



CHRISTIAN HEALTH SERVICES PAPUA NEW GUINEA



ANNUAL MANAGEMENT REPORT 2024

“Recapturing Christ’s vision and mission in the delivery of quality health services”



Christian Health Services PNG Annual Management Report 2024

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National Department of Health

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The information in this Annual Report 2024 is correct at the time of publication



OUR MISSION, VISION AND MOTTO

With over 5, 000 plus dedicated health workers with partners in 22 provinces serving across the country, CHSPNG continues to strengthen and transform community health services and to build a healthier PNG.

MISSION



Inspired by the Gospel of Jesus Christ, we strive to provide the best health care with dignity, respect, compassion and dedication in partnership with the government and nongovernment health care providers through health promotion, training, clinical care and evidence-based research work.



VISION

Church Health Services as a constitutional organization will strive to carry out the healing ministry of Jesus Christ by providing quality and affordable health care for all people.



MOTTO

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



ACRONYMS

AAP / AIP	Annual Activity Plan or Annual Implementation Plan
AMR	Annual Management Report
ACT	Artemisinin-based combination treatments
ANC	Antenatal Care
ARV	Anti- Retro Viral
BCG	Bacillus Calmette-Guérin (for tuberculosis)
CEO	Chief Executive Officer
CHSPayGRP	Christian Health Service Pay Group
CHS / CHS PNG	Christian Health Services Papua New Guinea
CHW	Community Health Worker
CP	Corporate Plan
DDA	District Development Authority
EDEN	Effective Development Empowering the Nation
eNHIS	Electronic National Health Information System
GoPNG	Government of Papua New Guinea
HF	Health Facility
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HIO	Health Information Officer
HM	Health Manager
HPO	Health Promotion Officer
HiBV	Haemophiles influenzae type B (part of the pentavalent vaccine)
IPV	Inactivated Polio Vaccine
KRA	Key Result Area
LLG	Local Level Government
MR	Measles-Rubella Vaccine
NDoH	National Department of Health
NGI	New Guinea Islands
NGO	Non-Government Organization
NHP	National Health Plan 2021 - 2030
NSO / CHS PNG NSO	Christian Health Services PNG National Secretariat Office
OPV (Sabin)	Oral Polio Vaccine
PFMA	Public Finance Management Act
PHA	Provincial Health Authority
RDT	Rapid Diagnosis Tests
SP	Strategic Plan 2025 – 2035
SOP	Standard Operating Procedure
TB	Tuberculosis
WHO	World Health Organization



OVERVIEW

The 2024 Christian Health Services PNG (CHSPNG) Annual Management Report presents a high-level synthesis of key operational domains and strategic outcomes. It encapsulates system-wide developments in digital health integration—particularly eNHIS access for Church-Based Health Facilities—alongside the advancement and execution of institutional planning instruments, fiscal resource allocation, and workforce management.

The report further delivers a performance-driven analysis of pharmaceutical supply chain management, regional health service delivery metrics, maternal health outcomes, and public health program rollout. It provides a situational review of curative service provision, operational status of church-administered hospitals, distribution of medical technologies, strategic oversight missions by CHS stakeholders, and an evaluative summary of infrastructure capacities and gaps across the CHS network.

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CHSPNG Process Map for Health Sector Report

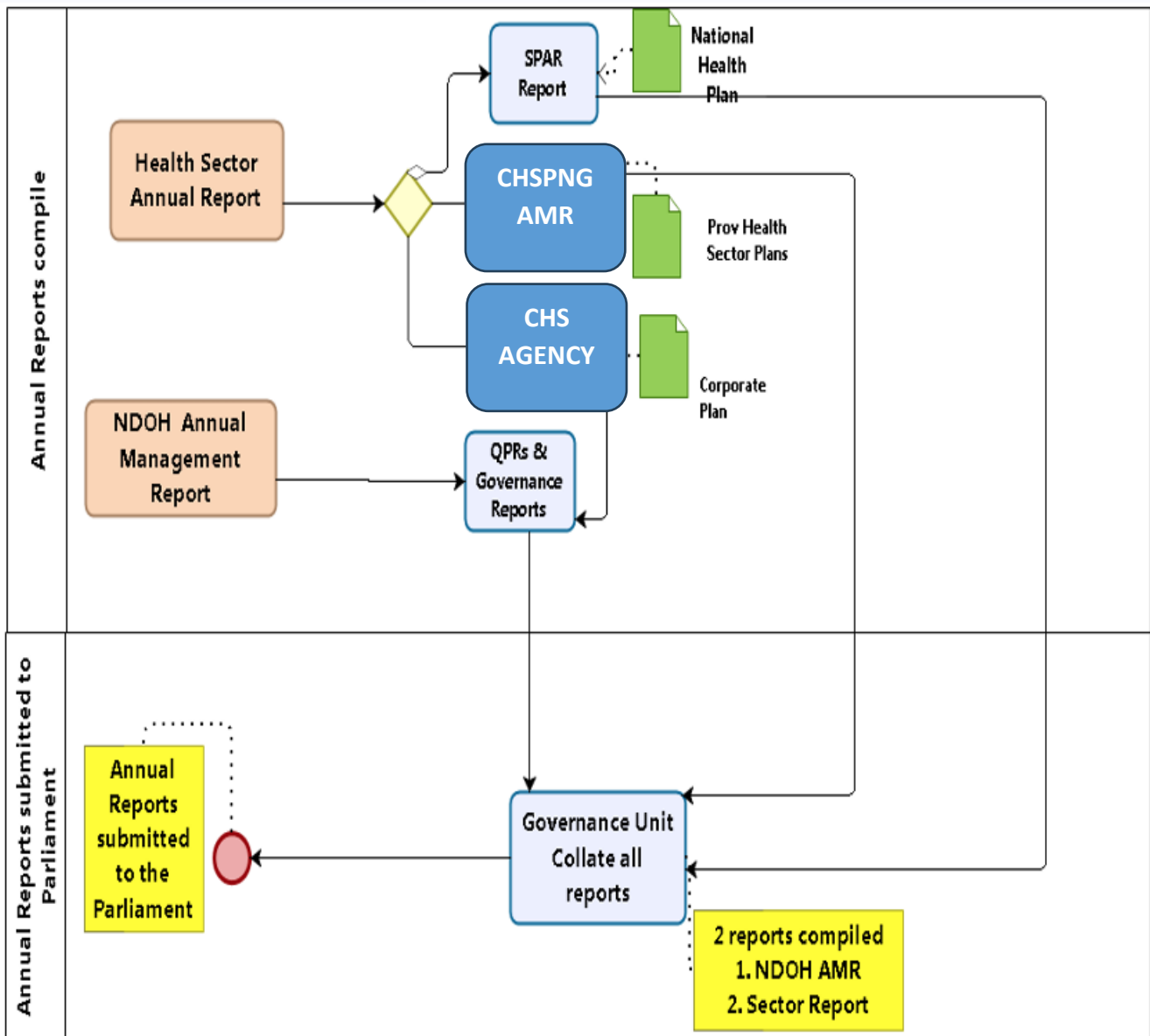




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CHAIRMAN'S MESSAGE

Mr. Japalis Kaiok

Executive Chairman, CHSPNG General Assembly & Executive Board

With great honour and humility, this first ever Annual Management Report from Christian Health Services is presented to the National Department of Health in the form of the Annual Management Report for the year 2024 on behalf of the General Assembly and its Executive Board.

The Annual Management Report reflects the performance of Services providers provided by the member Church agencies and affiliate members in the year 2024 as the main partner in the delivery of Health Services. Church Health Services play a pivotal role in contributing effectively to meet the Key Performance Indicators of the PNG National Health Plan 2021 to 2030. This report allows us to measure progress, identify gaps, inform on future planning and resource allocation. It also serves as a record of the tireless service of our frontline health workers, who continue to deliver health care services in challenging and often under-resourced environments.

I commend the CHSPNG Management and member agencies for the hard work, collaboration, and dedication that have gone into producing this report. Your efforts ensure that our impact is visible, measurable, and aligned with national priorities.

I also acknowledge and thank the National Department of Health for its continued support and partnership. Together, we are making strides toward a healthier Papua New Guinea, one life, one community at a time.

As we reflect on 2024, let this report also remind us of our greater purpose—to serve with integrity, to lead with compassion, and to glorify God through the work of our hands. May it inspire us all to continue striving for excellence in Christian health service delivery.

In conclusion, the Church Health Services are historical partners in delivery of Health Services in Papua New Guinea. We are committed in this partnership and will continue to strengthen the partnerships at the **National** and Provincial levels to improve health care services to our people. We remained steadfast in our mission to provide 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



FOREWORD

CHS CHIEF EXECUTIVE OFFICER



It is with deep gratitude and reflection that I present the First Christian Health Services Papua New Guinea (CHSPNG) Annual Management Report (2024). This document reflects the work, challenges, and achievements of the Church run health services under Christian Health Services that has served our people for decades.

From the humble beginnings of the 1870s—when missionaries’ wives offered care from their homes—to the formal establishment of health services by the Lutheran Red Cross Missionaries in 1894, churches have long stood as beacons of healing and compassion across Papua New Guinea.

Today, through the tireless efforts of our Church- Health Agencies, that legacy has grown into a nationwide health service network reaching all 89 districts with well over 513 health facilities and 19 health worker training schools. Mostly serving the rural remote and disadvantaged communities where there are no other health services providers.

Our journey has been one of both a calling to serve and that of a responsibility to God and our people. Since the 1920s, the State has recognized the value of church health services, supporting its growth through the provision of grant assistance to Churches. Today, through the Government’s Church Grant Assistance Program, CHSPNG receives nearly 90–100% of its operational funding—an acknowledgment of the role CHSPNG plays in the national health service of the country.

From the pre independence period and up till now after PNG gained independence in 1975, the church’s health services under Christian Health Services has largely operated without a unified strategic plan despite it having a vision. That chapter, however, is now turning. Over the past two years, CHSPNG, in close collaboration with its member and affiliated implementing agencies, has developed a strategic framework aligned with the National Health Plan 2021–2030. Our goal is to bring clarity to our mission, streamline interventions, and focus our limited resources where they are needed most.

This report outlines our 2024 performance across key operational areas: **planning and governance, financial and workforce management, medical equipment supply, curative and preventive health service delivery, and infrastructure development.** It also highlights our progress toward implementing a unified monitoring and evaluation framework to improve transparency, accountability, and the overall effectiveness of health service delivery programs.

None of this would be possible without the commitment of our health workers—serving in remote and often challenging environments—with love, resilience, and unwavering faith. Nor would it be possible without the support of our valued partners in the **Government of PNG, church leaders, donor partners, and stakeholders** who continue to walk beside us on this path.

As we look ahead, we do so with confidence—anchored in our history, driven by our vision, and inspired by our calling to serve the people of Papua New Guinea with dignity and humility

Together, let us continue this critical journey of serving with love, dedication, compassion, and commitment in humility.

In His Calling: Serve Not to Be Served.

Mr. Ulch Tapia
Chief Executive Officer CHS PNG Inc.



EXECUTIVE SUMMARY

Christian Health Services (CHS) is a constitutional body registered with the PNG Registrar of Companies and enacted by an Act of Parliament (CHS Act 2007). It represents the 26 Church Health Services agencies and 6 Associate Members in PNG and its entire workforce. CHSPNG is the operator of 513 health facilities including Kudgip Jiwaka Nazarene Provincial Hospital and 17 Health Worker Training Schools. CHS is a recognized traditional partner in the delivery of Health Services in Papua New Guinea. Christian Health Services Papua New Guinea (CHSPNG) Incorporated footprint extends across all 22 provinces in Papua New Guinea (PNG). CHSPNG is a reliable partner in delivering health care services and the training of Midwives, General Nurses and Community Health Workers guided by Christian principals and values. CHSPNG continues to play a critical and irreplaceable role in Papua New Guinea's health sector, especially for the underserved rural communities.

National Reach and Service Provision

CHSPNG provides an estimated 70% of its healthcare services in rural areas, operating a network of over 500 health facilities including Aid Posts, Urban Clinics, Health Centres, District Hospitals, and one Provincial Hospital. These facilities are often the only accessible source of medical care in remote communities, embodying the principle: "Where the government cannot go, CHSPNG is there." Services cover public health, curative care, maternal and child health, disease management (TB, HIV/AIDS, malaria), and health promotion.

In 2024 alone, CHSPNG facilities conducted:

- ❖ 365,430 rapid malaria tests, with a declining trend in clinical malaria diagnoses over five years
- ❖ Over 2,000 tuberculosis cases, contributing to roughly 19–25% of national TB notifications annually between 2020–2023
- ❖ Immunizations for over 80,000 children under one year, with third-dose coverage rates of up to 27.9% given by CHS facilities (out of a national total for 50%), indicating that CHS facilities at times are responsible for carrying out more than half of all vaccinations within a province
- ❖ HIV counselling, ART access, and PMTCT services to over 200 pregnant women, contributing to 25% of national ART coverage

Health Workforce and Training

CHSPNG is a key driver of PNG's health workforce. The agency oversees:

- I. 14 Community Health Worker Training Schools
- II. 5 General Nursing Colleges (1 Bachelors Degree in Nursing, 4 Diploma Nursing)
- III. 2 Midwifery School
- IV. A government-endorsed workforce ceiling of 5,723 positions, with 2,559 filled and 3,164 vacancies signifying CHSPNG's capacity-building mandate and the need for sustained investment in recruitment and training.

In 2024, major progress was made in transitioning further staff to the GoPNG ALESCO payroll system, improving transparency, compliance, and financial governance. However, challenges such as over-expenditure (K19.53M in Personnel Emoluments) contributed by unfunded Training Schools Workforce remain and are actively being addressed.

Governance and Strategic Alignment

The CHSPNG National Secretariat, under the oversight of the Executive Board, ensures coordination, compliance, and strategic planning across all agencies. The launch of the CHSPNG Strategic Plan 2025–2035, aligned with the National Health Plan 2021–2030, marks a critical milestone in modernizing governance and reaffirming the organization's mission.



A clear planning and performance framework exists through:

- ✓ Annual targets supported by Key Performance Indicators (KPIs)
- ✓ Structured Monitoring & Evaluation systems
- ✓ Integrated use of the electronic National Health Information System (eNHIS), with login access granted to over 50 facilities in 2024

Infrastructure and Equipment

Despite notable successes in facility development (e.g. the new Kapuna Hospital, upgrades at Kudjip and Kompiam), infrastructure remains a significant challenge:

- Over 60% of CHSPNG facilities need urgent rehabilitation
- Several hospitals are functioning in old or deteriorated structures, requiring demolition and rebuilding
- Cold chain and diagnostic infrastructure are still underdeveloped

In 2024, CHSPNG shipped critical equipment (X-rays, oxygen concentrators, sterilization tools), improving service capacity across all CHS hospitals.

