



2017

ANNUAL REPORT

HELA PROVINCIAL HEALTH AUTHORITY



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CHAIRMAN'S REPORT



Mr. Peter Botten OBE
Chairman
HPHA Board

2017 was a transformational year for the Hela Provincial Health Authority. Under the leadership of our Chief Executive Officer, Dr James Kintwa and under the direction of our committed Board, we continued to deliver effective hospital services and laid the ground to see significant improvements in rural health.

Importantly our team worked closely with the Government of PNG to support important decisions so that Health Function Grants can now flow directly to the Provincial Health Authorities. This will mean that from 2018 there are more resources to provide health care close to communities and villages.

I am proud of our hardworking staff and pleased that so many new staff, including doctors, have chosen to work in Hela. It is not always easy but through their strong commitment staff can see the difference they make every day to the lives of people.

Our team also worked together to roll out an immunisation program with the support from partners such as Oil Search Foundation and UNICEF. Importantly through these efforts we vaccinated over 5,000 children and 42,000 women which means they are protected from deadly diseases such as measles.

In 2017 we also attracted more funding for key infrastructure including funding from Santos, Oil Search and the Provincial Government for a new Accident and Emergency Ward. We also made progress with minor capital works within the hospital and have plans in place to significantly improve infrastructure in rural areas.

The earthquake that struck on 26 February 2018, the subsequent aftershocks and tribal fighting have presented key challenges to sustaining the progress made in 2017. However, the leadership shown during this period, the fact that hospital services continued to be delivered and the strength of staff all demonstrate our capacity to get through tough times and fulfil our commitment to

THE CEO'S REPORT



Dr James Kintwa AFCHSM
Chief Executive Officer
HPHA

The Hela Provincial Health Authority (HPHA) was launched in October 2016 making 2017 the first full year of its existence with a Board of Governance under the Chairmanship of Mr Peter Botten which this Report will cover however, the history of health services in Hela Province is important in order to appreciate the changes and challenges, as significant changes have taken place over a very short period of time.

Hela was declared a province in 2011 and as a consequence of that declaration, required a level 5 provincial hospital to serve as the referral centre for the province. Tari District Hospital was declared a provincial hospital in 2015 with a Board of management appointed by the National Executive Council however it had the capital infrastructure of a level 4 district hospital but required to provide a level 5 provincial hospital services. A review of its services against the National Health Services Standards in March 2015 made the conclusion that Tari Hospital was performing at a *Level 4 services in most of its functions* with only a few services at provincial hospital level in surgery.

Tari Hospital's surgical and emergency services were run by Medicines' San Frontiers (MSF) between 2008 and 2015. Little attention was given at that time to general medical, paediatric and obstetric services which was understandable given the mandate of MSF which only had emergency trauma staff, surgeons and Operating theatre staff with the support of allied health services to support these surgical services.

All these services were handed over to the Hela Provincial Hospital Board of management in 2015 before MSF left Tari Hospital. Under the new Board of Management, the Tari Provincial Hospital clinical services were supported by Volunteer Services Organisation (VSO) from 2015 - 2016. After VSO left in 2016, it was difficult to recruit doctors until Oil Search Foundation (OSF) established support through a medical officers' incentive and in early 2017 doctors started coming to Tari.

The challenges faced to attract people to Hela cannot be under played given the social and economic inconveniences and security concerns with the many tribal fights all over Hela Province and State of emergency declared going in to the 2017 National Election with Gun Amnesty. The media and public perception of Hela Province is not an attractive one.

The health services in the three (3) districts were still managed by the Hela Provincial Administration using the Health Function Grants (HFG) and staffing grant from the Hela Provincial Administration personnel emolument budget.

The challenges of implementing a Provincial Health Authority reform in a new province were huge. At the launching of the Provincial Health Authority, the Board required a lot of systems to be put in place to make the HPHA operational. The PHA was launched by the National Government with no clear change management plan to guide this major reform in a new province with a district hospital facility being asked to provide level 5 provincial hospital services, for example, there were only three medical doctors with one as the CEO.

New systems needed to be set up manage one province wide health service. This required having single

Corporate, Curative Health and Public Health Services respectively for a new HPHA organisational structure and staff transferred from Hela Provincial Administration and Hela Provincial Hospital to the new HPHA structure with the appropriate Personnel Emolument budget.

With this challenging background understood, the HPHA with the support and guidance from the Board and support from external partners has achieved a great deal in 2017 and has identified strategies moving forward to meet challenges that are yet to be faced.

It needs to be said at this juncture that, a lot of support has been received from OSF, a key partner to HPHA, OSF has provided support through staff and resources assisting HPHA to achieve some key achievements which will be demonstrated through this Annual Report.

A primary focus in 2017 was have all the major Policies and systems set up to help deliver health services under Provincial Health Authority reform of “one system tasol”. At the same time, the Curative and Public Health Services continued to provide the necessary core business of patient and population based health services.

Merged Structure Implementation

The HPHA merged structure was approved in 2016 however did not get implemented immediately as the staff grants were still in different organisations. Staff grants for one HPHA was approved for 2018 with support from Department Personnel Management and Health Department before the health public servants in the Tari Hospital and Hela Provincial Administration establishment structure could be transferred to the merged HPHA structure.

The Alesco payroll system was installed at HPHA with support from DPM and NDOH and HPHA Corporate Services staff were trained as Alesco coders using the OSF internet connectivity capabilities. This has assisted us to enter payroll data from Hela Province without having to travel to Port Moresby, saving considerable funds in travel expenditure.

In 2018, HPHA plan to transfer all the staff from both the Hela Provincial Administration and Hela Hospital structures to the one merged HPHA structure.

Hela PHA Change Management Plan

The launching of the Hela Provincial Health Authority took place quickly without many of the change management activities undertaken, so most of the stakeholders did not understand how to be active partners in this huge change. This can result in active or passive resistance to change.

A change management plan was approved by the Board in 2017 for implementation to ensure the Provincial Health Authority is supported and owned by all stakeholders. The change management plan recognizes key stakeholders and the challenges faced and identifies activities to facilitate implementation of the new HPHA. The Plan has since been implemented with awareness conducted on many occasions including a week long Public Service Induction of all Hospital staff.

