



**CHRISTIAN HEALTH SERVICES  
PAPUA NEW GUINEA**

Section 22, Allotment 2  
Geregere Avenue, East Boroko  
PO Box 3266, Boroko 111  
National Capital District  
Papua New Guinea

*Office of the Chairman -CHS General Assembly & Executive Board*

**STATEMENT**

**ON**

**NOTICE OF STOP WORK**

**TO**

**ALL MEMBERS CHURCH HEALTH  
OF  
THE CHRISTIAN HEALTH SERVICES**

**IN LIGHT OF THE DELAYED 2020 FUNDING RELEASE**

**FOR**

**SALARY**

**MARCH, APRIL, MAY & JUNE (4 Months)**

**OPERATIONAL GRANTS**

**MAY & JUNE**

**BY**

**THE NATIONAL GOVERNMENT**

**STATEMENT:**

**"NOTICE OF STOP WORK"**

**TO: All Church Health Services Directors, Secretaries, Managers  
Principals, Health Worker Training Schools (GN & CHW Schools)  
Respective Heads of Members Church Health Services**

**From: The Chairman  
Christian Health Services PNG General Assembly &  
CHS Executive Board**

**Date & Time of Release: 4.60pm, 03<sup>rd</sup> July 2020.**

**Notice**

**On behalf of all Church Health Services and Church Health Worker Training Schools in PNG, you are all hereby informed that the Notice of Intention to "STOP WORK" given to the Government of PNG (National Department of Health) expired at 4:06 this afternoon.**

**The Government has fallen short of releasing Actual CASH to the Christian Health Services and the Health Worker Training Schools within the given 15 Working Days that ended at 4.06pm today the 03<sup>rd</sup> of July 2020.**

**Current Situation**

- **Salary Grants released** thus far is for the months of **January** and **February** of 2020
- **Operational Grants released** thus far is for the months of **January, February, March and April** of 2020
- **No money has been released** so far for **Health Worker Training Schools** apart from the students support from the Department of Higher Education for the General Nursing Schools.

## **Partial Stop Work**

As of 4.06pm, Friday the 03<sup>rd</sup> Day of July 2020

1. Today is a very sad day as CHS is forced to make history in breaking its over 100 years of uninterrupted Health Services to the people of Papua New Guinea by imposing a country wide **"Partial Stop Work"**

2. **Conditions** of the "Partial Stop Work" are as prescribed hereon:

- Skeletal Staff will be rostered on duty to manage:
  - a) New Attendances at OPDs from 8am - 4.06pm
  - b) Accidents and Emergencies including lifesaving surgery
  - c) Perform deliveries on Mothers in Labour
  - d) Admission and Inpatient care of Acute Medical & Surgical cases
  - e) All Surgical Emergency Anastatic and Operation Theatre Services
  - f) All emergency and acute case related laboratory tests
  - g) All emergency and acute cases related imaging services
  - h) All emergency referrals
  - i) All CHS Hospital Hygiene and Sanitation on rostered scaled down 3 day of working days in a week
  - j) All CHS Health facilities Casual Security Personnel must be maintained at all time (24 hours, 7 days a Week)
  - k) Ambulance on standby roster for Obstetric, Medical and Surgical and Accident Emergencies only

3. As of 4.06 today:

All **508** Christian Health Services health facilities throughout PNG **STOP** in providing the following services:

- a) All OPD Reattendance
- b) All Maternal and Child Health Services
- c) All Consultation Services
- d) All Elective Surgical Services
- e) All Dental Services
- f) All laboratory service except for emergencies
- g) All pharmaceutical services except for emergencies
- h) All inpatients except emergency and acute patients
- i) All Imaging Services except for emergency and acute patients

**j) All Public Health Services**

**All Staff from the 3 General Nursing Schools and 12 Community Health Worker Training Schools shall:**

- a) Stop all tutorials and the supervision of students on placement**
- b) Issue self-learning work to substitute tutorials**

**4. The Partial Stop Work will be lifted when the PNG Government, through the NDoH meet the following conditions.**

- a) Immediate Release of Salary Grants for March, April, May and June 2020 and transaction.**
- b) Immediate Release of Operational Grants for May and June 2020 and transaction.**
- c) Immediate Release of Operational Grants for 1<sup>st</sup> and 2<sup>nd</sup> Quarter of 2020.**
- d) When All Transactions for 4; a, b, and c are cleared**

**5. Indefinite "FULL STOP WORK" will commence as of 8.00am on the 03<sup>rd</sup> of August 2020 if the Independent State of Papua New Guinea, through its Health Ministry fails to meet the three conditions specified in point four (4).**

**6. Government fast tracking the implementation of NEC Decision # 375 of 2013, point eight (8) Computerized Payroll to minimize such actions from the Christian Health Services**

In consent with all employees numbering to more than 4000 working throughout the 508 health facilities. And the employers within the Christian Health Services, comprising of 27 Member Church agency Health Services; I Mr. Japalis Kaiok, Chairman of the General Assembly of the Christian Health Services and CHS Executive Board issue this Notice of "Partial Stop Work". This is effective as of 4:06pm on the 03<sup>rd</sup> of July 2020 and managed in compliance with the conditions stipulated in points two (2) to five (5) of this very unfortunate and sad undertaking.