Financial Stewardship

The 2024 budget appropriation totalled K64.84 million, with the largest allocations to:

- Salaries (K61.04 million)
- Operational grants (K3.8 million)

Actual expenditures reached K69,709,384.00, with the bulk attributed to Personnel Emoluments at K43,599,748.50 and Operational costs at K26,109,636.00. The variation between budgeted and actual spending—particularly the over-expenditure of operational funds—was largely due to the rollover of surplus funds from 2023, which were injected into the 2024 operational cash flow to support health service delivery because of the insufficient funding for health services delivery.

In response, the Secretariat has commenced several corrective and strengthening measures, including enhanced financial monitoring visits, improved reporting systems, and stricter asset and expenditure controls to ensure fiscal discipline and transparency moving forward.

Strategic Supervision and Partnership

CHSPNG conducted health facility supervisory visits in all four regions in 2024, though only 33% of targeted agencies were reached. Supervision visits, often conducted in partnership with the Department of Health, Provincial Health Authorities (PHAs), and Development Partners, identified gaps in clinical support, technical mentoring, and infrastructure. This underscores the need for sustained supervision funding and harmonized coordination with PHAs.

Conclusion

The Christian Health Services PNG remains a cornerstone of healthcare service delivery and workforce development in the country. Its contributions are vital for rural health coverage, training, and spiritual care. However, resource shortfalls - especially for operations, aging infrastructure, human resource vacancies, and coordination bottlenecks pose ongoing challenges. CHSPNG's forward-looking strategy, anchored in faith and national alignment, offers a resilient roadmap to achieving Universal Health Coverage in PNG. Continued investment, effective partnerships, and policy recognition are vital to reinforcing CHSPNG's capacity to serve where it's needed most.



PART A: GENERAL INFORMATION

Christian Health Services of Papua New Guinea (CHSPNG) is a major partner to the Government of PNG in the delivery of Health Care Service in PNG. CHSPNG NSO is the Office that represents all its Agencies in the country. It serves as a link between the government and the Christian Health Services By partnering with the National Department of Health (NDoH), CHSPNG bridges the gap between the public health system and the community-driven healthcare provided by faith-based organizations.

The recognition of CHSPNG by the PNG government through the Christian Health Services PNG Act 2007 underscores its integral role in overseeing and managing government-funded church health agencies across the nation.

Provision of Health Care Services

CHSPNG’s primary focus on health care delivery positions it as one of the leading contributors to PNG’s healthcare system. The organization provides approximately 70% of primary healthcare services in rural areas, making it a lifeline for underserved communities. These services are delivered through an expansive network of health facilities, including Aid Posts Urban Clinics Health Centers District Hospitals and a Provincial Hospital. A brief description of these levels of facilities is provided below:

Facility Type	Description
Aid Posts and Health Sub-centers	Provide basic medical care and first-line treatments for minor injuries and illnesses.
Urban Clinics	Cater to growing populations in towns and peri-urban areas, focusing on preventive health care and outpatient services.
Health Centers, District Hospitals, and Provincial Hospitals	Offer a higher level of care, including inpatient services, childbirth assistance, and treatment for complex cases.

These facilities are often strategically located in some of the most remote and challenging terrains in PNG. Highlighting CHSPNG’s commitment to equitable access to healthcare. Addressing the wide array of needs such as maternal and child health care, immunization campaigns, and the management of communicable diseases like malaria, tuberculosis (TB), and HIV/AIDS remains the primary focus of CHSPNG health services. Where Primary Health Care is its overarching objective.

Health Worker Training

Equipping health professionals with the knowledge and skills to deliver quality care is another primary cornerstone of CHSPNG’s operations. The organization oversees four General Nursing Schools and 13 Community Health Worker (CHW) training schools in PNG. These schools are dedicated to producing the health workforce for health ensuring the graduation of highly skilled nurses and CHWs who are capable of meeting the unique challenges faced in delivering health care in the rural and underserved areas of the country.



Training programs managed by CHSPNG are: Aligned with National Health Service Standards_(NHSS), ensuring that graduates meet the competency requirements of PNG's healthcare system where the health system is:

Focused on rural health challenges: The CHW training program is designed to train health workers to operate effectively in resource-limited settings, managing a wide range of health issues.

Committed to capacity building: Continuous Professional Development (CPD) programs provide opportunities for upskilling health workers, keeping them updated on modern practices and medical advancements. Although there is a lot of room for improvement in this area there is still a major need to focus on developing In-Service and Post Graduate training for the health workforce targeting new skills and knowledge. This dual focus on service delivery and workforce development creates a robust healthcare system that can sustain the growing health demands of PNG's population.

National Health Goals

CHSPNG plays an important role in PNG's effort to achieve its National Health Plan objectives, which focus on improving health outcomes and ensuring universal access to healthcare.

The organization's contributions include:

Contribution	Description
Fostering Collaboration	Brings together faith-based health agencies, promoting resource sharing and best practices of health.
Community Involvement	Empowers local populations through health education, awareness campaigns, and community-driven initiatives.
Sustainable Health Delivery	Ensures healthcare accessibility and sustainability through government grants, church resources, and donor support.

A Holistic Approach to Healthcare

Additionally, CHSPNG embraces the EDEN Wholistic Approach to healthcare. This approach is characterized by its commitment to holistic and compassionate care, integrating physical, mental, and spiritual well-being into service delivery. Guided by Christian values, the EDEN Wholistic Approach recognizes that health is not just the absence of disease, but also encompasses social, emotional, and spiritual dimensions, promoting a more comprehensive view of well-being.



CORE FUNCTION OF THE ORGANIZATION

Christian Health Services PNG (CHSPNG) operates through a close collaboration with a network of church-based health agencies and facilities across Papua New Guinea. These faith-based institutions are essential to the nation's healthcare system to be found in the remotest areas of the country where they are often the only providers of healthcare services, playing a critical role in delivering essential health care to communities that otherwise might not have access to basic medical assistance.

The health network of CHSPNG includes hospitals, health centers, urban clinics, aid posts, and health training schools. These institutions are central to CHSPNG's mission, to provide health care to the people in the rural areas denoting this mindset of "Where the Government cannot go CHSPNG is there". These agencies of CHSPNG ensures that vital healthcare services are available, ranging from preventive care to specialized medical treatment.

- I. **Public Health:** Focusing on illness prevention and health promotion will be a Key Pillar of action of CHSPNG. Strengthening public Health program such as vaccination campaigns, maternal and child health programs, and disease education initiatives community outreach through mobile clinics. Reaching these isolated pockets of populations will ensures isolated populations receive essential services, including sanitation, hygiene, and nutrition education.
- II. **Curative Health:** CHSPNG delivers critical medical services through its various levels of health facilities. Offering primary care, specialized treatments, and emergency care. Services include outpatient and inpatient care, surgeries, and rehabilitation, ensuring an optimal quality healthcare is accessible when needed.
- III. **Training Schools:** CHSPNG is a major contributor of PNG's healthcare workforce for the PNG Health Care system. By training nurses, community health workers, and Midwives. Curriculums used in the CHSPNG training schools are accredited curriculums and are designed to equipping graduates to meet evolving healthcare demands and ensuring sustainable community care.

The contributions to the health system CHSPNG's network are important to addressing PNG's health challenges. Whether through conducting public health outreach programs, offering medical care, or training future healthcare professionals, these agencies make a lasting impact on the health and well-being of individuals and communities.

One of organization's primary functions is managing the allocation of funds for health services, working closely with government bodies to secure necessary financial support. This involves developing and managing budgets, overseeing appropriations, and ensuring the transparency and accuracy of financial reporting. Monitoring and evaluation are also key aspects of CHSPNG's mandate, ensuring that all projects and services adhere to set standards and objectives, especially within rural communities where access to health services is critical and serves a vast rural population through its network of church health agencies, training institutions, and healthcare professionals.

The Secretariat's collaboration with church health agencies and their training schools is essential in maintaining the continuity of healthcare services. The CHSPNG also works closely with the GoPNG and international donors to ensure that health services align with national health plan, goals and international standards.



The ALLESCO PAYROLL:

With the drive to be more transparent in the area of staff and personnel emoluments, one of the key initiatives that CHSPNG has taken on board is support for the GoPNG ALESCO payroll system. This is work in progress with the onboarding processes for health workers truly well underway. A brief update of this work is as follows:

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

Region	Province	Total Position	Total Hired	Vacancies
HIGHLANDS	7	2331	1136	1195
MOMASE	4	1490	586	904
SOUTHERN	6	1561	672	889
NGI	5	341	165	176
TOTAL	22	5723	2559	3164

**** Data Source CHSPNG HR Section February 2025****

CHSPNG is exploring ways to create a structured system that guarantees timely responses to inquiries from agencies. Many health agency managers have reported delays or lack of communication regarding payroll and staffing matters, a concern CHSPNG is actively addressing. Ensuring a reliable and transparent feedback mechanism is essential to maintaining trust and smooth operations within the network of church health agencies.

Through these efforts, CHSPNG continues to build stronger relationships with its stakeholders and member agencies, ensuring that church-run health facilities and its entire workforce remain an integral part of PNG's healthcare landscape. By focusing on both health service delivery and the spiritual mission of the church, CHSPNG remains committed to improving the lives of those it serves by also meeting its corporate obligation to look after the welfare of its health care workers.

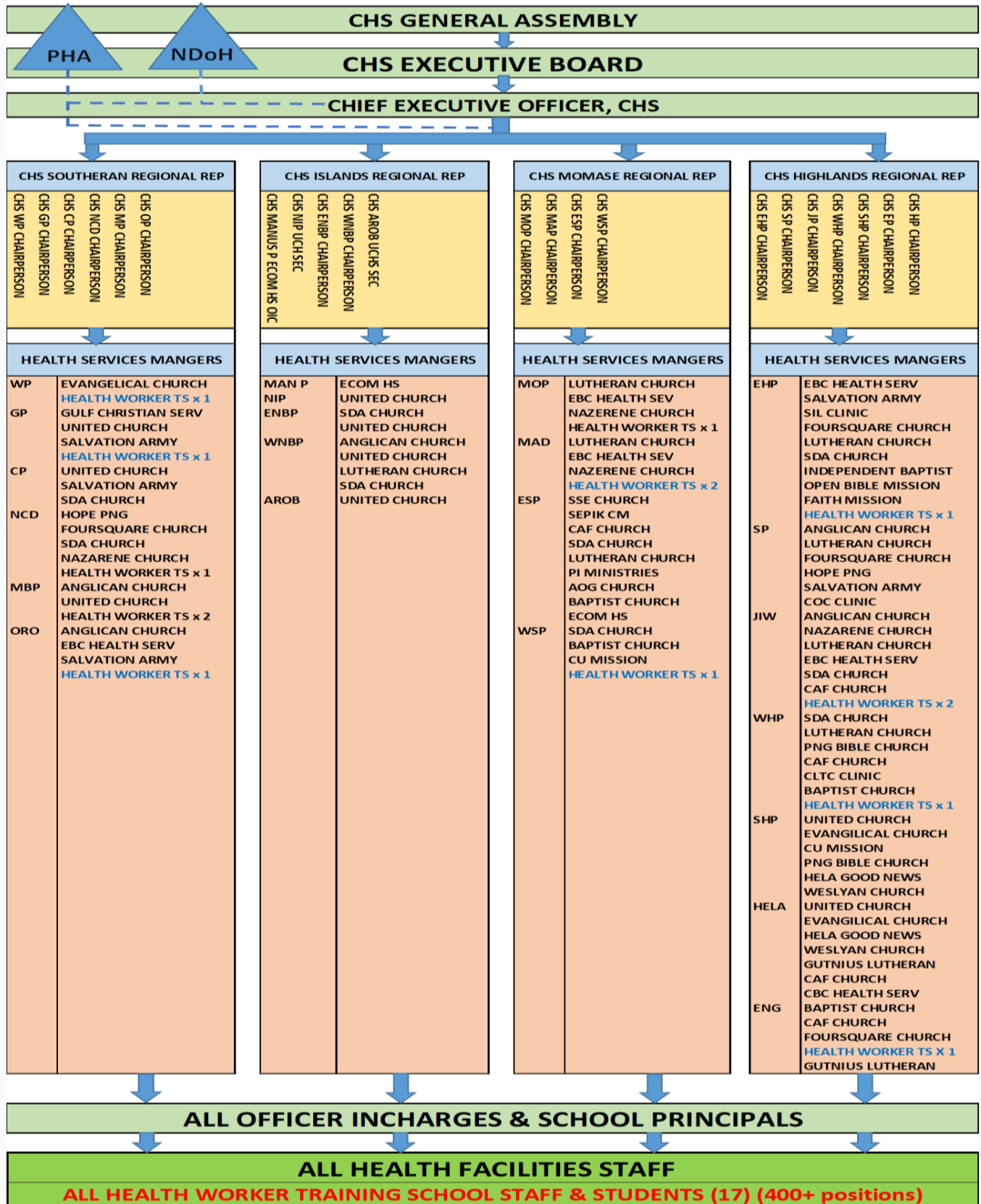
ORGANIZATIONAL STRUCTURE

The structure below illustrates the central role of the CHSPNG National Secretariat Office in coordinating the various functions that support the efficient delivery of health services across its member agencies and training institutions. The national secretariat acts as a liaison, advocate, and coordinator between its member organizations and external stakeholders, including the Government of PNG (GoPNG), donors, and other partners.

The Christian Health Services of Papua New Guinea (CHSPNG) 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.



Figure 1: Showing CHSPNG Organizational Structure





PART B: PERFORMANCE INFORMATION

HEALTH INFORMATION SYSTEMS

Christian Health Services PNG (CHSPNG) currently is using the electronic National Health Information System (eNHIS) of the GoPNG Health Department. This system is currently active and plays an essential role in enhancing the efficiency and effectiveness of health data management across the organization.

CHS National Secretariat Office conducted workshops across the Highlands, Momase, Southern, and NGI regions, focusing on upskilling health managers in IT capability (Refer to the table). These workshops emphasized improving data management competencies, specifically through basic Excel training. This training assisted to enhance the health managers' ability to process and analyze health data, such as patient statistics, disease surveillance reports, and financial summaries.

Health Managers were provided with eNHIS login access to facilitate their engagement with the national health information system. This access was essential in enabling health managers to apply their newly acquired skills to real-world data scenarios. Thus, allowing them to input, retrieve, and analyze health data directly through eNHIS that they can be able to do self-evaluation on service delivery.

eNHIS system access is possible through the CHSPNG National Secretariat Office (NSO). Some facilities may have already received access through the Department of Health. This data reflects only those assisted by CHSPNG NSO.