There is also recognition that we have the different churches delivering health services in Hela through 77% of our rural facilities all of whom must be considered within the change management plan and future activities.

Partnership

The HPHA acknowledges that it cannot deliver health services by itself given its limited resources both physical and human. There are other partners that have good capabilities and experiences that HPHA can utilize to achieve its vision. Partnerships are naturally beneficial when the vision is shared, with healthy relationships based on mutual trust, effective communication, timely resolutions of issues led by strong leadership for continuous improvement.

The National Department of Health acknowledges the need for the health sector to enter into Public, Private Partnerships (PPP) and endorses the National strategy which is underpinned by the National PPP policy and its framework. Hela PHA will use that National policy framework to engage with partners.

A Partnership Committee has been set up chaired by a Board member and Memorandum of Agreements have been signed with OSF & Marie Stopes. A Partnership Charter has been signed by all our different partners committing to the vision and priorities set by HPHA and respecting its values for better health outcomes for the people of Hela.

The partnership with OSF has been long standing before the Hela PHA reform in the area of HIV/AIDS, TB, community development and Family Support Services targeting violence against women which has resulted in good services in HIV/AIDS, TB and the Family Support Centre (FSC). This has been demonstrated with the Hela Provincial Hospital FSC receiving National recognition of the services and work done in that unit.

We will continue in 2018 with more partners like Susu Mamas, Burnett Institute, CARE PNG signing up to agreements through a new funding system of a Public Private Partnership supported by the Australian Government and facilitated through OSF. At the same time, we envisage to actively support the Church Health Services with some support through the Health Function Grants at the Facility levels.

We acknowledge all the partners who have assisted us to achieve so much in a short period of time and look forward to their continued support in the coming year. Our partners are:

- Hela Provincial Government and its Governor
- Tari Pori District Development Authority and its Chairman, Hon. James Marape
- Komo Magarima District Development Authority and its Chairman, Hon. Manase Makipe
- Koroba Lake Kopiago District Development Authority and its Chairman, Hon. Petrus Thomas
- National Department of Health and its Minister
- National Executive Council

- Oil Search Foundation
- Oil Search Limited
- Exxon Mobil Limited
- All the different church health services
- All the surrounding communities of Hela where all our facilities are
- UNICEF
- Australian Government through DFAT
- Santos

Recruitment of doctors

Hela PHA recruited a total of eleven doctors with a new Director Curative Health Services and an acting Director of Medical Services. This is the first time for Hela to have such a number of doctors. We have specialists in O&G, Surgery, Internal Medicine (covered by support from OSF), locum paediatrician who are supported by registrars and general medical officers. Plans are under way to recruit a specialist internal medicine physician, paediatrician and an eye specialist in 2018 and when the new Accident and Emergency Unit is built, HPHA will recruit an emergency physician.

Capital Works

The Hela Provincial Hospital and the 31 major rural facilities need major capital infrastructure work in order to meet the required National Health Services Standards. With the limited resources available, the Board prioritised in 2016 to rehabilitate the Hela Provincial Hospital so that some reasonable services could be delivered from the Hela Provincial Hospital given the fact that all its current infrastructure was established many years ago to meet the needs of a district hospital.

Continuing on from 2016 when work was done at the Medical Ward, Xray unit renovation, new water tanks for water storage and new medical equipment additional work happened in 2017 as follows.

- Two doctors kit houses with counterpart funding from Oil Search Foundation
- Renovation of the paediatric ward
- Beginning of the Nurses Accommodation and kitchen/mess facilities with funding from the PNG Incentive Fund
- Renovation of the Labour ward with assistance from Bank of South Pacific
- Starting the designing of the new Accident and Emergency
- Starting the Office precinct of the HPHA Executive Management
- Starting the Master Plan of the new Hela Provincial Hospital

In 2018, we will start the construction of the Accident and Emergency after the designing and tendering processes are completed. The following will also need to be completed

- Doctors accommodation (2 x quadruplex)
- Nurses Accommodation & Kitchen/Mess
- Electrical Upgrade
- Interim Renovation and Relocation of the Accident & Emergency Services
- Establishment of a Special Care Nursery
- Office Precinct for the HPHA Executive
- Completion of the Master Plan for the New Hela Provincial Hospital

- Fencing of the Nurses Accommodation
- Electricity Upgrade of the Hela Provincial Hospital
- Renovation of the Central Sterilizing Unit, Laboratory and Blood Bank Services

Priorities and Way forward for 2018

The challenge for 2018 and beyond is to see the following happen.

- A Master Plan for the New Hela Provincial Hospital done and funding sought to build the new Hela Provincial Hospital
- Upgrade and make functional the two district hospitals at Koroba and Magarima
- Target improved service delivery at the health centre and sub centres with facility performance management through active supervision and direct facility financing
- Implementing the merged HPHA structure with transfer of positions under Hela Provincial Administration and Hela Hospital to Hela PHA merged structure
- Completion of the Accident & Emergency Facility with associated diagnostic services
- Doctors accommodation
- Active partnership with the Church Health Services, Oil Search Foundation and others.
- Negotiation with the Provincial Government and District Development Authorities to see resourcing of the Health Services Strategic Development Plan in the districts
- Successful implementation of the Facility Based Financing and accounting of the Health Function Grant
- Establishment of Corporate and Clinical Audit and Risk Management Frameworks
- Improvement in the health status indicators as reported by the National Health Information System
- Aim to be the number one PHA in PNG in 2019

THE BOARD AND EXECUTIVE MANAGEMENT TEAM



The National Executive Council appointed the following Board members to the Hela PHA with Mr Peter Botten as the Chairman:

- Peter Botten– Chairman (representing business community)
- Rev Olene Yawai – Deputy Board Chairman (representing the Churches)
- Pascoe Kase (representing the National Department of Health)
- Rodney Ingersoll (representing the business community)
- Janet Koriama (representing the Provincial Council of Women)
- Yawas Komiabu (representing the community)
- Amos Libe (representing the youth in the community)
- George Tagobe (representing the business community)
- Hetra Hekele (representing the Hela Provincial Administration)

The Provincial Health Authorities Act (2007) (section 29) calls for a Board of Governance to appoint a Chief Executive Officer who then appoints the staff of the Health Authority including the Directors (under section 33 of the PHAA) of Curative, Public and Corporate Services and this was achieved in 2017.