**On Behalf  
of  
the General Assembly of the Christian Health Services**



**Mr. Japalis Kaiok**

Chairman,

General Assembly & CHS Executive



**Rev. James Koi**

Deputy Chairman

General Assembly & CHS Executive

03/07/20

**In Witness:**



**Mr. Ulch Tapia**

Chief Executive Officer

Christian Health Services



**HEO Luduwina Bauai**

Treasurer

General Assembly & CHS Executive

## **STOP WORK PROTOCOLS TO FOLLOW**

### ***Training Institutions***

#### **Back Ground Information**

CHS PNG has 15 Training Institutions while CCHS has 4 other nursing schools (19 in total).

All CHS Institutions has been experiencing funding cut 2017 and this has badly affected not only their training program but also questions the quality of training offered under much constraints of training resources.

Few CHW Schools have lapsed their program into next academic year causing clashes with new academic year programs.

Training Schools have been operating on credit basis and building more debts to their accounts.

Four years of inconsistent and reduces funding has place much burden on training institutions to efficiently coordinate their academic program. The impact of COVID has further disrupted the Annual Activity Plans for each school and the current proposed stop work notice served through the CHS & CCHS Executives will add more disruptions to the Annual Master plans.

CHS Institutions has responded through a small scale survey conducted to determine their position base on the experiences through this crisis. From their expressions of views, necessary concerns were considered and following course of actions were proposed to CHS & CCHS Executives Board for consideration.

<b>No</b>	<b>Desired Plan of Action</b>	<b>Mitigation Activity</b>	<b>Remarks/Suggestions</b>
1	Three CHS institutions indicated for no new intake in 2021	Impact of COVID 19 Funding Challenges GN Programs to continue	Call for political donations
2	Individual Institution may continue base on their financial strength to the end while other indicated to close after funds run dry.	Stoop will have displaced innocent students who paid more for their studies Final Years students need to complete their study somehow.	Implement cost cutting measures
3	To demonstrate a morale support to stop work by means of half day work/lecture. Provide written work to students	Prolonged training program Overlap of the training schedules into next academic year	Extension to be cautious with cost factor.

	Maintain student clinical placement		
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### General Service

Partial closure of service delivery will allow the program managers to mend partial services with skeletal staff per shift. Re-do roster to cater for partial service. This will allow extra hours for officers to attend to their daily needs through other means to sustain their livelihood. Effective advocacy is required to reach the key stake holders and service recipients for the course of actions taken so that they are prepared for the consequences and negative impacts force by these actions.

No	Program	Desired Plan of Action	Mitigation Activity	Remarks/Suggestions
1	OPD	Partial Closure – Maintain skeleton staff & attend only to emergencies Attend to new cases only and not attendance Patient Referrals	Reduce risk of emergencies Might affect clinical attachments of students	Do up separate roster to mend partial service delivery
2	MCH	No Mobile clinic outreach		Absorb officers into other clinical areas of duty
3	Maternal Health	Continue Deliveries No antenatal Care Minimal Post natal care	Continue to encourage supervise deliveries	
4	Inpatient	Limit admission to severely sick patients/Non elective Surgical Operation only to emergency cases	Reduced staffing  Limit consumables	Reduce Number of Bed Days for Severely sick.



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Office of the Chairman -CHS General Assembly & Executive Board

Tuesday 30<sup>th</sup> June, 2020

### **RESPONSE OF CHS AGENCIES SURVEY TO THE" STOP WORK" ACTION DUE TO GOVERNMENT FUNDING DELAYS**

#### **Introduction**

As the incumbent Chairman of the Executive Board of Christian Health Services PNG I wish at the Outset to thank all the Media Personnel of both print and Television to this Press conference of the Church Health Services. I take this time to also thank the Media for the coverage it had dedicated to the information of an ultimatum given to the Government with reference to the delayed Funding of the Church Grant Assistance to Church Health Services. A lot has transpired over the last 15-20 days since we issued the statement.

We are gathered here this afternoon to evaluate the outcome of the ultimatum and what are the next steps for the Church Health Services moving forward given the scenarios that are prevailing with the Government and its line Agencies pertaining to the call by the Church Health Services of the 19<sup>th</sup> June 2020.

Let me at the outset say that this is a first of its kind to happen. The Church Health Services has been a committed partner to the Government in terms of Health Service Delivery to date and certain circumstances has led to the funding to Church Health Services "not flowing" as expected. Thus, the consequences of the "*non receipt*" of the grants for longer periods of time. This has not only forced our hand to come up with the decision we made but it also serves as a means to inform the Government of its public service obligation to its people and up and including those who assist the GoPNG to deliver such vital social services in the country.

The decision to seek the attention of the Government in this regard was well thought about and for this to happen we needed the support collectively of the Health workers of the Church Health Services who are most affected by the non-payment of salaries for up to six pay periods months on end.