Table 2: Demonstration of the number of health facilities granted eNHIS login access

Region	Agency Login Access Count	Number of Facility	Percentage (%)
Highlands	27	227	11.9
Momase	14	123	11.4
Southern	9	121	7.4
NGI	7	43	16.3

- 1. Highlands:** Despite having the largest number of facilities (227), only 11.9% (27 facilities) are utilizing the system. This indicates limited engagement, despite prior access provided by the Department of Health and recent facilitation by CHSPNG.
- 2. Momase:** With 14 out of 123 facilities accessing the system (11.4%), participation remains moderate. The data suggests that while recent facilitation has increased access, engagement levels are still suboptimal.
- 3. Southern:** The Southern region reports the lowest access rate (7.4%), with only 9 facilities logged in. This underscores potential barriers to system adoption, including logistical challenges and limited awareness.
- 4. NGI:** NGI shows the highest access rate (16.3%) with 7 facilities accessing the system out of 43. This suggests more effective adoption, likely due to recent facilitation efforts and fewer regional barriers.



Challenges in eNHIS Implementation within CHSPNG

While the electronic National Health Information System (eNHIS) has improved data management and reporting within CHSPNG, several challenges hinder its full potential.

- a) **Limited Access to Technology and Connectivity:** Remote facilities face poor connectivity, affecting data transmission speed, accuracy, and timeliness. Despite this, CHSPNG agencies continue to adapt and improve reporting.
- b) **Insufficient Training and Capacity Building:** Although CHSPNG has provided workshops and login access in 2024, limited technical skills remain a challenge. Follow-up training is needed to ensure health managers can effectively use the system.
- c) **Incomplete Data Capture and Reporting:** Facilities without eNHIS access cannot contribute data, leading to inconsistencies in national health reporting.
- d) **Inadequate Support and Follow-Up:** The absence of dedicated technical support leaves users struggling with system issues. Local IT officers at the agency level could help address these challenges.

Sustaining eNHIS Efficiency

For the sustenance and an effective communication flow in the agencies of CHSPNG two things remain central to this challenge and they are: the availability of a constant supply of energy and a reliable communication network.

Supporting the disadvantaged health facilities is something CHSPNG will need to consider for the future.

Training and refresher courses are needed to further enhance the skills of health managers and staff in the area of IT and routine system updates will also play a significant role in maintaining the functionality and usability of eNHIS. With proper advice and expertise, it is a need to include ongoing IT training for all Health Managers and Data officers of CHSPNG.

Strengthening the Monitoring and Evaluation need for the CHSPNG Program and Health data to track the performance of eNHIS in real-time. Regular evaluations and the use of key performance indicators (KPIs) will ensure that issues are identified early, and corrective actions can be taken quickly.

Table 3: eNHIS Implementation Progress Report

Health Information System	Status	Progress Summary
Electronic National Health Information System (eNHIS)	Operational	Workshops conducted across all four regions.
	Active	Login access granted to agency Health Managers.
	Active	Health Managers trained in data management using Excel.

CHS NSO Internal Monitoring & Evaluation 2024



PLANNING & MANAGEMENT PROCESS

CHSPNG operates under a structured governance system led by the General Assembly, supported by the Executive Board and the National Secretariat Office (NSO). The planning and management process of CHSPNG entails the following steps:

Planning and Management: Done through the Executive Board. The Board determines all action to be taken to attain specific needs of the organization through the office of the CEO and the Management team. Key Performance indicators are developed to assist Officers to achieve the Board's agendas.

Organizing: The coordination of activities is carried out through administration section of CHSPNG as a direct instruction from the CEO or as Meeting Resolutions from the Board the Management Team and from partners were deemed necessary.

Leading: The National Secretariat Office is run as an office with sub divided sections to make it more responsive and leaner to carry out its delegated function effectively. Each of these sections is managed by a manager who is responsible for the performance of the section and the officers attached to the section. The managers are tasked to manage the people under their charges.

Controlling: The Monitoring and Evaluation function is a Key activity of the CEO and the CHSPNG management team. Keeping track of planned activities and their set objectives and good use of resources. Reports are generated from the respective sections and a deliberated during the Staff and mostly during the management team meeting.

This system ensures that the organization functions cohesively while promoting accountability and transparency. The Secretariat facilitates coordination across health agencies and training institutions, implementing strategies to meet national health objectives and the organizations newly launched Strategic Plan 2025–2035.

Guided by its Constitution, the CHS Act 2007, and aligned with the National Health Plan (NHP) 2021–2030, CHS PNG remains committed to its foundational principles of Prayer, Christian Unity, Dignity, Integration, Sustainable Development, Community Ownership, and Multiplication. These values anchor the organization's governance and operational framework.



CHSPNG Key Challenges and Considerations

While CHSPNG operates under a structured governance system, there are challenges in consistently applying governance practices across all levels. Different health agencies and training institutions might face varying levels of capacity and resources, leading to potential inconsistencies in oversight and decision-making. Ensuring uniform governance standards across all entities, particularly in remote areas, can be complex.

The alignment of CHSPNG's strategic objectives with the broader goals of the National Health Plan (NHP) 2021–2030 is crucial. However, challenges may arise in translating these national priorities into practical, localized actions. Disparities in health outcomes across provinces might result in uneven service delivery, making it difficult to ensure equal access to care and leaving some communities behind.

I. Limited Resources for Capacity Development

Despite a strong focus on leadership training and capacity-building initiatives in all levels, CHSPNG may encounter difficulties in securing adequate funding and resources for these programs. Without sufficient investment in human resources, training, and infrastructure, health agencies and institutions may struggle to fully implement the Strategic Plan 2025–2035, affecting the quality and reach of healthcare services.

II. Infrastructure and Equipment Gaps

Many health facilities, particularly in rural or remote areas, still face significant infrastructure and medical equipment gaps. Improving service standards requires addressing these issues, but limited access to modern healthcare facilities and essential medical equipment can hinder the consistency and quality of care, potentially delaying progress in achieving national health objectives.

III. Community Engagement and Ownership

Although CHSPNG strives to empower communities to take ownership of health initiatives and programs, achieving active community participation can be challenging. Cultural, geographical, and logistical barriers might limit involvement, while some communities may lack the necessary resources, skills, or infrastructure to sustain health programs independently. Overcoming these challenges requires tailored solutions that address local needs and ensure long-term sustainability.



Enhancing CHS Planning and Management Process

Christian Health Services PNG will maintain alignment with the National Health Plan 2021–2030, will develop localized strategies that reflect both national objectives and regional needs. This approach will ensure equitable health service delivery, especially in underserved areas and invest in capacity development through leadership training and resource allocation. The organization will also seek sustainable funding from government support, donor partnerships, and innovative financing models to strengthen health agencies and training institutions.

The organization will strategically employ the eNHIS platform in conjunction with its internally developed Monitoring and Evaluation (M&E) systems to systematically monitor the performance of CHS health facilities, agency corporate plans, and the overarching CHS strategic plan. This cohesive framework will be meticulously aligned with the National Health Plan, ensuring a seamless integration of efforts across all levels.

CHSPNG aims to create a robust and resilient healthcare infrastructure that is both adaptive and enduring, thereby advancing its commitment to the National Health Plan and broader health objectives.

Table 4: CHSPNG Policy and Governance processes review progress status update

Strategic Documents for CHS PNG	Status	Achievements
1. CHS PNG Constitution (Revised October 2024)	In Effect	Framework that governs CHS PNG Operations
2. CHS PNG Act 2007	Legislated	The enactment of the CHS PNG Act 2007 by the PNG National Parliament. Act is currently being reviewed for repealing and introduction of new bill in 2026
3. CHS PNG Strategic Plan 2025 – 2035	Implementation stage	After 54 years, CHS PNG launched the CHS PNG Strategic Plan 2025 – 2035
4. CHS PNG NSO CP	Under Review	Draft Developed
5. CHS PNG Agency CPs	Under Review	Draft Developed (Health Agency sending in their CP's)
6. CHS PNG Training School CPs	Under Review	Draft Developed (Training Schools sending in their CP's)



FINANCIAL RESOURCE AND ASSETS MANAGEMENT

Effective financial resource and asset management is essential to the operations of CHSPNG, ensuring the sustainability of its mission to provide primary healthcare services in remote areas of Papua New Guinea. CHSPNG's financial management functions encompass the allocation, distribution, and oversight of government grants, donor assistance, and other limited resources to its affiliated member agencies.

A key aspect of this process involves the responsible procurement and utilization of funds, particularly government grants administered through CHSPNG, to support health service delivery at the institutional level. CHSPNG adheres to a prudent financial management approach, ensuring transparency and accountability in all financial transactions at both the National Secretariat Office (NSO) and member institutions.

Guided by the Public Financial Management Act (PFMA) and the CHSPNG Act 2007, CHSPNG ensures that financial resources, especially grants, are utilized as intended—to enhance healthcare access for rural communities. Compliance with these regulatory frameworks reinforces the organization's commitment to sound financial stewardship and effective service delivery.

Table 5: CHSPNG Total 2024 Budget Appropriations, actuals and balance

Funding Category	Appropriation	Actuals	Balance
Salary Offline	K61,040,000	K28,650,964.00	-K32,389,036.00
Salary Online	K50,000,000	K69,530,000.00	+ K19,530,000
Operational Grant	K3,800,000	K3,800,000	NIL
ALESCO Rollout Offline	K3,000,000.	K8,000,000	NIL
Total Funding	K117,840,000		
Balance		K32,450,964.00	-K32,389,036.00

NB: Financial disbursements for 21 agencies are currently withheld and serviced directly due to non-compliance with regulatory and financial governance requirements. The allocated funds remain withheld.

The financial oversight and administration of CHSPNG's assets are entrusted to the Finance Team, ensuring compliance with regulatory standards and transparency in asset utilization. A structured asset management framework is in place to categorize, monitor, and report on the organization's physical and financial assets.



Classification CHS Assets

CHSPNG maintains a comprehensive asset inventory, distinguishing between fixed assets—including buildings, vehicles, office equipment, properties, and real estate—and operational assets utilized across its network. Asset management is conducted through a dedicated asset management account, which operates independently to facilitate precise financial tracking and reporting. This separation of accounts ensures clear delineation of funds received from the Government of Papua New Guinea (GoPNG), enhancing accountability and financial reporting integrity.

While the National Secretariat Office (NSO) oversees the management of CHSPNG-owned properties, it does not independently authorize decisions related to the asset account. Asset procurement and ownership remain under the governance of the Christian Health Association, through which capital assets are acquired. The NSO, however, retains responsibility for reporting on assets directly under its control, including office supplies and white goods.

Financial and Operational Considerations

CHSPNG national secretariate office does not directly own capital assets such as buildings and major infrastructure; instead, these are leased through the **Christian Health Association** to support operational requirements. Asset acquisitions are strategically financed through a structured funding mechanism, including a 1% contribution deducted from staff salaries.

This funding stream reinforces CHSPNG's ability to maintain and expand its asset base while sustaining essential health service delivery.

This asset management approach ensures financial prudence, regulatory compliance, and strategic allocation of resources to maximize healthcare impact across Papua New Guinea.

Table 6: CHSPNG Association Assets Inventory and Status update

Asset	Description	Status
Office Building (Infrastructure)	CHS Office Building	Currently in use by NSO staff.
Vehicles	2x Toyota Hilux, 1x Bus, 1x Niu Ford	2x Toyota Hilux & 1x Bus in good working condition; 1x Niu Ford undergoing mechanical repair.
Property (House, Units/Apartments)	10x Houses, 1x Apartment Units 4 in 1, 1x CHS Units 1-5	All properties in good working condition.



Financial Management Challenges

Several financial management challenges persist within CHSPNG, primarily related to procedural aspects and accountability. One significant issue is the delay in the submission of monthly financial reports by some affiliated agencies, which impedes the timely and accurate monitoring of financial performance. This delay can hinder the ability of the National Secretariat Office (NSO) to ensure that financial activities are aligned with organizational goals and regulatory requirements.

Additionally, inconsistent communication between certain agencies and the NSO presents a barrier to effective coordination and resource allocation, ultimately affecting the smooth execution of programs and the overall strategic direction of CHSPNG's operations.

Addressing these challenges presents an opportunity to enhance operational efficiency, strengthen communication channels, and ensure the long-term sustainability of CHSPNG's mission in providing essential healthcare services across Papua New Guinea.

CHSPNG's Financial Management Enhancements

To address current challenges and strengthen financial management practices, CHSPNG is implementing several strategic actions that are currently in practice within CHSPNG:

- 1) **Recruitment of Qualified Finance Professionals:** CHSPNG is actively recruiting skilled finance professionals, particularly those with expertise in grant management and reporting, to ensure the right personnel are in place for effective financial oversight.
- 2) **Implementation of Online Reporting Systems:** CHSPNG is enhancing its financial reporting processes by adopting an online platform for real-time submission of expenditure reports from agencies. This system will generate consolidated and accurate financial reports, improving transparency and efficiency in financial monitoring at the National Secretariat Office (NSO).
- 3) **Requesting National Office Assistance:** The organization is engaging the National Office for additional support in accounts management and reporting. This may include capacity-building initiatives or direct assistance to overcome challenges in financial tracking and compliance.
- 4) **Financial Monitoring Visits:** The CHS Finance Team is conducting regular financial monitoring visits to health agencies and facilities. These visits serve as "health checks" to identify challenges, provide guidance, and improve reporting accuracy and consistency throughout 2024 and beyond.

After more than 50 years of operation, CHSPNG is committed to demonstrating its capacity for effective financial management to government and donor partners. By addressing these challenges and showcasing improved financial practices, CHSPNG is securing greater autonomy, long-term sustainability, and reaffirming its credibility with key stakeholders.

The NSO will be approached for support in strengthening accounts management and reporting practices. Financial monitoring visits will be conducted to assist health agencies in addressing reporting challenges, by demonstrating its capacity to manage financial affairs effectively, CHSPNG aims to secure greater autonomy and long-term sustainability, reaffirming its credibility with government and donor partners.