The Board appointed a new Chief Executive Officer in January 2017 after the previous Hospital CEO and CEO of Hela PHA resigned to contest the 2017 National Elections. Several appointments were made for the Directors positions including the permanent Director Curative and Director Corporate in 2017.

The executive management team in 2017 were as follows:

- Dr Gunzee Gawin – Chief Executive Officer (January – July)
- Dr James Kintwa – acting Chief Executive Officer (August – December)
- Dr Anton Wal – Director Curative Services
- Elizabeth Boyd – Director Corporate Services
- Doris Anton – Acting Director Public Health Service

GOVERNANCE

The Board of Governance by the Provincial Health Authorities Act is a governing body and has put the following in place for governance system:

- Hela Provincial Health Authority Corporate Plan which clearly sets out the Governance Framework among other key values and priorities
- Health Provincial Health Authority Strategic Health Services Development Plan
- Approval of several Policies and Committee

A: Corporate plan 2017 – 2020

The Corporate Plan was released to clarify the governance framework and the Key Result Areas. Our mission is to deliver improved service through strong leadership, effective governance, strengthened partnership, a quality workforce and upholding corporate values.

Our strategic priorities are:

- Leadership
 - Governance
 - Partnerships
 - Workforce
 - Infrastructure
 - Service delivery and
 - Information Management
-

B: Health Services Strategic Development Plan

HPHA has approved a Health Services Strategic Development Plan which sets out all the different capital works that need to be done to deliver the Model of Care as stipulated in the National Health Plan 2017 – 2020 with level 1 (aid posts) through to the provincial hospital in Hela at level 5.

It recognizes that the current health status is not acceptable against the national performance and guides resource allocation to key infrastructure development to strengthen the health system for an improved health service delivery result in better health outcome for our population.

Development of Strategic Implementation Plan : 2017 – 2020

A week long strategic planning workshop was conducted in April with support from the National Health department to identify key strategic priorities for the HPHA for the next three years. It was attended by representatives from the provincial government, various development partners, non-government organizations, various church health services and the senior HPHA team. The final plan¹ was completed and

¹ Full details – refer to HPHAs strategic Plan document 2017-2020

approved by the Board in October, for immediate implementation. Individual annual plans along with their respective budgets were later developed highlighting key activities to be carried out in the coming years.

Way Forward

With approved plans and activities now in place, the HPHA will endeavour to undertake the following:

- Introduce quarterly budget and activity reviews. This was not previously in place due to the Hospital and PHA being relatively new and without any clear corporate or strategic plans to guide key activities.
- Implement a full facility based budget process to cater for each major health facility in the province using the Health Function Grants. Appropriate reporting and monitoring systems to also be in place to compliment and strengthen the financial management system.

C: Committee and Policies

Committees:

- Finance and Budget Committee
- Capital Works Committee
- Clinical Standards & Patient Care Review Committee
- Partnership Committee
- Disciplinary Committee

Hela PHA will have an Audit Risk Committee set up in 2018 with clear Clinical Governance and Corporate Governance Frameworks respectively

Policies and Procedures:

- Fixed Asset Management Policy and Procedures
- Disciplinary Policy and Procedures
- Procurement Management Policy
- Medical Equipment Policy
- Confidentiality Policy and Charter of Rights
- Transport Policy
- Housing Policy
- Procedures for Staff On call and Overtime
- Referral Policy

Further in 2018, we anticipate to have more policies approved. These includes:

- Training & Staff Development Policy
- Audit and Risk Management Policy
- Staff Health Policy
- Research Policy
- Uniform Policy

- Nursing Administration Procedures
- Staff Advance Policy
- Security Policy
- Communication Policy

CORPORATE SERVICES

Background

The Corporate Service Directorate is responsible for providing human resource, financial, administrative, information management and facility support services to the Provincial Health Authority and in doing so ensure key governance and health service delivery outcomes planned for the year are achieved.

There are currently seventy-four (74) staff employed and working under the Corporate Services Directorate. Most are based at the Hela Provincial Hospital, which has been the office location for the administrative and executive officers of the Authority.

The Focus in 2017 was to have key Corporate Service systems and processes in place, in preparation for a fully-fledged PHA implementation in 2018. Another major set of activities were the various reviews and audits carried out by the team to establish key HR, Facilities and Finance base line data for the Province. The baseline information was necessary

for the planning and formulation of the HPHAs first ever Strategic Implementation Plan and various other plans that were being developed in 2017.

One major challenge faced in 2017, was the fact that although the Agency was recognized as a Health Authority, it was still operating a dual system. The Provincial Health Establishment was still under the Administrative control of the Provincial Administration whilst the Health Authority had full administrative control over the current Hela Provincial Hospital. The dual system did create some level of difficulty in the implementation of rural programs and activities in 2017. This is however expected to change in 2018 when both systems will be merged into one under a fully implemented PHA structure with all financial and human resource functions moved to the HPHA. This should now become a reality with the recent NEC decision to allow Health Function Grants to go directly to the Provincial Health Authority as the governing body to manage all health services in the province. This has been welcoming news to all Provincial Health Authorities.

Overview of 2017 Activities

The 2017 year started off on an exciting note with the Hela Provincial Health Authority only being announced and launched October 2016. A lot of the key activities for the year were geared around preparatory work for the full HPHA rollout.

In summary some of the notable activities that were carried out under the Corporate Services Directorate in 2017 are listed below:

- Logo Competition to establish a logo for the HPHA as a new PHA
- Development of the Corporate and Strategic Implementation Plans for the Hela PHA in consultation with the National Department of Health's Planning Division.
- Successful recruitment of Senior Executive team for the HPHA including the Chief Executive Officer.
- Recruitment of ten (10) Medical Officers to fill in the gaps left by the departure of the Volunteer Services Overseas (VSO) team in March of 2017.
- A manpower audit for the HPHA was conducted – full report done in preparation for implementation in 2018. The report provides a transitional plan (map) for staff transition from the

Hospital structure (241) and Provincial Health structure (291) onto the newly merged HPHA structure (265).

