	
BAL B/Fwd	-
Salary Grants	70,661,633.35
IRC Rebates	-
Others	-
Total Income	K 70,661,633.35

OVERALL INCOME & EXPENDITURE

INCOME	K 70,661,633.35
EXPENDITURE	K 70,336,668.91
Remaining Balance	K 324,964.44

Total Number of Staffs	Total Number of Agencies

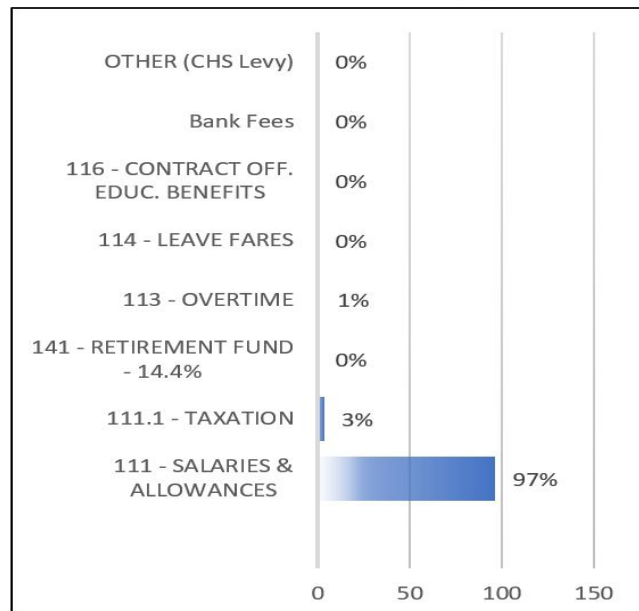
EXPENDITURE STATEMENT

LINE ITEMS	
Total Fothnighly Base Salary	K 55,713,144.88
Nasfund 8.40%	K 29,362,885.08
OTHER ALLOWANCES PAYABLE WITH FORTHNIGHTLY PAY	
Service Allowance	K 1,210,996.78
Qualification Allowance	K 455,862.04
DMA	K 4,622,898.98
Uniform	K 373,851.35
Shift	K 1,695,386.24
OTA	K 803,058.54
Housing	K 383,136.86
MBEA	K 97,389.58
Telephone	K 102,966.06
Utility	K 818,141.42
RAD	K 535,451.35
Clinical	K 244,837.05
Mining	K 394,607.62
Rural Hardship	K 354,149.04
Gratuity (Medical Officers)	K 112,480.14
Higher Duty Allowance	K 3,078.54
Other Allowances	K 5,812.00
Total Allowances	K 12,214,103.59
Gross Salary	K 67,927,248.48
Tax	K 2,408,798.94
Nasfund 6%	K 1,273,925.76
NCSL	K 80,865.46
OT/ On-Call Penalty	K 30,102.68
Other Deductions	K 1,180,415.99
Total Deduction	K 4,974,108.83
Total Net Salary	K 62,953,139.64

SUMMARY EXPENDITURE

ITEMS	TOTAL
111 - SALARIES & ALLOWANCES	K 67,927,248.48
111.1 - TAXATION	K 2,408,798.94
141 - RETIREMENT FUND - 14.4%	K -
113 - OVERTIME	K 803,058.54
114 - LEAVE FARES	K -
116 - CONTRACT OFF. EDUC. BENEFITS	K -
Bank Fees	K 621.50
OTHER (CHS Levy)	K -
Adjustments- Add Back Salaries	K -
[B]: TOTAL FUNDS EXPENDED	K 70,336,668.91

SUMMARY EXPENDITURE (%)