HUMAN RESOURCE MANAGEMENT

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 in compliance with NEC Decision #: 375/2013**
- 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.**

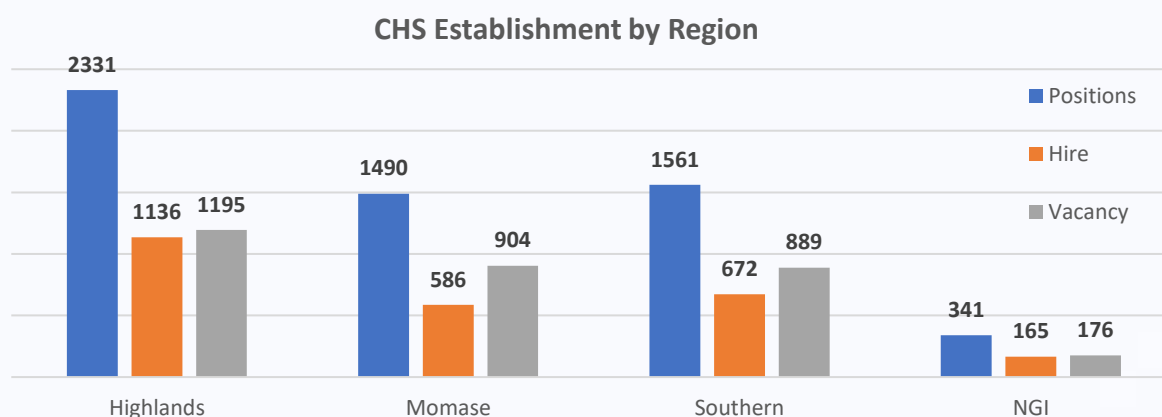
National Secretariat Office

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.

Figure 2: CHS Establishment by Regions – Establishment, Hired, and Vacancies



After pay 26, we had on record total hired personnel of 2559 out of the approved structure of 5723 staff ceiling under Christian Health Service, Papua New Guinea with a residual vacancy of 3164. 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 3: Establishment and Position vacancies



We are thankful that the National Executive Council had made 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 2024, 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 have headcount of 36 retirees that past compulsory retirement age of 65 years as of Pay #26 of 2024 and we had already commenced their exit exercise.

Figure 4: CHSPNG Payroll Predictive Analysis as at Pay number 26 of 2024





Strengthening Workforce Compliance and Operational Efficiency in 2024

The Human Resources division within CHSPNG encountered several pressing challenges in 2024, impacting workforce compliance, payroll administration, and operational efficiency.

One of the most significant issues was the delayed issuance and renewal of Practicing Licenses from the Medical Board and Nursing Council. Several health workers continued to operate under outdated or non-renewed provisional licenses, raising compliance concerns and potential service disruptions. Additionally, dual employment and staff transfers between CHSPNG and Provincial Health Authorities (PHAs) led to inconsistencies in personnel records, with some employees retaining the same file numbers and documentation across both organizations. Another major challenge was the unauthorized loan deductions by Department of Finance officers, affecting employees' financial stability and payroll accuracy.

Other identified HR issues included:

- ✚ Delays in obtaining NID and Birth Certificates, affecting personnel documentation.
- ✚ Retirement age enforcement and exit compliance for retiring employees.
- ✚ Incorrect payroll awards and configuration for different health cadres.
- ✚ Prolonged hiring (on-boarding) processes, resulting in extended vacancy periods.

A stronger coordination with regulatory bodies, enhanced administrative oversight, and policy refinements to ensure a streamlined and compliant workforce management system within CHSPNG.

CHSPNG's Strategic Actions to Strengthen Workforce Management

CHSPNG is implementing targeted interventions to address persistent human resource challenges, ensuring workforce compliance, operational efficiency, and institutional governance. A structured induction framework will be institutionalized for all new hires, equipping them with a clear understanding of organizational policies, professional responsibilities, and regulatory requirements. The One Person, One Position, One Pay policy will be strictly enforced to eliminate dual employment discrepancies and payroll inconsistencies. Additionally, stringent oversight will be applied to ensure that all personnel maintain valid and up-to-date practicing licenses, with systematic audits mitigating the risks associated with expired or provisional licenses.

To strengthen payroll governance, CHSPNG will introduce stringent control mechanisms to prevent unauthorized loan deductions facilitated by external entities, safeguarding employees from financial irregularities. The establishment of a Human Resource Information System (HRIS) will centralize personnel records, enhance data accuracy, and streamline compliance monitoring. A structured payroll compensation framework will also be introduced to account for absenteeism, ensuring fair and transparent salary adjustments.



Continuous capacity-building initiatives will be conducted across all regions, reinforcing adherence to Standard Operating Procedures (SOPs) and best practices in workforce administration. CHSPNG will also strengthen corporate governance by promoting transparency, accountability, and ethical workforce management. A structured retirement transition framework will be established to ensure compliance with regulatory mandates and facilitate seamless workforce succession planning.

Through these strategic initiatives, CHSPNG aims to reinforce HR governance, enhance workforce sustainability, and maintain a high-performing, well-regulated health service workforce.

Table 7: CHS Human Resource Management – Status and Achievements

Human Resource Management		
List of HR functions	Status	Achievements
1. Centralized Coordination & Management of payroll for all Member Church Health Services workforce	Active/Progressive	Full implementation of Government Priority Policy – On-board CHS Workers into ALESCO payroll system
2. Have standard SOP for payroll administration & management	Approved by CHS Executive Board	Done & facilitated through regional workshops but require continuous upskilling for progress
3. Development of Structure documentation & submission	Approved by DPM	DPM approved 351 positions for Kudjip Hospital onto Ascender Payroll System
4. Review and amend existing CHS Structures in consultation with DPM	Approved by DPM	Reviewed and corrected the Health Worker Training School's structure as directed by DPM.
5. Classification of CHS awards	Approved for configuration	Award changed from GoPNG to CHS specific awards – Progressive
6. Negotiate for improvement in Salaries & Allowance	On Going	Made submission in 2023 & followed up are on-going with positive feedbacks
7. Restructure (Structure review)	Work in Progress	CHS Secretariat Office & Training School structure review in progress



MANAGEMENT OF ESSENTIAL DRUGS & MEDICAL SUPPLIES

The management of essential drugs and medical supplies within Christian Health Services PNG (CHSPNG) remains under the jurisdiction of the Department of Health. CHSPNG agencies receive medical supplies through a centralized push system, self-procurement, or other channels, ensuring alignment with the National Health Goal of universal access to essential medical commodities. The use of mSupply, the national pharmaceutical logistics management system, plays a critical role in tracking and distributing these supplies, enhancing efficiency and transparency in the supply chain.

Essential medicines are sourced from multiple channels, including the Provincial Health Authority, private medical suppliers, and licensed pharmacies such as City Pharmacy Ltd and Aspen Medical. This diversification of suppliers has led to mixed outcomes, with some agencies benefiting from improved stock tracking and increased local procurement. However, the overall supply chain remains susceptible to inefficiencies, highlighting the need for a more streamlined and coordinated approach. Strengthening logistics and distribution channels will be essential to ensuring timely delivery and sustained availability of essential medical supplies across all regions.

Church Health Agencies Supply Chain Analysis

- **Delayed Deliveries:** One-fourth of the agencies reported experiencing delivery delays, which can lead to disruptions in healthcare services, particularly in remote areas.
- **Stock Shortages:** Nearly half of the agencies indicated frequent stock shortages, suggesting gaps in procurement planning, funding, or supply chain management.
- **High Transportation Costs:** More than half of the agencies identified transportation expenses as a major challenge, which is especially concerning for facilities in hard-to-reach locations.
- **Reported Improvements in Management:** Some agencies acknowledged progress in supply chain management, indicating positive efforts, but more work is needed to sustain these improvements.
- **Recommended Improved Distribution Channels:** The need for better distribution strategies was emphasized, aligning with concerns over stock shortages and delivery delays.
- **Suggested Better Coordination with AMS & Suppliers:** Strengthening partnerships among AMS, suppliers, and health agencies is crucial for ensuring timely and adequate medical supply distribution.

A lack of synchronized coordination between the Area Medical Store (AMS) and partner suppliers has led to fragmented procurement efforts, reducing operational effectiveness. Addressing these issues requires a holistic strategy that integrates better forecasting, enhanced supplier coordination, and robust distribution mechanisms.

Table 8: Demonstration of CHS Agency Report on Medical Supplies

Issue	Percentage of Agencies
Delayed deliveries	25%
Stock shortages	45%
High transportation costs	56%
Reported improvements in management	35%
Recommended improved distribution channels	45%
Suggested better coordination with AMS & suppliers	35%



NSO Internal Medical Supplies M&E Report 2024 Recommendation

Government and donor engagement should be amplified to secure increased funding for procurement and transportation subsidies, reducing the financial burden on health agencies. CHSPNG is suggesting for an establishing regional and Provincial stores in strategic locations that can improve accessibility and minimize transportation delays.

The fostering stronger public-private partnerships will play a critical role in fortifying the overall drug supply framework, ensuring CHSPNG health facilities can reliably meet the healthcare needs of communities across the nation.

Table 9: Management of Essential Drugs & Medical supplies within CHS in 2024

Supplier Type	List of Suppliers	Status	Achievements
Government/Provincial Authority	Provincial Health Authority (PHA)	Engaged in procurement and distribution of medical supplies to CHS facilities.	Strengthened coordination with PHAs to ensure timely delivery of essential medicines.
Private Medical Suppliers	Retailers, Logistics Companies	Utilized for supplementary procurement when government supplies are delayed.	Enabled continuous supply of critical medicines through alternative procurement channels.
Licensed Pharmacies	City Pharmacy Ltd, St Johnson, Aspen Medical	Partnerships established for emergency medicine access.	Improved access to essential medicines in remote areas through pharmacy networks.



PUBLIC HEALTH IMPLEMENTATION (TB, MALARIA, IMMUNIZATION, HIV)

Christian Health Services PNG (CHSPNG) is at the forefront of public health delivery across Papua New Guinea, focusing on key health challenges such as HIV, TB, malaria, immunization, and maternal health. CHSPNG church health agency's HIV program delivers essential prevention, education, testing, and antiretroviral therapy (ART) services aimed at reducing the spread of HIV and improving the quality of life for affected individuals.

Tuberculosis (TB)

The TB control program focuses on early diagnosis, effective treatment, and prevention, addressing the rising incidence of tuberculosis in the region.

In the period of 5 years there has been no real reduction in cases across the country. The e-NHIS data on new cases on provincial level reveals that most cases are found in NCD, followed by the Morobe and Western provinces. This is likely due to the fact that donor funded testing facilities have been set up in these provinces.

Figure 5: National Tuberculosis Case Trend for years 2020–2024

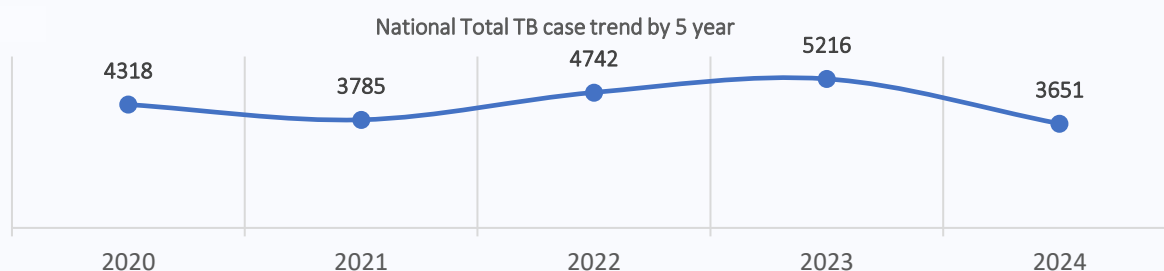


Table 10: CHSPNG Total TB Cases at CHSPNG facilities from 2020 - 2024

Year	TB Cases	Percentage of Cases
2020	1,727	- 19.9%
2021	1,514	▼ 17.4%
2022	1,897	▲ 21.8%
2023	2,086	▲ 24.0%
2024	1,460	▼ 16.8%

The inclusion of trend indicators (▲ for an increase and ▼ for a decrease):

2020 to 2021: A decline in cases, suggesting potential improvements in TB control, shifts in reporting, or other factors that reduced the case burden.

2021 to 2022: An increase, which could indicate a resurgence in TB cases or improved case detection efforts.

2022 to 2023: A continued increase in cases, reflecting possible challenges in TB management or a temporary rise in incidence.

2023 to 2024: A significant decline, which may suggest that TB control interventions are starting to yield positive results, or it might indicate changes in reporting practices.

Data Source: Data extracted from eNHIS analyzed and inserted.



Malaria

At the facility level, the implementation of malaria interventions, including rapid diagnostic testing (RDT), microscopy, and case management, has improved disease surveillance and response. However, data trends indicate persistent transmission, with fluctuating case numbers over recent years. Efforts to strengthen malaria control strategies, such as improved diagnostic accuracy, timely treatment, and vector control measures, remain essential to reducing the disease burden.

This section provides an analysis of total malaria cases and diagnostic trends reported by CHSPNG health facilities in over 5 years period, highlighting key findings and areas for continued intervention.

Table 11: Total Malaria Cases seen in CHSPNG facilities by Classification from 2020 - 2024

Year	Outpatient Clinical	Outpatient RDT	Inpatient Clinical	Inpatient RDT	Deaths Clinical	Deaths RDT
2024	17,810	365,430	972	1,790	2	13
2023	32,690	341,014	1,221	2,007	1	4
2022	38,918	364,539	1,338	2,278	4	2
2021	42,168	292,802	1,094	1,586	11	21
2020	53,536	321,958	1,107	2,019	16	9

Data Source: [Leading Causes of Morbidity & Mortality Report: NHIS](#) - link

Over the five-year period, there has been a declining trend in outpatient clinical cases, while outpatient RDT cases have fluctuated. Inpatient cases, both clinical and RDT, have also varied over the years. Deaths from malaria have shown slight variations, with a decrease observed in recent years.

This trend may indicate improvements in malaria case management and diagnostic practices, but the fluctuations in RDT-confirmed cases suggest the need for consistent surveillance and intervention efforts in CHSPNG health facilities over the coming years.