- The Implementation of the Alesco Payroll system in December 2017.
- First ever Public Service Induction was conducted for 152 staff of Hela Provincial Hospital.
- Received an Unqualified Audit Report on the 2016 Financial Statements from the Auditor General’s Office.
- PHA fully funded in the 2018 budget including Health Function Grants fully appropriated under the PHA
- Rolled out new medical records system at the Provincial Hospital.
- Completed several priority capital works projects in 2017
- Developed and implemented various key policies such as Procurement Policy, Fixed Assets Policy, Transport Policy to name a few.
- The hospital received all its appropriated funding in the 2017 budget under the Hospital Services Management Grants (241) and Development Grants
- The HPHA finished the year financially strong with a roll-over balance of **K 5,766,700** into 2018. Details of the full financial report can be seen further in this report.

Key Achievements in 2017

Human Resources Department

The HR Office performs all HR functions including recruitment & selection, Wage & Salary administration, Training & Development, Performance Management and Staffing & Contracts administration. The office currently comprises of three (3) officers headed by the HR Manager, a Personnel Officer and a Training Coordinator.

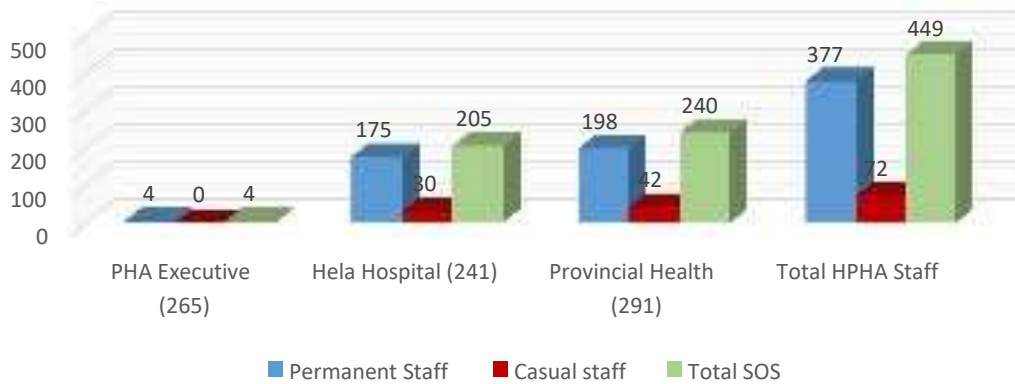
Staff of Strength

By the end of 2017, the HPHA had a total staff on strength of **449** fulltime officers. This included 377 permanent staff and 72 casual employees. **209** are under the Hela Provincial Hospital Establishment, while the remaining **240** are under the Provincial Health Establishment and are located in the 10 Government run Health facilities throughout the province.

	<i>Permanent Staff</i>	<i>Casual staff</i>	<i>Total SOS</i>	<i>Vacant Pos</i>	<i>Total Pos</i>
PHA Executive (265)	4	0	4	0	4
Hela Hospital (241)	175	30	205	226	401
Provincial Health (291)	198	42	240	84	282
Total HPHA Staff	377	72	449	370	747

*Info has been extracted from the various establishments in the Alesco system – PHA, Hospital & Provincial Admin 2017.

2017 - HPHA Staff on Strength



Staff break up by Directorates:

- 4 staff under executive directorate
- 74 staff under Corporate Services Directorate
- 296 staff under Curative Services Directorate
- 75 staff under Public Health Directorate

Although there are a lot of vacant positions (370) and a great need for additional manpower, the HPHAs Personal Emoluments budget appropriation for 2017 could only cater for 50% of the positions which had been reached after the last recruitment in August. Further funding will need to be sought to fill in priority gaps.

Recruitment and Selection

Recruitment of the Chief Executive Officer

The Hela PHA had been without a formally recruited CEO since September 2016, when the incumbent CEO Dr Hewali Hamiya officially resigned from service. Finally, in March 2017, a new Chief Executive Officer Dr Gunzee Gawin was recruited, unfortunately he resigned four months later in July of the same year.

The Hela PHA board then proceeded to recruit Dr James Kintwa as Acting Chief Executive Officer on a six months' short-term contract. He successfully served Hela PHA and ended his short-term engagement in January 2018. The position of CEO was then formally advertised again and recruitment finalised in January 2018. Dr James Kintwa has now been given the role as the new CEO for the Hela Provincial Health Authority on a long term permanent contract.

Recruitment of HPHA Directors

After conducting a formal recruitment for HPHA Directors, Dr Anthony Wal was appointed as Director for Curative Health. Dr Wal has wide clinical and health management experiences in both the public and private sectors with extensive overseas experience. He took up office in August 2017. Prior to that he had been serving Hela Hospital as locum specialist Surgeon on various occasions. The role of acting Director Public Health is held by Ms Doris Anton whilst Ms Elizabeth Boyd fills in the role of Director Corporate Services for the HPHA.

Recruitment of Medical Doctors

The year also saw the departure of the Volunteer Services Overseas (VSO) Medical team which comprised of a Specialist surgeon, Obstetrics & Gynecologist and Anesthetist in March 2017. The HPHA human resource team was tasked to ensure clinical service continuity was maintained. Several earlier advertisements for Medical officers proved futile, with no interest at all from Doctors to work in Hela. This had been a common problem faced by the Authority in the past two years. Pending formal recruitment, emergency clinical gaps were filled in by specialists engaged on short term contracts and on locum.

With the help of development partners OSF, an innovative incentive package was put forward as an added bonus to attract Doctors to work in Hela. This finally proved successful with the recruitment of ten Medical Officers in September of 2017 including a Specialist Surgeon, O&G Specialist and eight general registrars. A further three Health Extension Officers and an Anesthetic technical officer were also recruited to build up the medical services team. This has been welcoming news for Hela as it has struggled in the past to attract and retain quality health professionals.

Training and Development

Public Service Induction Training

The HR Office in collaboration with the Department of Personnel Management had successfully conducted a Public Service Induction Training between October and November 2017. A total of one hundred and fifty-two staff (both probationary and permanent officers) were inducted. The training was the first of its kind for Hela PHA and the new Hela Province. The training was well received by those in attendance.