**DEPARTMENT OF HEALTH
Government Assistance to Church Health Services**



GOODS AND SERVICES

NATIONAL ANNUAL REPORT

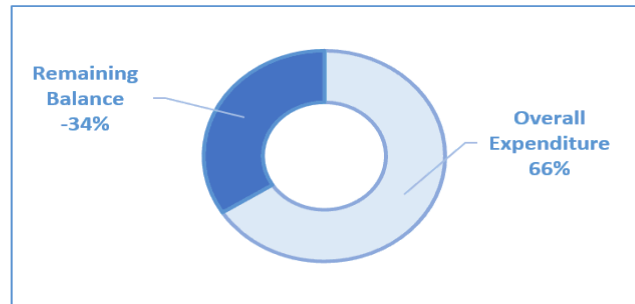
Year: **2025**

INCOME		TOTAL
BAL B/Fwd		
143 CMC Operational Grants		
143:1 USER FEES (Free Health Care)	422,150.32	
143:2 LOCAL FUNDS	3,012,109.54	
143:3 EXTERNAL FUNDS	576,691.72	
143:4 INTERESTS & TAX REBATES	13,732.30	
Total Income		4,024,683.88
EXPENDITURE		TOTAL
TRAVEL AND SUBSISTENCE		
MCH CLINICS	168,245.06	
PATIENT TFR	478,191.24	
STAFF TRAVEL	355,514.21	
ALLOWANCES (ACCOM & TRANSPORT)	172,427.80	
ACCOMODATION	24,773.44	
S/Total		1,199,151.75
UTILITIES		
PHONE/FAX	6,793.33	
POSTAGE - STAMPS	36,240.36	
INTERNET & EMAIL	70,683.68	
ELECTRICITY - Solar Expense	46,774.05	
GAS	12,015.20	
COURIER - FREIGHT & DELIVERY	41,756.36	
CLEANING & REMOVAL	10,723.74	
WATER & SEWERAGE	187,761.30	
S/Total		412,748.02
OFFICE MATERIALS AND SUPPLIES		
STATIONERY	61,930.31	
SUPPLIES (MEDICAL)	132,614.17	
CONSUMABLES (TONER, CATRIDGES, etc)	57,720.55	
EQUIPMENT & SOFTWARE (STAPLES,CALCULATORS, CD)	10,086.13	
LIBRARY BOOKS, PERIODICALS,JOURNALS,MAGAZINES	66,815.04	
AMENITIES (TEA SUPPLIES, TOILETRIES,ETC)	51,816.49	
S/Total		380,982.69
OPERATIONAL MATERIALS AND SUPPLIES		
PATIENT RATIONS	390,359.79	
MEDICAL EQUIPMENT & SUPPLIES	94,535.53	
FREIGHT (air/road/sea)	86,647.55	
S/Total		571,542.87
TRANSPORT AND FUEL		
Vehicle Hire	53,928.00	
Dinghy Hire	613,140.43	
Fuel Cost	126,106.08	
Oil	28,522.15	
S/Total		821,696.66
ADMINISTRATIVE CONSULTANCY FEES		
AUDIT/ACCOUNTING SUPPORT	51,336.00	
LEGAL	14,239.53	
IT & COMPUTER SUPPORT	54,972.00	
VALUATION,ASSESSMENTS	31,496.00	
S/Total		152,043.53
RENTAL OF PROPERTY		
Building Rent	14,340.00	
Machine Rent	-	
Equipment Rent	2,995.00	
Furnitures & Fittings	65,711.06	
S/Total		83,046.06
ROUTINE MAINTENANCE EXP		
EQUIPMENT	42,974.51	
FURNITURE	292,077.56	
BUILDINGS	468,677.06	
VEHICLE	107,145.55	
GENERAL (DRAINAGE,PLUMBING,OTH)	6,073.45	
S/Total		916,948.13
OTHER OPERATIONAL EXPS		
ADVERTISEMENT	846,493.82	
CASUAL EMPLOYEES (PAYS)	132,118.55	
CLEANING & REMOVALS	12,836.34	
INSURANCE	4,296.56	
PRINTING & SUBSCRIPTIONS	1,600.00	
PROPERTY TAX	43,350.01	
RECRUITMENT & INTERVIEWS	43,690.82	
REPATRIATION	63,895.31	
ELECTION EXP	147,189.15	
S/Total		1,295,470.56
TRAINING		
Materials Cost for Training	239,768.32	
Volunteering Worker Pay	7,260.00	
Equipment Hire	20,700.50	
Venue Hire	18,290.00	
ACCOMODATION	12,533.75	
Vehicle/Dinghy Hire	96,211.84	
S/Total		394,764.41
MEMBERSHIP FEES, SUBSCRIPTIONS & OTHERS		
ANNUAL CONFERENCE	67,589.47	
MEMBERSHIP FEES	157,530.88	
S/Total		225,120.35
Capital Expenditure		
144 GRANTS TO INDIVIDUALS & NPO	207,622.89	
221 PURCHASE OF FURNITURE & OFFICE EQUIPMENT	62,419.71	
222 PURCHASE OF VEHICLES	195,896.66	
224 PURCHASE OF PLANT, EQUIPMENT & MACHINERY	236,926.20	
225 CONSTRUCTION, RENOVATION & IMPROVEMENT	296,943.59	
226 SUBSTANTIAL & SPECIFIC MAINTENANCE	846,755.81	
Advance to Salary/Project/Store Accts	-	
TOTAL FUNDS EXPENSED	K	8,300,079.88
SURPLUS/DEFICIT	-K	4,275,396.00

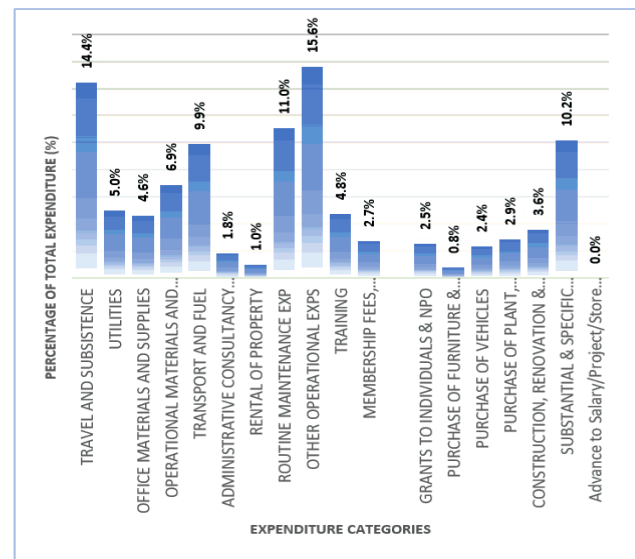
SUMMARY INCOME AND EXPENDITURE STATEMENT		TOTAL
Income	K	4,024,683.88
Expenditure	K	8,300,079.88
Remaining Balance (Surplus / Deficit)	-K	4,275,396.00