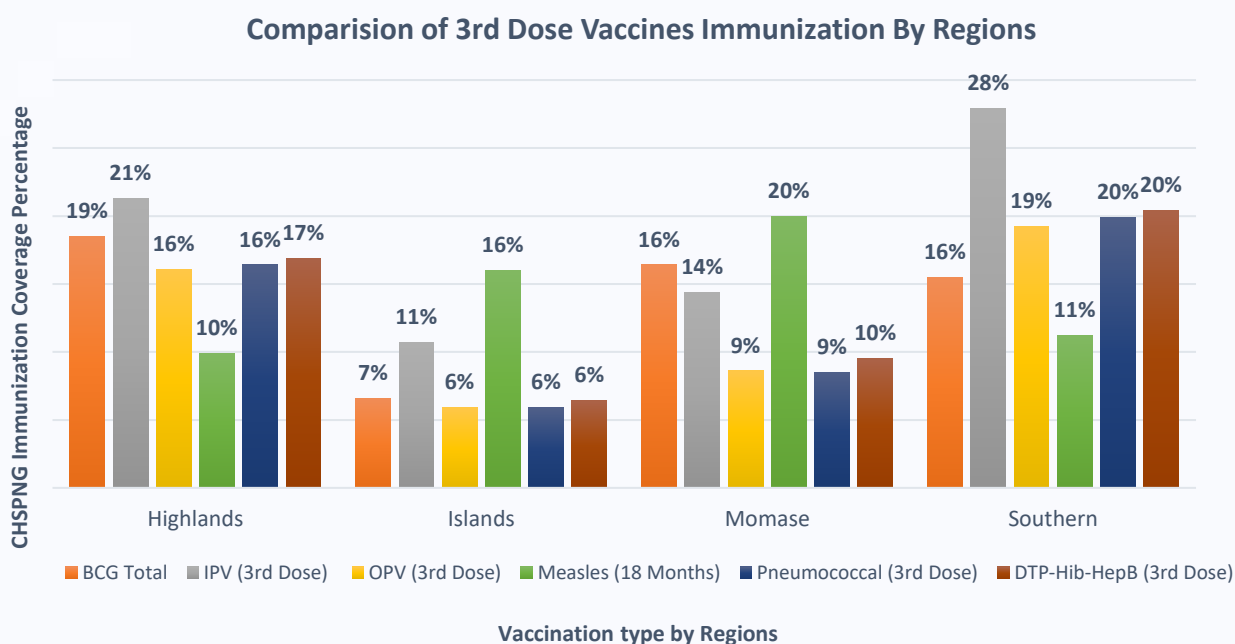


Immunization

National Department of Health, in collaboration with its partners, launched a series of initiatives in 2023 to 2024 to enhance routine immunization coverage. The focus has been on reaching children who missed vaccines due to disruptions in the vaccination schedule over the previous two years. This effort is part of a broader strategy to ensure that all children, especially in underserved regions, receive timely vaccinations to prevent the resurgence of preventable diseases.

The percentages presented are calculated based on the designated catchment population, as illustrated in Figure 12. It is important to note that these figures represent the immunization coverage attributable solely to CHSPNG-affiliated health facilities. As such, they do not capture the total national vaccination coverage and may appear lower than national averages. This variance is primarily due to the fact that catchment populations are often jointly served by multiple health service providers, resulting in shared service delivery and data fragmentation across different reporting entities

Figure 6: 3rd Dose Vaccination Rates in 2024 by the Regions and Vaccines



The table below outlines the catchment population for CHSPNG health facilities across four regions. The data highlights the population under the care of CHSPNG's health facilities, reflecting CHSPNG immunization coverage in each region shown in the figure 11 above.

Table 12: Catchment population within areas of CHSPNG health facilities by the Regions

Region	Catchment Population of Children Aged under 1 year
Highlands	83,278
Islands	30,405
Momase	70,975
Southern	41,268

<https://healthpng.com/Home/NationalMapper> - Data source link



HIV Response and Maternal Health in CHSPNG Facilities

The HIV/AIDS epidemic continues to pose a significant public health challenge in Papua New Guinea (PNG), with rising infection rates straining the healthcare system. While national efforts have made progress, access to antiretroviral therapy (ART) remains inconsistent, particularly in remote areas. Socio-cultural barriers, stigma, and late diagnosis further hinder effective treatment and prevention efforts.

CHSPNG takes part in playing a key role in the national HIV response, leveraging its network of church-run health facilities to provide comprehensive HIV services through its EDEN holistic approach program in church agencies and down to the facility level, including voluntary counselling and testing (VCT), prevention campaigns, ART distribution, and patient care programs to improve treatment adherence. Notably, CHSPNG-supported facilities contribute to approximately 25% of the national ART coverage, particularly benefiting rural communities where healthcare access is limited.

One of the critical components of CHSPNG's HIV response is the Prevention of Mother-to-Child Transmission (PMTCT) program. In the past year, CHSPNG facilities provided care to over 200 pregnant women living with HIV, ensuring early intervention to prevent transmission and safeguard maternal and neonatal health.

Maternal Health in CHSPNG Facilities

The Maternal Mortality Rate (MMR) per 100,000 births varies across CHSPNG-supported regions due to disparities in healthcare access and skilled birth attendance. To accurately assess the maternal health burden, CHSPNG uses a weighted approach when evaluating MMR, ensuring a clearer picture of maternal health outcomes across different regions.

Table 13: Maternal Mortality in 2024 at CHSPNG facilities by the Regions

Regions	Pop. Births	Del. Mat. Deaths	Maternal Mortality Rate Per 100, 000
Highlands	103,621	25	24.1
Islands	43,357	6	13.8
Momase	83,868	26	31.0
Southern	58,375	16	27.4

Data extracted and analyzed from eNHIS

The table presents maternal mortality data across four regions, comparing the number of births, maternal deaths, and the maternal mortality rate per 100,000 live births. The maternal mortality rate (MMR) is a critical health indicator reflecting the safety and quality of maternal healthcare in each region.

The differences in MMR highlight regional disparities in maternal health services, emphasizing the need for targeted interventions in Momase and Southern regions, where mortality rates are highest. Factors influencing these variations may include healthcare accessibility, skilled birth attendance, emergency response systems, and socioeconomic conditions.

Through its faith-based, patient-centered approach, CHSPNG remains committed to expanding HIV services, reducing maternal mortality, and improving access to quality healthcare. The integration of HIV prevention, maternal health, and the EDEN program ensures a more holistic approach to public health, particularly in rural and underserved communities, where church-based health services continue to be a lifeline for many.



Systemic Constraints in Public Health Service Delivery Across CHSPNG Health Facilities

CHSPNG health facilities are integral to delivering Tuberculosis (TB), HIV/AIDS, and Immunization services; however, entrenched structural deficiencies and operational bottlenecks continue to impede effective healthcare delivery.

TB Case Management is undermined by protracted diagnostic turnaround times, erratic treatment adherence, and recurrent pharmaceutical shortages. The limited availability of GeneXpert diagnostics and TB culture laboratories exacerbates delays in case detection, while escalating drug-resistant TB incidence is fuelled by treatment discontinuation and inadequate patient monitoring frameworks. Community-based outreach remains severely under-resourced, limiting early detection and intervention strategies.

HIV/AIDS Service Provision is compromised by pervasive stigma, irregular ART procurement cycles, and fragmented Prevention of Mother-to-Child Transmission (PMTCT) linkages. Deficiencies in antenatal HIV screening integration and suboptimal retention in care contribute to heightened vertical transmission risks, undermining national elimination efforts.

Immunization Coverage is constrained by persistent vaccine stockouts, infrastructure deficits in cold chain management, and suboptimal uptake in geographically isolated communities. Widespread misinformation and vaccine hesitancy continue to erode public confidence in immunization programs, while human resource shortages and limited outreach capacity impede the scalability of routine and supplementary immunization campaigns.

CHSPNG's faith-based healthcare model remains one of an indispensable pillar of PNG's public health system. However, systemic inefficiencies in infrastructure development, supply chain logistics, workforce deployment, and community engagement mechanisms continue to jeopardize service delivery outcomes on facility level and nationwide.



CHSPNG's Strategic Approach to Address Public Health Challenges

CHSPNG is committed to implementing a strategic approach that will significantly enhance service delivery and improve health outcomes across these critical public health areas. The following initiatives will be prioritized and integrated into CHSPNG's ongoing efforts to strengthen health systems and address service delivery barriers:

CHSPNG will expand diagnostic capabilities, including increasing the number of GeneXpert machines and TB culture labs, to improve TB detection and reduce diagnostic delays. Additionally, antenatal HIV testing and Prevention of Mother-to-Child Transmission (PMTCT) services will be enhanced to ensure early identification and treatment retention for HIV-positive mothers.

Improve its logistics systems, ensuring timely delivery of vaccines and medications. Cold chain infrastructure will be strengthened to maintain the potency of vaccines and prevent stockouts. Community outreach will be expanded through the EDEN Wholistic Approach, which integrates maternal health, HIV care, and immunization services to reach underserved populations. CHSPNG will also use faith-based programs to reduce vaccine hesitancy and promote treatment adherence.

Investing in health workforce capacity and upgrading health facilities will ensure that CHSPNG can meet the growing demand for quality services, especially in remote areas. CHSPNG will also implement digital health systems for improved patient tracking and service delivery.

Christian Health Services (PNG) will continue to advocate for policy reforms and multi-sectoral partnerships to secure the resources necessary to address public health challenges effectively. Through these initiatives, CHSPNG aims to strengthen its role in Papua New Guinea's health system and improve health outcomes across the country.

Table 14: Public Health Services Implementation and Progress Overview

Public Health Implementation	List of Main Public Health Programs	Status	Achievements
Health Promotion & Community Engagement	EDEN Wholistic Approach Program	Active	Implemented in health facilities to enhance public health programs through a faith-based and holistic approach. Improved awareness and community participation in health activities.
Essential Drugs & Medical Supplies	CHSPNG Essential Medicines Survey	Ongoing	Conducting a survey with over 50 health managers to assess the availability and challenges in essential drug supply. Data to inform procurement and distribution improvements.

[CHS NSO Internal M&E Report 2024](#)



HOSPITAL CURATIVE SERVICES, INFRASTRUCTURE & EQUIPMENT

Christian Health Services PNG (CHSPNG) oversees a vast network of over 500 healthcare facilities, including 13 District Hospitals and 1 Provincial Hospital, delivering essential curative services across Papua New Guinea. These hospitals serve as critical pillars in the national healthcare framework, providing a comprehensive range of medical services, encompassing inpatient care, outpatient consultations, emergency medical services, and surgical interventions. CHSPNG’s facilities are strategically positioned to manage both prevalent and complex health conditions, underpinned by a highly skilled and proficient healthcare workforce committed to optimizing patient outcomes.

The 2024 Electronic National Health Information System (eNHIS) inventory offers a meticulous evaluation of the distribution, operational status, and functionality of critical medical equipment and infrastructure, providing a clear reflection of CHSPNG’s preparedness to address the multifaceted healthcare demands across the country. While certain regions continue to experience infrastructural and equipment shortfalls, CHSPNG remains resolutely focused on mitigating these challenges. Strategic investments in facility upgrades, coupled with a robust maintenance framework, are central to ensuring the continued delivery of high-quality, equitable curative healthcare services.

These efforts are essential for maintaining service delivery continuity, particularly in geographically isolated and underserved areas, and ensuring the health system remains responsive to both urban and rural healthcare needs.

Table 15: CHSPNG Hospitals by Status of Curative Health Care Services

Curative Services	Status	Achievements
Inpatient Care	Operational	Providing comprehensive inpatient services, including treatment for both acute and chronic conditions.
Outpatients Consultation	Operational	Offering routine and specialized outpatient consultations to address a wide range of health concerns.
Emergency Medical Services	Available	Ensuring immediate medical attention for emergencies, available at key facilities across the network.
Maternal & Child Health	Operational	Delivering vital maternal and child health services, contributing to improved maternal and child outcomes.
Diagnostic Laboratory Services	Available	Providing diagnostic testing services to support accurate diagnosis and treatment plans.
Dental Care Services	Available	Delivering essential dental care services to address oral health needs in communities.

CHS NSO Internal Monitoring & Evaluation & eNHIS Inventory Summary 2024



CHSPNG Infrastructure (Curative Health)

Christian Health Services PNG (CHSPNG) operates a diverse network of health facilities across the country, with each hospital facing varying levels of infrastructure and operational readiness. Several hospitals have undergone significant rehabilitation and development, such as those funded by the PNG Incentive Fund, while others are in the early stages of planning or require complete rebuilding due to their age and condition at facility level.

Table 16: State of Infrastructure for all CHSPNG Hospitals in PNG

Province	Church	Hospital Name	District	Status
Western	Evangelical	Balimo	South Fly	Old, needs rehabilitation
Western	Evangelical	Rumginae	North Fly	Old, Provincial Government & Ok Tedi Trust working on it
Gulf	Gulf Christian Services	Kapuna	Kikori	Newly built and equipped through PNG Incentive Fund
Gulf	Gulf Christian Services	Kikori	Kikori	Old, has funding from MRDC, in Planning Development phase
Enga	Baptist Union	Kompam	Kompam	Rebuilt and equipped, routine maintenance
Enga	Gutnius Lutheran	Mambisanda	Wapenamanda	Under rehabilitation funded by DDA with support from Enga PHA
WHP	Baptist Union	Tinsley	Mul Baiyer	Old, needs full rehabilitation, new outpatient completed but not 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 funding support to complete
Morobe	Evangelical Lutheran	Braun	Finschhafen	Complete rehabilitation of whole facility/new facility needed
Morobe	Evangelical Lutheran	Etep	Tewai Siassi	Complete rehabilitation of whole facility/new facility needed
Madang	Evangelical Lutheran	Yagaum	Madang	Very old, complete demolition and build new facility
Madang	Evangelical Lutheran	Gaubin	Sumkar	Very old, complete demolition and build new facility
WSP	Baptist Union	Telefomin	Telefomin	Needs assessment to determine the facility needs

CHS NSO Internal Monitoring & Evaluation Report 2024



Medical Equipment Report – CHS National Secretariat Office

The CHSPNG National Secretariat Office has successfully shipped and facilitated the distribution of essential medical equipment to various health facilities, particularly hospitals, to enhance service delivery.

The table below outlines the status and key achievements of the deployed equipment.

Table 17: Status of Essential and Expensive Medical Equipment at CHSPNG Hospitals

Equipment's	Status	Achievements
Diagnostic Tools (Microscopes, X-ray)	Functional	Improved disease detection and diagnosis accuracy
Surgical Instruments	Operational	Enhanced capacity for surgical procedures and emergency interventions
Oxygen Concentrators (#)	Functional	Ensured continuous oxygen supply for critical patients
Sterilization Equipment	Operational	Improved infection control and hygiene standards
Patient Monitoring Equipment	Operational	Enhanced real-time patient monitoring for better care decisions
Medical Furniture (beds, trolleys)	In good condition	Improved patient comfort and hospital efficiency
Suction Pumps	Functional	Enhanced emergency response and airway management
Nebulizers	Operational	Improved respiratory care, especially for asthma and lung infections

CHS NSO Internal Monitoring & Evaluation Report 2024

Key Challenges in Hospital Curative Services, Infrastructure, and Equipment within CHSPNG

Christian Health Services PNG (CHSPNG) is confronted with a multitude of challenges in ensuring the effective delivery of hospital curative services, primarily driven by infrastructural deficiencies, outdated medical equipment, and human resource constraints. One of the most pressing issues is the deterioration of hospital infrastructure, particularly in rural and geographically isolated areas, where many facilities are antiquated and ill-equipped to meet the growing healthcare demands. The aging infrastructure, coupled with inadequate space and suboptimal patient care environments, necessitates urgent rehabilitation and, in some cases, complete facility reconstruction.