External Training (Long Term)

The HPHA fully sponsored three clinical staff in 2017 for formal external studies. One officer from Physiotherapy Unit completed his Bachelor Program in Physiotherapy from Divine Word University in Madang. A nursing officer completed a Bachelor Program in Intensive Care from the University of Papua New Guinea while another nursing officer is currently pursuing her undergraduate studies in Midwifery at University of Goroka. Her program will be completed in June 2018.

Alesco Payroll Training

Two HR officers (HR Manager and Personnel Officer) underwent a week-long basic Alesco training in Port Moresby around August 2017. They are now certified Alesco users and have been putting their newly acquired skills to good use with the full Alesco system now in place for HPHA.

Conference Attendance - Symposium

Seven Medical Officers attended the Doctors symposium held in Port Moresby in September 2017, whilst three nursing officers accompanied by the Director Nursing attended the Nurses symposium in Kokopo around November. Our special thanks go out to our development partners OSF who were able to fund staff travel to both symposiums. It was an experience especially for our local Nurses who had never attended a symposium before and were given the opportunity to present case studies specific to Hela.

Alesco Payroll System

The Hela PHA was one of the few authorities operating as an offline Agency since it became a PHA in 2016. With the help and technical support from the Department of Personnel Management and National Department of Health, the Authority was able to go online by installing the GoPNG payroll system (Alesco – Ascender pay) in December of 2017. Although the HPHA is in the early stages of using the system, it is already seeing the massive benefits of having the system operated locally.

Staff Audit

A desktop manpower audit was conducted in quarter two of 2017 for the HPHA. The purpose of the audit was to identify current staff on strength at each facility based on the current Hospital (code 241) and Provincial Health (code 291) establishments. The report provided a transitional plan (road map) for staff transition from the two establishments onto the newly created HPHA establishment (code 265). The actual transition will be done in 2018 with a detailed physical staff audit.

Rewards and Recognition System

The HPHA introduced a reward and Recognition system as approved by the board in early 2017. The reward system was based on four key criteria's.

- I. Demonstration of professional commitment to excellence
- II. Demonstration of leadership in healthcare environment
- III. Demonstration of dedication to health and welfare of community
- IV. Demonstrated commitment to HPHA Code of Conduct and Values

Way Forward

- Ensure a smooth transition of staff onto the merged PHA structure in 2018 is achieved in a timely manner.
- Seek funding support from treasury and DPM to enable further recruitment of staff to fill in key priority positions as identified. Current staff occupancy rate is only 50% based on budget appropriation. This is not sustainable for the long term development and progression of the HPHA.
- The HPHA to focus more on the training and development needs of its existing staff, especially in key clinical areas and leadership and Management.
- Conduct a proper province wide staff audit and ensure information is captured and reflected correctly in Alesco and to meet the triple P requirement (1 person, 1 position, 1 pay) as stipulated by DPM.
- Implement HRIS system to capture and maintain key personnel information – to compliment Alesco system.

Finance Department

The current finance team comprises of a finance manager, two support staff and three staff from supply and warehouse department. The team is guided and mentored by a financial advisor as technical support provided by development partner Oil Search Foundation. The Finance team is responsible for all matters pertaining to procurement, budgeting, financial reporting, banking and reconciliations and fixed asset management.

External Audit of 2016 Hospital Accounts

The Hela Provincial Hospital had its first ever external audit conducted by the Auditor General's Office in August of 2017. It is pleasing to note that the Hospital received an Unqualified Audit Report on its 2016 Financial Statements. This can be directly attributed to the HPHA having in place a good governance structure with a robust system of key processes and controls combined with prudent management practices.

Several key issues and suggestions for improvement were recommended by the auditors for implementation. These have been progressively addressed by the respective Directorates and Divisions.

Facility Based Budgeting and Financial Management

With the assistance and support from the Financial Advisor, the Hospital was able to implement a facility/Cost Centre based budgeting and accounting model to track and report on all revenues and expenditures on a monthly basis. This system will be rolled out to all health facilities in 2018 and beyond. It is a huge task and will require a lot of training and upskilling of staff. The success of the system will depend upon how well staff/users understand and adhere to processes that govern the system.

Finance Policies

The Fixed Assets Management and Procurement Policies were developed and rolled out in 2017. A fixed asset register has been developed and is currently being updated with asset information from the hospital. This assets register will be extended to include assets in all health facilities under the PHA. Work on this project will continue into 2018.

Financial Report

The HPHA finished off its 2017 financial year strong with a roll-over balance of **K 5,766,700** into the 2018 year. These rolled-over funds which have been fully committed are a combination of general operational grants as well as capital infrastructure project grants. The hospital received all its 2017 appropriation per the 2017 budget under the Hospital Services Management Grants and Development Grants. The hospital received a total of **K 8,248,100** in Hospital grants for the year plus K2,691,500 rolled-over from 2016. A total of **K 5,171,300** was spent in the financial year. At this stage it has been difficult to report on the receipt and use of Health function grants at the rural facilities, due largely to the fact that funding was still managed and controlled by the Provincial Administration.

Financial statements and additional notes are placed as an annex at the end of this report.

Way Forward

- Implement facility based budgeting throughout the HPHA.
 - Roll out Fixed Assets policy and finalize the updating of the fixed asset register for the HPHA. Work has started for the hospital assets, however due to the magnitude of the task it will take a further year to satisfactorily complete the whole project.
 - Implement the Procurement Policy and roll it out to the health facilities
 - Implement GoPNG Integrated Finance system (IFMS).
-

Administration Department

The Administration Department is responsible for overseeing the catering, hygiene, transport and grounds team. This has the largest group of staff totalling around **30** officers.

Catering

The Hela Provincial Hospital is the only facility under the PHA that provides meals to inpatients. Currently two meals are served to patients and guardians each day. This includes breakfast at 7:30am and dinner at 3:00pm daily.

In 2017, a total of 122,000 meals were served to cater for both inpatients and guardians. This equates to 335 meals per day. The Hela Provincial Hospital has a bed capacity of 90.

The catering team also introduced in 2017 specific diets to cater for special needs patients. The team will continue to look at better and cost effective ways to provide decent healthy meals for patients in the coming years.

A further boost to this division will be the construction of a new modern fully equipped kitchen that will cater for both inpatients and staff. The project is being funded by DFAT through the PNG Incentive Fund with construction expected to commence in 2018.