A questionnaire survey was formulated and sent to all CHS Agencies to gauge their views on the prolonged funding delays and how these delays were affecting them. This occurred in early June, 2020 after almost five (5) months of unprecedented delays in the release of the operational and salary grants for the Church Health Services. This survey assisted the CHS



National Office to have a fair knowledge of situations at the agency and facility level and what decision it needed to make in support of all church agencies to deal with the current situation. The results from the survey questions have been evaluated and documented below.

### **CHS Workforce**

Church Agencies had responded **(69.4%)** while a few did not respond to the survey **(30.6%)**.

### **Partial Shutdown**

More than **60%** had indicated that OPD services be partially close.

**16.0%** indicated that A&E & Deliveries should not be closed (services to continue).

Less than **1%** indicated that pharmacy services should still continue as well.

### **Stop Work**

More than **60%** of the CHS work force have agreed to stop work.

Less than half **(33%)** are not quite sure (whether this is the right thing to do, by agreeing to stop work, etc) and

less than **5%** didn't agree to stop work.

### **Effects of funding delay**

The two Most identified Effects were:

**(1) "Children's schooling affected (24.5%)"** and

**(2) "Owe people money in loan (23.4%)"** respectively.

Results also suggest that staff performance (16%) and punctuality (11%) are not affected. This shows staff commitment to job. Interestingly, not many staff had resigned or look for new job outside.

### **Means of survival**

Living on garden food and "Dinau" from trade stores.

### **Level of Staff Morale without pay**

Over **50%** of the workforce have been affected greatly as a result of no pay, thus staff morale is very low. "threat of leaving the Health Services of the Church" if this prolongs is something to be aware of.

### **Respective Denomination (Church) support to stop work**

Over **60%** of the respective church denominations have supported the stop work by their health agencies, while **14%** did not support the idea of stop work.

While most have supported the stop work, there are still a few churches that are not sure whether to stop work **(25%)**. They may have their own reasons to decide against a stop work action.

### **Signed agreement to stop work by Church leaders and Agency health manager**

**100%** of All Church Leaders & Health Managers have showed their support by signing

### **Summary**

More than half of the CHS health workforce has agreed to a full stop work due to the delay in government funding. The other half have agreed to a partial shutdown of services mainly OPD. Other than that, less than half of the work force have indicated that accident & emergency services and deliveries should continue as normal. As the funding situation still remains unclear, staff morale's are low and their livelihoods have also been compromised as a result of no pay. It is quite clear that a "stop work" action is supported by agency health managers and church leaders and while it leaves

Christian Health Services no option, the government must realise that health services cannot be given without being compensated for.

Christian Health Services is saddened that such circumstances are beyond their control. Whilst only so much can be done.

It is our only hope that the government realises the vital services of Health being provided by CHS especially that the majority of the population is based mostly in rural areas. These people rely on this important service. To deny them the right to basic health services would be seen as **unjust** and **unfair** treatment by the government

**Mr. Japalis Kaiok**  
**Executive Board Chairman**  
**Christian Health Services Board**

## **Briefing with Board Chairman & Deputy:**

### **Chronology of Events:**

- **Joint Statement issued by the Churches Health Services: Christian Health Services and Catholic Church Health Services in a Meeting with Team NDoH.**
- **Press Conference Held after to inform Public of the current Status of the Church Health Services funding. Aired on EMTV same Day with FM 100. Other Print Media information published next day.**
- **Letter to CEOs of PHA informing them of the plan move by the Churches Health Services to Stop Work if funding situation is not improved (received)**
- **Information also sighted on Social Media platform (Facebook)**
- **Other formal interviews were entertained with Radio.**
- **Information on the purported stop work has been received at the Highest levels and the Minister for Health has also issued statements on this on separate occasions.**
- **Since then some funding were received from Finance to the Tune of K6m plus. This funding is still pending clearance to deposit.**
- **30<sup>th</sup> June 2020. Meeting arranged with Team NDoH. Meeting held in Minister's office at Morauta Building. Both CHS & CCHS were in attendance.**
  - **Minister gave undertaking to be above the issue and issued some undertakings.**
  - **A K20m funding is expected to be drawn down**
  - **Challenge was to fund the arrears for the Church Health Services till June.**
  - **Other Funding Sources to be sources to assist with this funding dilemma for the Churches Health Services.**
  - **Warrant for the K20m was also provided at this meeting.**
  - **Issues discussed included:**
    - **Funding Arrears & Non-Payments**
    - **Allesco Payroll for Churches Health SERVICES: Both Agencies gave update on the Allesco Issue.**
    - **Training Schools Funding (Inadequate Funding from 2017)**
- **01<sup>st</sup> July: Detailed Letter Witten to the Hon Minister for Health on Matters he wanted clarity on. Letter delivered on time. During this time Confirmation letter for the K6m grant funding was also received.**

**This is information for Management to see where we are in relation to the challenge that is before us and to give perspective to our call for the stop work to happen as called for in the June Press conference.**