Strategic Way Forward for Hospital Curative Services, Infrastructure, and Equipment

Christian Health Services PNG (CHSPNG) is committed to addressing the ongoing challenges within its hospital curative services, infrastructure, and equipment through a series of strategic actions. Recognizing the critical need for infrastructure improvements, CHSPNG is prioritizing the rehabilitation and modernization of health facilities, particularly those in remote and underserved areas. In the coming years, CHSPNG will actively seek partnerships with the government, development agencies, and private sector to secure funding and technical support for the necessary facility upgrades.

CHSPNG will continue to strengthen its procurement processes and collaborate with development partners to ensure the timely and effective acquisition of state-of-the-art equipment.



CHS SUPERVISION STRATEGIC PARTNERSHIP

CHSPNG serves as the principal coordinating entity for church-based health service providers across PNG. CHSPNG operates as a consortium of denominational health service providers, each contributing to a unified and coordinated faith-based healthcare system. Established under the Christian Health Services of Papua New Guinea Act 2007, CHSPNG operates under a formal mandate as the representative body for all affiliated church-run health institutions, ensuring their integration into the broader national healthcare framework.

A core function of CHSPNG is supervision, aligning member facilities with national standards via monitoring, evaluation, and technical support. Regular visits, assessments, and audits ensure compliance. Capacity-building programs empower healthcare workers to maintain high patient care standards.

CHS maintains a partnership with the NDoH, to ensure alignment with national health priorities, harmonization of service delivery, and integration into the broader public health system. A collaboration with the PHAs across the provinces is maintained through Service Level Agreements, signed between CHSPNG Agencies and the PHA. They ensure service coordination, resource distribution, and program implementation. Collaborative efforts with PHAs enhance the efficiency of health interventions, optimize supply chain management, and improve service accessibility in remote and underserved communities. Additionally, CHSPNG benefits from sustained engagement with international stakeholders who provide financial assistance, technical expertise, and logistical support.

Table 18: Health facility Supervisory Visits from agency management and PHAs by the Regions

Region	Agency visited 2024	Percentage
Highlands	5	35.7%
Momase	2	28.6%
Southern	1	25.0%
NGI	1	50.0%
Total	9	33.3%

Data Source: eNHIS Inventory Summary 3rd and 4th Quarter, CHS NSO Internal M&E Report 2024

Operational Challenges and Strategic Interventions for CHSPNG

CHSPNG encounters several operational constraints that impede the effectiveness of its oversight mechanisms at both the agency and facility levels. Limited resources and national coverage restrict the focus of supervisory visits to key areas such as governance, compliance, finance, and HR. These limitations are further exacerbated by financial constraints and an insufficient operational grant budget, affecting the frequency and scope of supervision. While supervision of curative and public health staff is ideally carried out at the provincial level through Provincial Health Authorities (PHAs), many agencies report infrequent visits and lack of technical support during these engagements.



Improving Operations & Oversight

Christian Health Services PNG (CHSPNG) is committed to a set of strategic initiatives designed to optimize its operational capacity and improve oversight practices. A primary focus is securing additional funding to enhance operational grants. This financial support will enable more consistent, targeted, and thorough supervision of its facilities, ensuring that healthcare staff in both curative and public health roles receive the necessary oversight, mentorship, and technical assistance, particularly in regions with limited resources.

CHSPNG is dedicated to aligning Provincial Health Authorities (PHAs) with church-run health facilities. This alignment aims to harmonize administrative functions, streamline management processes, and ensure uniform application of policies, ultimately fostering greater coordination and improving overall governance within the healthcare system.

Through these comprehensive measures, CHSPNG will fortify its operational framework, enhance the delivery of healthcare services, and ensure equitable and sustainable access to quality care for all communities across Papua New Guinea.

Table 19: Partnership efficacy levels between the main partners

List of CHS Supervision Sources	Status	Achievements
1. Government of Papua New Guinea (GoPNG)	Ongoing	Strengthened integration with PHAs and increased funding advocacy
2. Development Partners (DPs)	Limited Engagement	Current financial & Technical support is limited to none.
3. Non-Governmental Organizations (NGOs)	Active in Select Areas	Provided targeted health interventions and medical supplies
4. Provincial Health Authorities (PHAs)	Inconsistent	Collaboration varies with some provinces, with some PHAs more engaged than others
5. Church-Based Health Services (CHS)	Strong	Continuous support in faith-based healthcare delivery with supervisory visits

Recommendation:

Review government to government bilateral agreements to include Church Health Services infrastructure development.

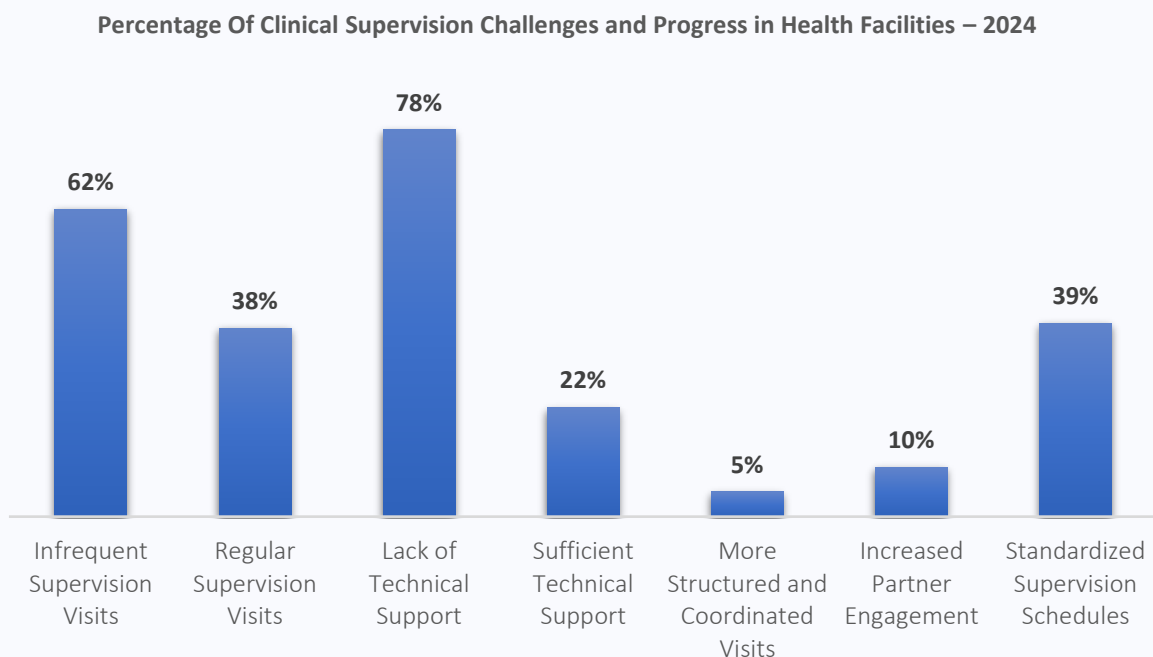


CLINICAL SUPERVISION OF CHS & PARTNERS

The survey findings in 2024 by Monitoring & Evaluation (M&E) team in CHS National Secretariat Office underscore the operational landscape of clinical supervision at both the agency and facility levels, emphasizing its role in maintaining service delivery standards and healthcare governance. Supervision has been conducted with varying levels of frequency and structure, influencing overall healthcare oversight and compliance with clinical protocols. While some agencies have experienced structured and coordinated supervisory mechanisms, the extent of implementation remains diverse across different regions.

Partner organizations have played a contributory role in facilitating supervisory engagements, enhancing supportive healthcare management systems. These collaborative efforts reinforce institutional oversight and promote adherence to established healthcare guidelines. Supervision remains a fundamental component of health service administration, ensuring accountability, performance evaluation, and continuous quality improvement within healthcare facilities. Through these engagements, healthcare institutions uphold operational efficiency, regulatory compliance, and professional competency among clinical personnel.

Figure 7: Status of Clinical Supervisory visits in 2024 and related challenges



eNHIS Monthly Inventory Summary Report 3rd, 4th Quarter 2024



Strengthening Supervisory & Support

To address the identified gaps in supervisory visits and technical support, CHSPNG will take proactive steps to enhance its oversight capabilities and ensure more consistent and effective monitoring of its facilities. The CHSPNG National Supervision Office (NSO) will take the lead in developing a comprehensive Terms of Reference (TOR) that outlines clear objectives, responsibilities, and timelines for supervisory visits across the network of agencies.

The TOR will set expectations for the frequency of visits and ensure that all supervisory visits include adequate technical support. It will prioritize training for supervisors to enhance their capacity to provide valuable guidance and mentoring during visits, especially in underserved regions. Additionally, CHSPNG will establish mechanisms to track and report on the progress of these visits to ensure they are carried out in a structured and coordinated manner.

Securing long-term financial investments from government sources, development partners, and private sector stakeholders will facilitate consistent and structured supervision across all health regions. Building technical capacity through specialized training, mentorship programs, and workforce development initiatives will improve the ability of supervisory teams to deliver targeted support and address service delivery gaps. CHSPNG to make it a KEY Performance Indicator for Health Managers to ensure the Health Facilities are getting the supervised visits regularly.

By integrating these strategic interventions, CHSPNG will reinforce its supervisory framework, optimize resource allocation, and improve healthcare accessibility and quality in alignment with national health priorities and sustainable development goals.

Table 20: Supervisory Visits associated Achievements

Source	Supervision	Status	Achievements
NDOH	Periodic clinical visits for compliance.	Inconsistent due to funding limits.	Provided policy guidance and ensured health standards.
Development Partners	Program-specific supervision and support.	Limited, project-dependent.	Strengthened services and provided targeted training.
NGOs	On-site and remote clinical supervision.	Sporadic, project-based.	Enhanced mentorship and support in specialized areas.
CHSPNG	Routine visits for service assessment.	Ongoing, resource-constrained.	Identified issues and facilitated problem-solving.
PHAs	Collaborative efforts with provincial priorities.	Inconsistent across provinces.	Improved service coordination at the provincial level.

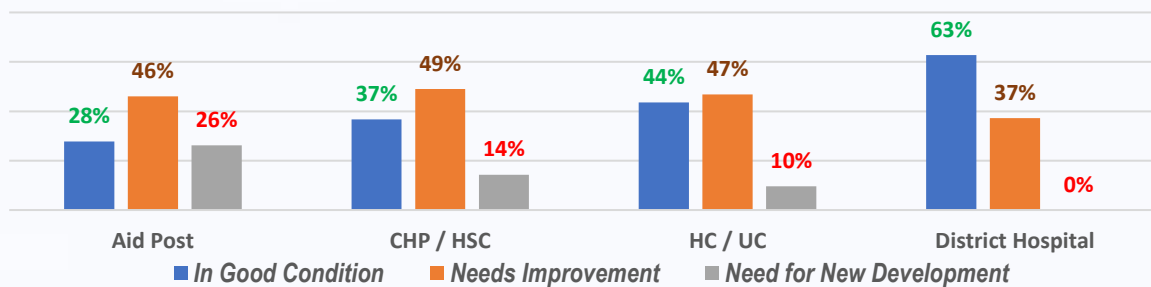
Supervisory data on clinical visits, eNHIS Monthly Summary Reports, 3rd & 4th Quarter 2024



CHS INFRASTRUCTURE DEVELOPMENT

With over 60% of facilities requiring urgent renovations, there is an immediate need for investment in infrastructure improvements. While some progress has been made through donor-funded projects, it remains insufficient to address widespread infrastructure deficiencies. It is essential to increase investment in facility upgrades and rapidly source and implement sustainable energy solutions, primarily solar power. The CHSPNG infrastructure assessment report of 2024 highlights significant challenges, particularly in building conditions, equipment availability, and utility access.

Figure 8: CHSPNG Health facilities grouped by Levels and rated according to their conditions



The graph highlights infrastructure conditions across different health facility levels, showing that district hospitals are generally in better condition, while aid posts, CHP/HSC, and HC/UC require significant improvements. Aid posts and CHP/HSC have the highest need for new development. The data underscores the urgency of strengthening lower-level health facilities to enhance service delivery.

Table 21: Summary on the State of CHSPNG Health facility infrastructure by Levels

Data Source: CHS Strategic Plan Health Facility Audits 2024 – CHS NSO Project Management Section

	Health Post			CHP/HSC			Health Centre			District Hospital			Provincial Hospital		
	Good	Poor	None	Good	Poor	None	Good	Poor	None	Good	Poor	None	Good	Poor	None
General Building	21	37	4	21	19	1	17	18	0	12	1	0			
Staff Housing	14	1	8	14	27	5	13	25	3	2	4	0			
Electricity / Lighting	4	19	21	10	21	11	16	19	5	3	3	0			
Water Supply	12	21	15	13	16	10	17	19	3	2	2	0			
Waste Management	10	25	10	15	19	3	17	17	4	2	2	0			
General Ward	0	0	0	0	0	0	13	18	2	4	0	0			
Maternity Ward	0	0	0	0	0	0	17	16	4	3	1	0			
Admin Settings	0	0	0	0	0	0	16	12	6	3	1	0			
ICT Services	13	20	12	17	18	5	18	11	5	4	1	0			



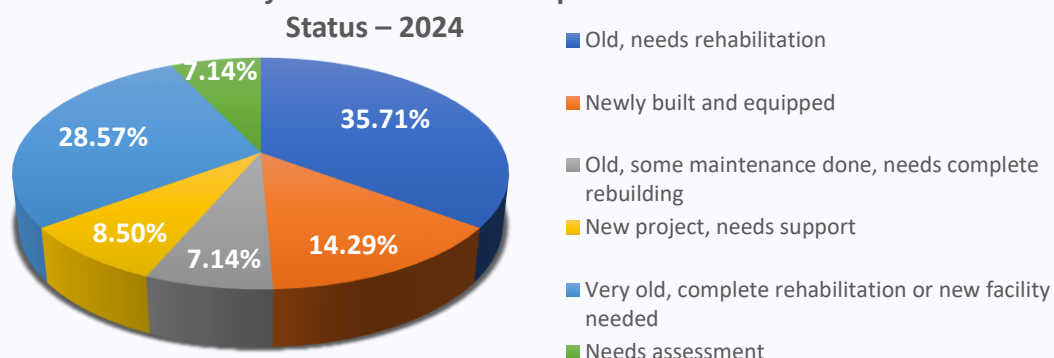
Table 22: Distribution of Total CHS Health Facilities by Levels per the Regions

Region	Provincial Hospital	District Hospital	Health Centres/UC	Community Health Posts	Health Posts	Total Facilities
Highlands	1	4	29	75	118	227
Momase	0	5	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

Table 23: CHSPNG Provincial and District Hospitals by the state of the facilities

Hospital Status	Number of Hospitals
Old, needs rehabilitation	5
Newly built and equipped	2
Old, some maintenance done, needs complete rebuilding	3
New project, needs support	1
Very old, complete rehabilitation or new facility needed	2
Needs assessment	1

Figure 9: Overall Status of CHSPNG District Hospital Infrastructure



Securing government funding for infrastructure remains a major obstacle, as budgetary constraints and competing national priorities may limit financial allocations for healthcare infrastructure. A further challenge is that CHSPNG currently does not receive any Health Financing Grants for infrastructure and equipment. CHSPNG has to rely on public-private partnerships with PHAs through Service level agreements, often hindered by weak institutional capacity.