Hygiene

The hygiene division is responsible for providing cleaning and housekeeping services to all wards and administrative buildings within each of the hospital's buildings. They are also responsible for implementing safe waste management practices. The latter had been identified as a huge gap in prior years. With the recruitment of an Infection Control Officer in late 2016, gaps identified are being addressed and safe practices are being implemented as guided by the specific policies that are now in place at the HPHA. Further improvements and staff training will continue to be progressively implemented, initially at the main hospital and eventually to the rural facilities.

Transport

The Hela Provincial Health Authority currently has a fleet of **15** vehicles, which comprise mostly of ten seater land cruisers, an open back Ute and a Dyna truck. The current fleet is aging and plans are underway to have two replacement vehicles purchased each year over the next three years. This will obviously be subject to funding availability each year.

The current road condition within Hela and the Highlands Highway from Hela to Mt Hagen has deteriorated badly over the years and that fact alone has been identified as one of the major contributing factors to the

deteriorating state of the HPHAs current fleet. Ongoing maintenance and replacement of vehicle parts are required to keep vehicles in proper and safe running condition. This has often led to high ongoing maintenance costs. Unfortunately, road transportation is the main and only means of travel in most areas within Hela and to Mendi and Mt Hagen for patient referrals and administrative work. This is an area where strict control measures are being applied to prevent cost overruns. To address this concern, a transport policy was developed for the HPHA to provide clear guidelines on the proper use and maintenance of vehicles. The policy was approved at the end of the year and will be implemented in 2018.

Way Forward

- Continue to develop and implement key policies and processes throughout the year for respective sections within the Administration Division.

Health Information Department

The Health Information Office is currently manned by three staff, which comprises of one manager and two medical records officers. The division plays an important role in the collation and dissemination of key medical records and health information for the whole province. They are also responsible for providing key health Information reports and statistic to the HPHA Management team and NDoH. Annual SPAR reports, facility reports, patient activity data, NHIS reports are some examples of reports that are produced by the division.

Health Information Systems Improvement

The medical records office of the Hela Provincial Hospital underwent minor renovations in 2017 to make way for the new medical records system that was rolled out later that year. Although it is a manual system, it is a great achievement considering there was no proper system in place in prior years. The team also developed an in-house patient activity data tracking system which has proven to be beneficial to both the clinical and management teams of the hospital. Both systems will be rolled out to the Koroba and Margarima District Hospitals in the coming year.

Facilities Inventory Audit

The annual facilities inventory audit was carried out in December 2017 and January of 2018. All thirty-one health facilities within the province were visited and key information collected and collated to produce baseline data for the HPHA. Full details of the report can be found in the Hela Province Health Facility Survey Report January 2018².

Way Forward

National Health Information System (NHIS) for reporting is currently in place for the PHA. Plans are underway to introduce the Discharge Health Information System (DHIS) in 2018:

- Rollout out the new medical records system to the two District Hospital.

² Hela Province Health Facility Survey Report Jan 2018 & Hela Province Individual Health Facility Profile Jan 2018

Facilities Department

The HPHA board had approved **28** priority projects for implementation at the Hela Provincial Hospital early in the year. Several of these were rollover projects from 2016. Due to funding constraints, not all projects were implemented in 2017. Several larger projects had commenced and will continue into 2018. Unfortunately, not much infrastructure work was carried out at other health centers except for minor urgent maintenance works and installation of cold chain equipment at all major health centers.

Capital Projects Completed and Still in Progress

The following table shows the status of projects that have been implemented by the management in 2016/2017. Some of these projects have been completed while others are still in progress with financial commitments yet to be paid. According to the table below, a total of **K 601, 500** worth of project commitments will be carried over into 2018.

Project Name	Contract Amount	Paid Amount	Outstanding Amount
Hela Provincial Hospital Site Layout` Plan (2016/2017)	1,500,000	(1,260,000)	240,000
Hospital South Perimeter Fence removal (2017)	15,800	(15,800)	0
Hospital South Perimeter Fence Erection (2017)	80,000	(80,000)	0
Hospital South Perimeter Fence materials (2017)	81,100	(81,100)	0
PME Electricity Review (2017)	67,000	(67,000)	0
Doctors 2x Kit Homes Erection (2017/2018)	252,000	(50,500)	201,500
X-Ray Room Refurbishment (2017)	49,800	(49,800)	0
Alesco Payroll equipment & Establishment (2017/2018)	83,000	(67,700)	15,300
Paediatric Ward Refurbishment (2017)	0	0	0
Minor OT Refurbishment (2018)	50,600	0	50,600
Neo natal Ward Refurbishment (2018)	83,900	0	83,900
Northern Fencing – Survey works only (2018)	10,200	0	10,200
Power (New transformer & upgrade) – installation of 300kva transformer (2017)	87,000	(87,000)	0
TOTAL	2,360,400	(1,758,900)	601,500

A total of **K 1.76 million** was paid out by HPHA in late 2016 and 2017 for the nine projects that were completed at the Hospital that year. The remaining four projects from the above table are currently underway and due for completion in Qtr 1 of 2018.

Oil Search Foundation have also supported the HPHA in various hospital projects in 2017 and are stated below:

- Full renovation of two Doctors Houses – completed in 2017
- Set up water treatment plant and new water mains throughout the hospital – In progress.
- Set up PHA Administration Office complex – this is in progress and will be completed in 2018.

Prioritized Capital Projects (yet to be implemented)

The table below shows the projects that are yet to be implemented in 2018. They will be funded from the various funding sources as listed below.

Project Name	Est. Project Cost	Funding Source	Paid Amount	Remaining Amount
Existing Project Commitments (as above)	601,500	HPHA	0	601,500
Power (new transformer & upgrade) – balance	700,000	HPHA	87,000	613,000
Accident & Emergency Ward (includes: design, construction, equipment & contingencies of 15%)	4,625,000	Santos / OSF	0	4,625,000
A & E Contingencies & Medical Equipment	1,000,000	Provincial Govt	0	1,000,000
OPD Detailed Design only	200,000	OSF	0	200,000
Doctor's Houses	1,000,000	OSF/Chair/HPHA	0	1,000,000
Blood Bank & CSSD Building	500,000	HPHA	0	500,000
PHA IT Network	200,000	HPHA	0	200,000
Outer Northern End Fencing	150,000	HPHA	10,200	139,800
Contingencies	157,000	HPHA		157,000
TOTAL	9,133,500		97,200	9,036,300

Incentive Fund Project

A twenty-four-bedroom single nursing quarters and new kitchen facilities which are projects under the Incentive Fund Program are not included in the above list. The project will be managed externally by development partner Oil Search Foundation on behalf of the HPHA. Work is expected to commence in 2018.