SUMMARY EXPENDITURE		TOTAL
121 TRAVEL AND SUBSISTENCE	K	1,199,151.75
122 UTILITIES	K	412,748.02
123 OFFICE MATERIALS AND SUPPLIES	K	380,982.69
124 OPERATIONAL MATERIALS AND SUPPLIES	K	571,542.87
125 TRANSPORT AND FUEL	K	821,696.66
126 ADMINISTRATIVE CONSULTANCY FEES	K	152,043.53
127 RENTAL OF PROPERTY	K	83,046.06
128 ROUTINE MAINTENANCE EXP	K	916,948.13
135 OTHER OPERATIONAL EXPS	K	1,295,470.56
136 TRAINING	K	394,764.41
142 MEMBERSHIP FEES, SUBSCRIPTIONS & OTHERS	K	225,120.35
Capital Expenditure		
144 GRANTS TO INDIVIDUALS & NPO	K	207,622.89
221 PURCHASE OF FURNITURE & OFFICE EQUIPMENT	K	62,419.71
222 PURCHASE OF VEHICLES	K	195,896.66
224 PURCHASE OF PLANT, EQUIPMENT & MACHINERY	K	236,926.20
225 CONSTRUCTION, RENOVATION & IMPROVEMENT	K	296,943.59
226 SUBSTANTIAL & SPECIFIC MAINTENANCE	K	846,755.81
Advance to Salary/Project/Store Accts	K	-
Total	K	8,300,079.88

Income & Expenditure Running Balance



SUMMARY EXPENDITURE DISTRIBUTION in (%)



V. ASSETS AND INFRASTRUCTURE DEVELOPMENTS (Tombil Adventist CHWTS – Jiwaka Province)



Tombil CHWTS - 3 New Staff houses



Tombil CHWTS – New 40 Bed Male Dorm



Tombil CHWTS – New 40 Bed Female Dorm



GLOSSARY:

1.1.Acronyms

AMR	Annual Management Report
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCG	Bacillus Calmette–Guérin (Tuberculosis vaccine)
CFR	Case Fatality Rate
CHS	Christian Health Services
CHSPNG	Christian Health Services Papua New Guinea
CHW	Community Health Worker
DDA	District Development Authority
DPM	Department of Personnel Management
DPs	Development Partners
DTP-Hib-HepB	Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type B, Hepatitis B vaccine
EDEN	Effective Development Empowering the Nation (Wholistic Approach)
eNHIS	Electronic National Health Information System
FIC	Fully Immunized Child
FP	Family Planning
GBV	Gender-Based Violence
GoPNG	Government of Papua New Guinea
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HRM	Human Resource Management
ICT	Information and Communication Technology
IPA	Investment Promotion Authority
IUD	Intrauterine Device
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MR	Measles-Rubella
MRDC	Mineral Resources Development Company
NDoH	National Department of Health
NEC	National Executive Council
NGI	New Guinea Islands Region
NGO	Non-Government Organization
NHP	National Health Plan
NSO	National Secretariat Office
PHA	Provincial Health Authority
PMTCT	Prevention of Mother-To-Child Transmission
PNG	Papua New Guinea
RDT	Rapid Diagnostic Test
SARV	Sorcery Accusation and Related Violence
SOP	Standard Operating Procedure
TB	Tuberculosis
TOT	Training of Trainers



1.2. Technical Terms

Term	Definition
Antenatal Care (ANC)	Health services provided to pregnant women to ensure safe pregnancy and delivery
Case Fatality Rate (CFR)	Proportion of deaths among identified cases of a disease
Curative Services	Medical services aimed at treating diseases and health conditions
eNHIS	Digital system used for collecting, managing, and analysing health data
Health Facility Levels	Classification of facilities based on service capacity (aid posts, health centres, hospitals)
Immunization Coverage	Percentage of target population that has received vaccines
Maternal Mortality Ratio (MMR)	Number of maternal deaths per 100,000 live births
Monitoring and Evaluation (M&E)	Processes used to assess program performance and outcomes
Outpatient Services	Medical services provided without hospital admission
Inpatient Services	Medical care provided to admitted patients
Public Health Programs	Organized efforts to prevent disease and promote population health
Rapid Diagnostic Test (RDT)	Quick test used to diagnose diseases such as malaria
Supply Chain Management	System of procuring and distributing medical supplies
Universal Health Coverage	Access to essential health services without financial hardship
Vector Control	Measures used to control disease-carrying organisms (e.g., mosquitoes)



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