CHS Strategic Direction for Infrastructure

The Christian Health Services Papua New Guinea (CHSPNG) is implementing a structured infrastructure development plan guided by corporate plans of its Agencies, performance data from the Electronic National Health Information System (eNHIS), and internal Monitoring & Evaluation (M&E) assessments.

This initiative is designed to optimize resource allocation and enhance service delivery across CHSPNG-affiliated health facilities.



Table 24 provides an overview of ongoing and priority developments under CHSPNG's health facility infrastructure development agenda:

Table 24: Status of District Hospitals by agency, District and by Province

Province	Church	Hospital Name	District	Status
Western	Evangelical	Balimo	South Fly	Old, needs rehabilitation
Western	Evangelical	Rumginae	North Fly	Old, Provincial Government & Ok Tedi Trust working on it
Gulf	Gulf Christian Services	Kapuna	Kikori	Newly built and equipped through PNG Incentive Fund
Gulf	Gulf Christian Services	Kikori	Kikori	Old, has funding from MRDC, in Planning Development phase
Enga	Baptist Union	Kompam	Kompam	Rebuilt and equipped, routine maintenance
Enga	Gutnius Lutheran	Mambisanda	Wapnumanda	Full Rehabilitation funded by DDA and Enga PHA
WHP	Baptist Union	Tinsley	Mul Baiyer	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 project
Morobe	Evangelical Lutheran	Braun	Finschhafen	Complete rehabilitation of whole facility/new facility needed
Morobe	Evangelical Lutheran	Etep	Tewai Siassi	Complete rehabilitation of whole facility/new facility needed
Madang	Evangelical Lutheran	Yagaum	Madang	Very old, complete demolition and build new facility
Madang	Evangelical Lutheran	Gaubin	Sumkar	Very old, complete demolition and build new facility
WSP	Baptist Union	Telefomin	Telefomin	Needs assessment to determine the facility needs



PART C: FINANCIAL INFORMATION - CHS BUDGET & EXPENDITURE

The 2024 Appropriations to CHSPNG by the Government of Papua New Guinea (GoPNG), the Salary component was K61, 040, 000.00 and the Operational component was K3, 800,000.00 in total Grants of K64, 840, 000.00. However, to date only **K32, 450, 964.00** was received thus balance of **K32, 389,036.00** is still outstanding as presented in the P&L table below, Figure28.

Therefore, in order to provide Quality Primary Health Care Services to our people of PNG in the rural communities, CHSPNG has exhausted extra **K23, 312, 377.50 from the 2023 carry forward balance as an advance** in anticipation of recouping from the outstanding balance of K32, 389, 036.00. It seems CHSPNG's commitment will not be recouped given the GoPNG's cashflow issues at the moment. The total expenditure for 2024 was **K55, 763, 341.50** refer Budget Appropriation & Expenditure table here.

Table 25: CHSPNG 2024 Budget & Expenditure

ID#	DATE	DETAILS	AMOUNT	
			BUDGET APPRO	ACTUAL EXPENDITURES
		GRANTS		
GR	2024	Operational	3,800,000	26, 696,832.00
GR	2024	Salary	61,040,000	29, 066,509.50
TOTAL BUDGET 2024			64, 840,000	55, 763, 341.50

NB: 2023 Surplus top up in 2024 Operational Cashflow thus Actual Expenditure increased compared to 2024 Budget Appropriation Allocated

The overspent of **K23, 312, 377.50** demonstrated in the table below P&L is the clear indication of CHSPNG's commitment to provide quality Primary Health Care Services to our people around the country. CHSPNG didn't want to compromise in poor health care service delivery. CHSPNG as a traditional partner with NDoH/GoPNG in Health Service Delivery, our grants should be fully funded/appropriated each year without being delayed and forfeited as we are dealing with human lives in the country.

Table 26: Statement of Financial Performance (P&L) for 2024

ID#	DATE	DETAILS	AMOUNT	
			ACTUAL INCOME REC'D	BUDGET APPRO
296957	24-May-24	Dept Health	20,361,142.00	64, 840, 000.00
010824	01-Aug-24	Dept Health	4,850,957.00	
297541	24-Sept-24	Dept Health	7,238,865.00	
TOTAL INCOME 2024			32,450,964.00	
LESS:	EXPENSES			
Ope Grant TRF - IND AGENCIES			26,696,832.00	
Sal Grant TRF - IND AGENCIES			29,066,509.50	
TOTAL EXPENSES 2024			55,763,341.50	32, 389, 036.00
OVERSPENT			(23,312,377.50)	



Table 27: Statement of Financial Position (balance sheet) - 2024

Balance Sheet		
As of December 2024		
Cost Codes	Details	Amount
1-0000	Assets	
1-1000	Current Assets	
1-1100	Cash On Hand/Bank	K47,674,826.55
	Total Current Assets	K47,674,826.55
	Total Assets	K47,674,826.55
2-0000	Current Liabilities	
2-1150	W-Held & Rejected Oper Grants	
2-1500	Grants from NDOH	
2-1505	Salary Grants	K9,220,449.33
2-1510	Operational Grants	K359,558.96
2-2000	Southern Region Liabilities	
2-2100	Central Province	K3,738,018.91
2-2200	Gulf Province	K2,512,659.10
2-2500	Western Province	K383,650.60
2-3000	Momase Region Liabilities	
2-3300	East Sepik Province	K1,997,311.86
2-3400	Sandaun Province	K4,764,670.14
2-4000	Highlands Region Liabilities	
2-4100	Eastern Highlands Province	K67,494.13
2-4200	Chimbu Province	K780,306.58
2-4300	Jiwaka Province	K359,150.40
2-4400	Western Highlands Province	K2,471,233.38
2-4500	Southern Highlands Province	K963,854.43
2-4600	Hela Province	K562,156.70
2-4700	Enga Province	K5,169,340.93
2-5000	NGI Region Liabilities	
2-5100	East New Britain Province	K9,005,779.76
2-5200	West New Britain Province	K1,814,841.36
2-5400	Manus Province	K3,504,349.98
	Total Current Liabilities	K47,674,826.55
	Net Assets	K0.00
3-0000	Equity	
3-8000	Retained Earnings	K10,706,492.34
3-9000	Current Year Surplus/Deficit	(K10,815,669.02)
3-9999	Historical Balancing	K109,176.68
	Total Equity	K0.00



Table 28: Cash Flow Statement

DEPARTMENT OF HEALTH																	
CHRISTIAN HEALTH SERVICES																	
2024 SALARY BUDGET APPROPRIATION DISTRIBUTION SUMMARY CASH FLOW																	
SALARY APPROPRIATION: PGK 61,040,000																241	
SALARY																	
Province	Staff Ceiling	2023 CHS Appro	2024 CHS Cashflow	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total	% of CHS Prov. Budget
10511: Western	199	3,761,000	3,761,000	313,417	313,417	313,417	313,417	313,417	313,417	313,417	313,417	313,417	313,417	313,417	313,417	3,761,000	100.000
10512: Gulf	182	3,364,000	3,364,000	280,333	280,333	280,333	280,333	280,333	280,333	280,333	280,333	280,333	280,333	280,333	280,333	3,364,000	100.000
10513: Central	138	2,805,000	2,805,000	233,750	233,750	233,750	233,750	233,750	233,750	233,750	233,750	233,750	233,750	233,750	233,750	2,805,000	100.000
10514: Milne Bay	194	3,577,000	3,577,000	298,083	298,083	298,083	298,083	298,083	298,083	298,083	298,083	298,083	298,083	298,083	298,083	3,577,000	100.000
10515: Oro	44	1,238,000	1,238,000	103,167	103,167	103,167	103,167	103,167	103,167	103,167	103,167	103,167	103,167	103,167	103,167	1,238,000	100.000
10516: SHP + HELA	252	3,790,000	3,790,000	315,833	315,833	315,833	315,833	315,833	315,833	315,833	315,833	315,833	315,833	315,833	315,833	3,790,000	100.000
10517: Enga	168	2,638,000	2,638,000	219,833	219,833	219,833	219,833	219,833	219,833	219,833	219,833	219,833	219,833	219,833	219,833	2,638,000	100.000
10518: WHP + JIWAKA	350	5,902,000	5,902,000	491,833	491,833	491,833	491,833	491,833	491,833	491,833	491,833	491,833	491,833	491,833	491,833	5,902,000	100.000
10519: Simbu	100	2,104,000	2,104,000	175,333	175,333	175,333	175,333	175,333	175,333	175,333	175,333	175,333	175,333	175,333	175,333	2,104,000	100.000
10520: EHP	153	2,558,000	2,558,000	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	2,558,000	100.000
10521: Morobe	218	3,841,000	3,841,000	320,083	320,083	320,083	320,083	320,083	320,083	320,083	320,083	320,083	320,083	320,083	320,083	3,841,000	100.000
10522: Madang	214	4,026,000	4,026,000	335,500	335,500	335,500	335,500	335,500	335,500	335,500	335,500	335,500	335,500	335,500	335,500	4,026,000	100.000
10523: East Sepik	168	3,312,000	3,312,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	276,000	3,312,000	100.000
10524: Sandaun	212	3,772,000	3,772,000	314,333	314,333	314,333	314,333	314,333	314,333	314,333	314,333	314,333	314,333	314,333	314,333	3,772,000	100.000
10525: Manus	20	672,000	672,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	56,000	672,000	100.000
10526: NIP	116	2,568,000	2,568,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	214,000	2,568,000	100.000
10527: ENBP	210	3,928,000	3,928,000	327,333	327,333	327,333	327,333	327,333	327,333	327,333	327,333	327,333	327,333	327,333	327,333	3,928,000	100.000
10528: WNBPN	145	2,811,000	2,811,000	234,250	234,250	234,250	234,250	234,250	234,250	234,250	234,250	234,250	234,250	234,250	234,250	2,811,000	100.000
10529: NSP	159	3,237,000	3,237,000	269,750	269,750	269,750	269,750	269,750	269,750	269,750	269,750	269,750	269,750	269,750	269,750	3,237,000	100.000
10530: NCD	48	1,136,000	1,136,000	94,667	94,667	94,667	94,667	94,667	94,667	94,667	94,667	94,667	94,667	94,667	94,667	1,136,000	100.000
TOTAL	3290	61,040,000	61,040,000	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	5,086,667	61,040,000	



Figure 29: Operational Grant

DEPARTMENT OF HEALTH																	
CHRISTIAN HEALTH SERVICES																	
2024 OPERATIONAL BUDGET APPROPRIATION DISTRIBUTION SUMMARY CASH FLOW																	
OPERATIONAL APPROPRIATION: 3,800,000																	241
OPERATIONAL GRANTS																	
Province	No. CHS FACILITIES	2023 CHS Appro	2024 CHS CashFlow	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total	% of CHS Prov. Budget
10511: Western	31	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	100.000
10512: Gulf	25	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	100.000
10513: Central	20	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	100.000
10514: Milne Bay	29	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	100.000
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	100.000
10516: SHP + HELA	80	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	100.000
10517: Enga	20	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	100.000
10518: WHP + JIWAKA	34	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	100.000
10519: Simbu	11	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	100.000
10520: EHP	65	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	100.000
10521: Morobe	39	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	100.000
10522: Madang	39	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	100.000
10523: East Sepik	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	100.000
10524: Sandaun	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	100.000
10525: Manus	1	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	100.000
10526: NIP	4	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	100.000
10527: ENBP	7	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	100.000
10528: WNB	12	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	100.000
10529: NSP	16	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	100.000
10530: NCD	7	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	100.000
TOTAL	486	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	



FINANCIAL PERFORMANCE OVERVIEW

In the fiscal year 2024, the Christian Health Services Papua New Guinea (CHSPNG) National Secretariat Office continued to uphold sound financial stewardship under the Government Assistance to Church Health Services program. The income and expenditure trends reflect the organization's effective partnership with the National Department of Health in funding and supporting health service delivery through church-run health agencies nationwide.

The total income for the reporting year was K64,938,974.49, comprising:

- K3,898,792.00 under Form 3 – Operational Grants
- K61,040,182.49 under Form 2 – Salary Grants

During the same period, total expenditure amounted to K62,028,449.69, which includes:

- K26,745,253.19 for Operational Expenses, covering service coordination, logistics, and administrative support
- K35,283,196.50 for Salary Payments, ensuring timely remuneration for health workers across all CHSPNG-affiliated facilities

This resulted in a net surplus of K2,910,524.80, demonstrating strong financial control, cost efficiency, and effective resource deployment across CHSPNG's operational and payroll functions.

A breakdown of the approved budget versus actual expenditures is presented in **figure 28 and 29 above**:

Strategic Interpretation

The financial results for FY2024 highlight CHSPNG's strategic focus on sustaining frontline service delivery while maintaining fiscal discipline. The recorded surplus offers an opportunity to reinvest in key priorities such as facility infrastructure, staff housing, information systems, and workforce support in FY2025.

Going forward, CHSPNG is committed to enhancing its financial governance systems, aligning expenditures with performance indicators, and ensuring value for money across all disbursement streams. These efforts will contribute to improved service delivery, accountability, and institutional resilience in the years ahead.

(Refer to Annex – Statement of Income and Expenditure Summary FY2024)



SUMARRY: 2024 CHSPNG WIDE ANNUAL INCOME & EXEPENDITURE



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 : 2024

INCOME:		TOTAL
BALANCE B/FWD		K -
FORM 3 - OPERATIONAL		K 3,898,792.00
FORM 2 - SALARY		K 61,040,182.49

[A] TOTAL FUND RECEIVED FOR THIS YEAR	K	64,938,974.49
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TOTAL INCOME	K	64,938,974.49
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EXPENDITURE:		
FORM 3- OPERATIONAL	K	26,745,253.19
FORM 2- SALARY	K	35,283,196.50

[B] TOTAL FUND EXPENSED FOR THIS YEAR	K	62,028,449.69
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SURPLUS/DEFICIT (A-B)	K	2,910,524.80
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Explain for surplus or deficit:

.....