Way Forward

- The HPHA has in place a Capital Works Steering Committee that has oversight on all major project works undertaken. The committee also ensures key governance systems already in place are being
 - strengthened and properly followed. The committee reports to the Board and has Board member representation.
 - The HPHA will be looking to establish a Program Management Unit within the Corporate Services Directorate to focus solely on managing all infrastructure projects undertaken by the HPHA. ____
-

Security Service Department

The safety and security of staff and patients is a major priority for the HPHA especially due to the increasing law and order issues in the province. The HPHAs ability to put in place appropriate security controls and measures will be an enabler for a better and safer work environment for all. Currently, small steps have been taken to have in place basic security controls and protocols, however it is still a long way from our ultimate goal to have a fully networked security system utilizing radio/satellite communication.

At present, all major government run health facilities in the province have locally engaged casuals that provide basic security services. Under the merged PHA structure, permanent security officer positions have been created for most major health centers to cater for this important role that often times is overlooked.

The Hela Provincial Hospital also employs security personnel; however, it has adopted a partnership model whereby development partner OSF jointly provides additional security support by way of contracted guards through a local contractor. Under the partnership model, all guards come under the direct management of the HPHA. This has been important for the hospital as it provides the much needed additional manpower for the department bringing the total security workforce to 32.

This year no major incidents occurred within the Hospital and Health Centre premises. To date, the HPHA has maintained a good track record for safety and security and this can be largely attributed to the great community support received by the neighbouring locals and their respective leaders.

Way Forward:

- Continue to maintain and strengthen good relations with the local community through ongoing awareness and joint community activities and programs.
- Install a radio/communication network system to link the main Health centers to the Provincial Hospital.
- Ongoing staff training and development.
- Development of a security manual with standard operating procedures and emergency guidelines. The HPHA will leverage support for this activity from OSF who have a strong security background and years of operation in Hela.

Challenge & Focus for the Corporate Services Directorate in 2018

- To ensure a smooth transition of the Hela Provincial Hospital and Hela Provincial Health Staff onto the newly merged PHA structure in 2018. This will take some time and effort to complete. The aim is to have all HPHA staff transferred onto positions on the new merged structure by 2018.
- Implement facility based budgeting and reporting system.
- Develop and Implement ongoing process improvement practices throughout the HPHA, especially in the areas of supplier/contractor management, waste management practices, security and risk management and further HR and Finance policies and procedures.
- Design and implement an ICT network for Hela Provincial Hospital and the PHA Administration.
- Establish a project office for the HPHA to manage all infrastructure projects.

Conclusion

The 2017 was a busy year for the Hela PHA. The Corporate Service Directorate was able to implement most of its key programs for the year, especially preparatory work pertaining to the full implementation of the PHA. It was the combined effort of the HPHA staff working alongside key government agencies and development partners that made the year successful. We acknowledge the continuous support from our government agencies in particular the Department of Health, Department of Personnel Management, Department of Finance, Department of Treasury and the Hela Provincial Administration. We also acknowledge the ongoing technical support provided by Oil Search Foundation, our major development partner.

We hope to maintain and strengthen these relationships going forward in the New Year as the HPHA looks at implementing the full PHA merged structure to operate under 'One System Tasol'. It will be a challenge, however with all stakeholders and partners working together it can be achieved.

CURATIVE SERVICES

The year 2017 has been a really challenging year as HELA is trying to accept the newly introduced concept of providing Health Services as a “Provincial Health Authority”. The clinical services have been interrupted numerous times with 2017 elections, on-going tribal fights, short fall of health function grants, manpower, drugs shortages, geographical isolations and constant change of hospital administrations particularly the three CEOs in the last 2 years. Despite all these challenges the Hela Provincial Hospital continues to open its doors to provide clinical care and try to meet the goals and visions as set out by the HPHA Board and management.

This annual report captures all the services, both medical and supporting services provided by the HPHA. The following reports highlight the work in progress of the clinical services provided as part of the new Hela Provincial Health Authority (HPHA). The following reports have been produced by respective heads of departments, that hold relevant qualifications and or training, to provide stakeholders with current information on the clinical activity and performance within those departments.

As mentioned, the development of HPHA is a work in progress, and there are many changes currently underway both in terms of structural changes and improvement of Clinical Care. Still there are many struggles facing each department but all the recommendations are achievable with the ongoing excellent support from the HPHA Board and HPHA management.

The Curative Services report is a compressed summary of the more comprehensive reports provided by each department capturing the key information. The report has 5 sections:

Section A

1. Internal Medicine
2. Obstetrics and Gynecology
3. Surgery
4. Pediatrics
5. Accident and Emergency
6. Out Patient Department

Section B

7. Dental
8. Laboratory
9. Physiotherapy
10. Radiology
11. Eye
12. Central Sterilizing Service Department
13. Mortuary
14. Pharmacy
15. Anesthetic
16. Family Support Centre (FSC)
17. Infection Control