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



NATIONAL ANNUAL REPORT

YEAR 2024

INCOME STATEMENT

INCOME	
BAL B/Fwd	23,980,064.63
Salary Grants	32,143,274.09
IRC Rebates	-
Others	-
Total Income	K 56,123,338.71

OVERALL INCOME & EXPENDITURE

INCOME	K 56,123,338.71
EXPENDITURE	K 35,283,196.50
Remaining Balance	K 20,840,142.22

Total Number of Staffs	Total Number of Agencies

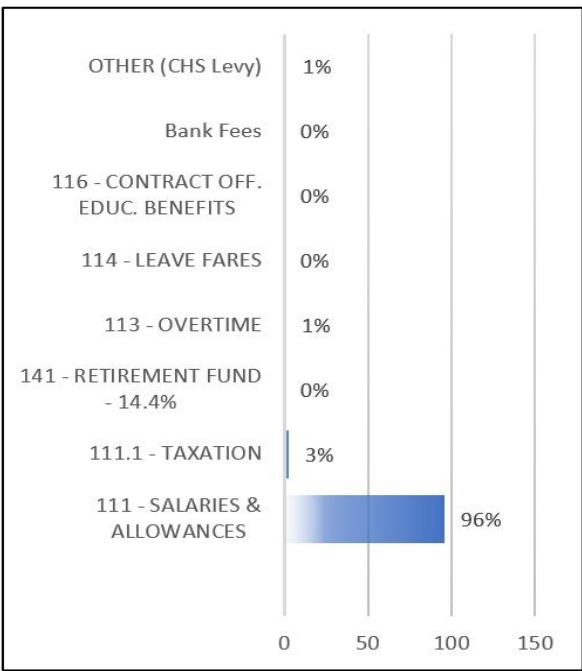
EXPENDITURE STATEMENT

LINE ITEMS	
Total Fothnightly Base Salary	K 27,353,942.47
Nasfund 8.40%	K 6,887,199.31
OTHER ALLOWANCES PAYABLE WITH FORTNIGHTLY PAY	
Service Allowance	K 440,206.54
Qualification Allowance	K 169,298.93
DMA	K 3,420,295.19
Uniform	K 201,510.84
Shift	K 580,116.61
OTA	K 289,501.16
Housing	K 146,761.42
MBEA	K 41,847.46
Telephone	K 38,526.87
Utility	K 467,319.90
RAD	K 247,000.37
Clinical	K 107,290.27
Mining	K 181,950.50
Rural Hardship	K 86,522.85
Gratuity (Medical Officers)	K 43,971.58
Higher Duty Allowance	K 1,093.78
Other Allowances	K 1,440.00
Total Allowances	K 6,464,654.27
Gross Salary	K 33,818,596.74
Tax	K 964,186.15
Nasfund 6%	K 374,797.19
NCSL	K 10,175.22
OT/ On-Call Penalty	K 2,373.32
Other Deductions	K 429,567.22
Total Deduction	K 1,781,099.10
Total Net Salary	K 32,037,497.64

SUMMARY EXPENDITURE

ITEMS	TOTAL
111 - SALARIES & ALLOWANCES	K 33,818,596.74
111.1 - TAXATION	K 964,186.15
141 - RETIREMENT FUND - 14.4%	K -
113 - OVERTIME	K 289,501.16
114 - LEAVE FARES	K -
116 - CONTRACT OFF. EDUC. BENEFITS	K -
Bank Fees	K 656.00
OTHER (CHS Levy)	K 499,757.61
Adjustments- Add Back Salaries	K -
[B]: TOTAL FUNDS EXPENDED	K 35,283,196.50

SUMMARY EXPENDITURE (%)





DEPARTMENT OF HEALTH
Government Assistance to Church Health Services
GOODS AND SERVICES
NATIONAL ANNUAL REPORT

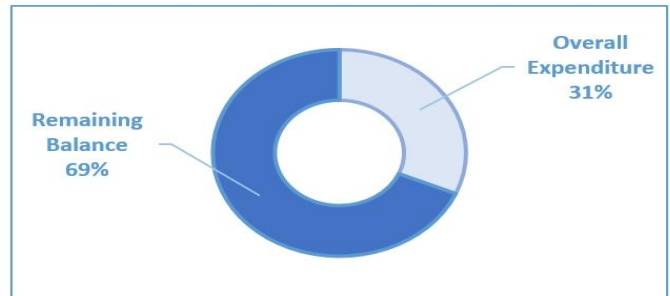
Year: **2024**

INCOME		TOTAL
143 BAL B/Fwd		66,421,351.31
143 CMC Operational Grants		3,898,792.00
143:1 USER FEES (Free Health Care)		2,926,869.85
143:2 LOCAL FUNDS		4,655,174.36
143:3 EXTERNAL FUNDS		4,960,610.46
143:4 INTERESTS & TAX REBATES		2,155,771.22
Total Income		85,018,569.20
EXPENDITURE		TOTAL
121 TRAVEL AND SUBSISTENCE		
MCH CLINICS		605,842.40
PATIENT TRF		835,080.68
STAFF TRAVEL		927,819.87
ALLOWANCES (ACCOM & TRANSPORT)		1,240,504.61
ACCOMODATION		216,766.36
S/Total		3,826,013.91
122 UTILITIES		
PHONE/FAX		29,362.01
POSTAGE - STAMPS		78,904.67
INTERNET & EMAIL		309,066.21
ELECTRICITY - Solar Expense		250,349.18
GAS		21,857.81
COURIER - FREIGHT & DELIVERY		274,198.86
CLEANING & REMOVAL		110,961.26
WATER & SEWERAGE		386,673.27
S/Total		1,461,373.27
123 OFFICE MATERIALS AND SUPPLIES		
STATIONERY		485,518.46
SUPPLIES (MEDICAL)		420,906.87
CONSUMABLES (TONER, CATRIDGES, etc)		216,927.97
EQUIPMENT & SOFTWARE (STAPLES,CALCULATORS, CD)		49,361.66
LIBRARY BOOKS, PERIODICALS,JOURNALS,MAGAZINES		165,467.76
AMENITIES (TEA SUPPLIES, TOILETRIES,ETC)		194,478.20
S/Total		1,532,660.92
124 OPERATIONAL MATERIALS AND SUPPLIES		
PATIENT RATIONS		953,236.12
MEDICAL EQUIPMENT & SUPPLIES		426,299.67
FREIGHT (air/road/sea)		267,200.55
S/Total		1,646,736.34
125 TRANSPORT AND FUEL		
Vehicle Hire		133,541.00
Dinghy Hire		1,091,613.40
Fuel Cost		431,931.90
Oil		75,902.23
S/Total		1,732,988.53
126 ADMINISTRATIVE CONSULTANCY FEES		
AUDIT/ACCOUNTING SUPPORT		111,964.55
LEGAL		80,858.42
IT & COMPUTER SUPPORT		142,162.24
VALUATION,ASSESSMENTS		572,373.96
S/Total		907,359.17
127 RENTAL OF PROPERTY		
Building Rent		101,544.00
Machine Rent		18,987.82
Equipment Rent		13,197.50
Furnitures & Fittings		123,652.67
S/Total		257,381.99
128 ROUTINE MAINTENANCE EXP		
EQUIPMENT		128,920.62
FURNITURE		835,348.70
BUILDINGS		1,209,960.21
VEHICLE		373,784.94
GENERAL (DRAINANGE,PLUMBING,OTH)		289,265.01
S/Total		2,837,279.48
135 OTHER OPERATIONAL EXPS		
ADVERTISEMENT		1,817,600.43
CASUAL EMPLOYEES (PAYS)		312,169.55
CLEANING & REMOVALS		1,172,104.58
INSURANCE		138,174.91
PRINTING & SUBSCRIPTIONS		103,048.37
PROPERTY TAX		232,026.12
RECRUITMENT & INTERVIEWS		173,809.62
REPATRIATION		87,412.88
ELECTION EXP		589,978.58
S/Total		4,626,325.04
136 TRAINING		
Materials Cost for Training		1,658,163.02
Volunteering Worker Pay		53,960.00
Equipment Hire		174,760.04
Venue Hire		98,709.01
ACCOMODATION		94,487.75
Vehicle/Dinghy Hire		250,482.60
S/Total		2,330,562.42
142 MEMBERSHIP FEES, SUBSCRIPTIONS & OTHERS		
ANNUAL CONFERENCE		154,599.89
MEMBERSHIP FEES		578,261.67
S/Total		732,861.56
Capital Expenditure		
144 GRANTS TO INDIVIDUALS & NPO		400,539.68
221 PURCHASE OF FURNITURE & OFFICE EQUIPMENT		536,184.62
222 PURCHASE OF VEHICLES		296,164.57
224 PURCHASE OF PLANT, EQUIPMENT & MACHINERY		2,205,690.27
225 CONSTRUCTION, RENOVATION & IMPROVEMENT		704,589.94
226 SUBSTANTIAL & SPECIFIC MAINTENANCE		710,541.48
Advance to Salary/Project/Store Accts		-
TOTAL FUNDS EXPENSED	K	26,745,253.19
SURPLUS/DEFICIT	K	58,273,316.00

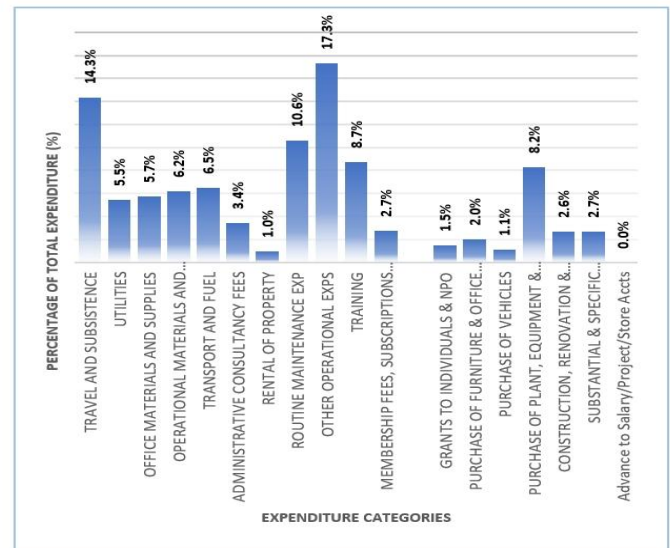
SUMMARY INCOME AND EXPENDITURE STATEMENT		TOTAL
Income	K	85,018,569.20
Expenditure	K	26,745,253.19
Remaining Balance (Surplus / Deficit)	K	58,273,316.00

SUMMARY EXPENDITURE		TOTAL
121 TRAVEL AND SUBSISTENCE	K	3,826,013.91
122 UTILITIES	K	1,461,373.27
123 OFFICE MATERIALS AND SUPPLIES	K	1,532,660.92
124 OPERATIONAL MATERIALS AND SUPPLIES	K	1,646,736.34
125 TRANSPORT AND FUEL	K	1,732,988.53
126 ADMINISTRATIVE CONSULTANCY FEES	K	907,359.17
127 RENTAL OF PROPERTY	K	257,381.99
128 ROUTINE MAINTENANCE EXP	K	2,837,279.48
135 OTHER OPERATIONAL EXPS	K	4,626,325.04
136 TRAINING	K	2,330,562.42
142 MEMBERSHIP FEES, SUBSCRIPTIONS & OTHERS	K	732,861.56
Capital Expenditure		
144 GRANTS TO INDIVIDUALS & NPO	K	400,539.68
221 PURCHASE OF FURNITURE & OFFICE EQUIPMENT	K	536,184.62
222 PURCHASE OF VEHICLES	K	296,164.57
224 PURCHASE OF PLANT, EQUIPMENT & MACHINERY	K	2,205,690.27
225 CONSTRUCTION, RENOVATION & IMPROVEMENT	K	704,589.94
226 SUBSTANTIAL & SPECIFIC MAINTENANCE	K	710,541.48
Advance to Salary/Project/Store Accts	K	-
Total	K	26,745,253.19

Income & Expenditure Running Balance



SUMMARY EXPENDITURE DISTRIBUTION in (%)





The 2024 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

and it's

Executive Board

in accordance with

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

Submitted herein by:



Mr. Japalis Kaiok

Chairperson



Mr. Ulch Tapia

Chief Executive Officer



REFERENCES

(n.d.).

Christian Health Services of Papua New Guinea Act 2007. (2007). Port Moresby: Christian Health Services of Papua New Guinea.

CHS NSO. (2023). *CHS PNG SP Data Analysis Report*. Port Moresby: CHS PNG.

CHS PNG NSO. (2024). *Christain Health Services Papua New Guinea Strategic Plan 2025 - 2035*. Port Moresby: CHS PNG NSO.

CHSPNG. (Unknown). *CHSPNG Information Booklet*. Port Moresby: Christian Health Services Papua New Guinea.

GoPNG. (1997). *National Health Administration Act 1997*. Port Moresby: National Department of Health.

GoPNG. (2021). *National Health Plan 2021 - 2030*. Port Moresby: National Department of Health.

NDoH. (2011). *National Health Service Standards for Papua New Guinea 2011 - 2020*. Port Moresby: National Department of Health.

NDoH. (2012). *Standard Treatment Guidelines for Adults*. Port Moresby: National Department of Health.

NDoH. (2023). *Data Management Competency Profiles for Provincial Health Information Officers and Medical Records Officers*. Port Moresby: National Department of Health.

NSO. (2024). The 54th CHSPNG Annual General Assembly Conference . *CHSPNG Annual General Assembly* (pp. 13 - 15). Port Moresby: CHSPNG.

Paediatric Society of Papua New Guinea. (2024, 10 10). *Standard Treatment for Common Illnesses of Children in Papua New Guinea; A Manual for Nurses, Community Health Workers, Health Extension Officers and Doctors*. Port Moresby: Paediatric Society of Papua New Guinea. Retrieved from <http://pngpaediatricsociety.org/treatment>

Wiltshire, C., Watson, A. H., Lokinap, D., & Currie, T. (2020). *Papua New Guineas Health Care System: Views from the Frontline*. Canberra and Port Moresby: ANU and UPNG.

World Health Organization (WHO) & UNICEF. (2022). *Papua New Guinea: WHO and UNICEF estimates of immunization coverage: 2022 revision*. Retrieved from <https://data.unicef.org/wp-content/uploads/cp/immunisation/png.pdf>

BMC Public Health. (2020). *Challenges in immunization coverage in Papua New Guinea and its impact on vaccine-preventable diseases*. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8172-4>

United Nations in Papua New Guinea. (2023). *Immunization saves lives: Strengthening routine immunization services in PNG*. Retrieved from <https://papuanewguinea.un.org/en/229576-immunisation-saves-lives>





ANNUAL MANAGEMENT REPORT 2024

Christian Health Services

P.O. Box 3269, Boroko, NCD, Papua New Guinea