Section C - 18. Nursing report

Section D - 19. Director Medical Services Report

Section E 20. District Health Curative Services

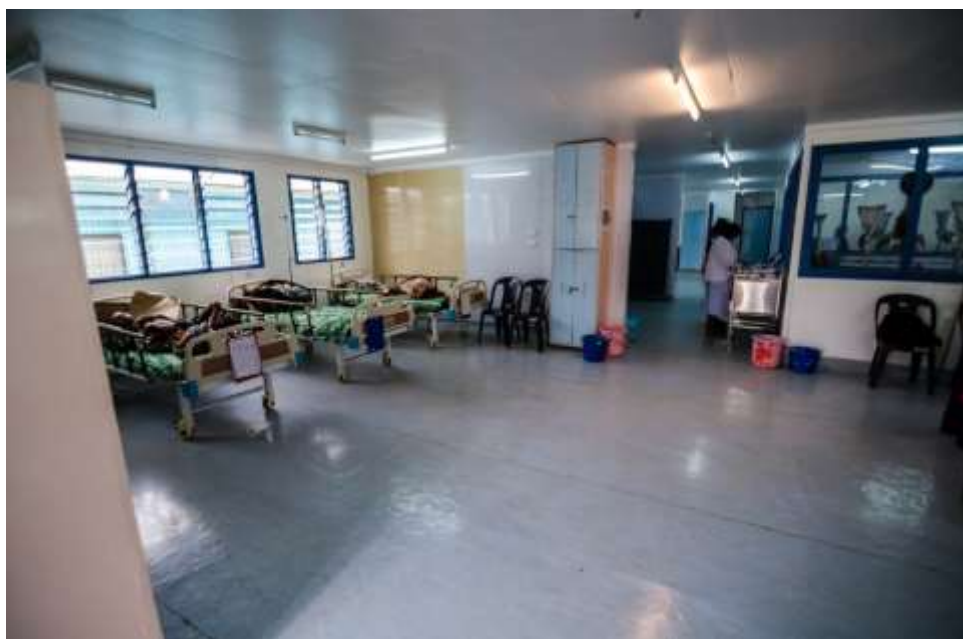
SECTION A

Internal Medicine

Introduction

The year 2017 was a very challenging year for the Internal Medicine Division. With the arrival of first full-time Medical Officer (Dr. Dickson WAK) on 5th May 2017, and with the guidance of Oil Search Doctor(s) Pyakalyia (Physician) and Graham Low, we saw a more stable and coordinated Internal Medicine Services. Although Dr. Wak only completed his residence training in 2016, he was able to manage difficult cases without direct supervision of a physician on many occasions. The locum support by resident medical officer, Dr Ben Isidore (8 weeks) and Dr. Katherine Vere (medical officer) provided Dr Wak with opportunity for professional development and ensured ongoing improvements in medical care provided to often very sick patients.

All members of the division (CHW's, NO's, MO's and support staff) work with good cohesion since May 2017, and the division was at the forefront of hospital development, with monthly death audits and the establishment of the first new Medical Consultation Clinic. The doctors started the weekly nursing staff teaching, teaching ward-rounds and inter-disciplinary clinical grand round presentations on Fridays. Data for this report was obtained from the ward and consultation clinic registry books and the information was analysed using Microsoft Excel. HEO Aileen Mai is acknowledged for providing the raw data and organizing patients for the newly established clinic.



Medical Ward, Hela Provincial Hospital

Staffing and Infrastructure

The division is privileged to have the support of two Oil Search Foundation Doctors, - Dr Vincent Pyakalyia (Physician) and Dr Graham Low. Dr Dickson Wak continues to provide stable and consistent day-to-day leadership of the division. The unit was also privileged to have the services of a resident medical officer, Dr Ben Isidore for about 8 weeks from October to December 2017 and Dr K Vere supports the medical and the outpatient departments since her arrival in July 2017.

The nursing services within the division continues to provide a reliable and dedicated contribution to patient care. Sr Alice Pulube is the nurse unit manager and the clinical supervisor is Mr. Felix Ape. The esteemed nursing team consists of six (6) general nursing officers and nine (9) community health workers.

The medical ward consists of 17 beds. Eight (16) general beds, two (2) are designated for acute patients, and one (1) isolation bed at the back of the ward, affectionately named the “Isolation-Room”. The average bed occupancy rate for the year 2017, was between 77%.

Admissions

A total of 929 patients were admitted in 2017, with an average of 77 monthly and 2.5 patients daily.

The Bar graph below (Figure1) shows trend of patients admitted each month. In the months of January to April, the admissions were high because there were no doctors to make clinical decision on admissions and patients were being admitted by nurses. The arrival of the doctor in May resulted in a reduction in the number of admissions as higher level clinical decisions were possible and where appropriate patients were treated via the clinics on outpatient basis avoiding large numbers of unnecessary admissions.

Figure 2. below shows ten (10) common causes of admissions to the Medical Ward. Typhoid, Asthma/COAD, Tuberculosis and Cor-pulmonale were the four leading causes of admission as seen below.

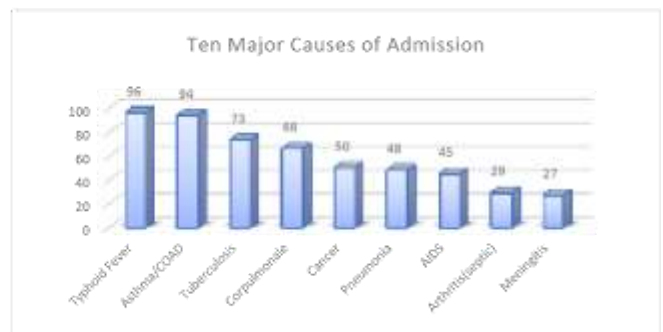
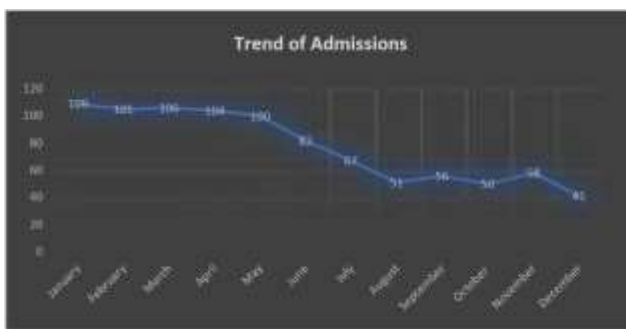


Figure 1. Showing shows the of admission each month

Figure 2. Showing the 10 common causes of admission

Deaths

There were 75 deaths recorded in 2017. Mortality rate in 2017 was 8 %. The table below shows their distribution by diagnosis.

The most common cause of death was Tuberculosis (PTB and EPTB) with 21 recorded deaths. This was followed by Cor-pulmonale with 14 deaths, 8 cases of AIDS, 8 cases of acute bacterial infections and 5 cases of Cancer (including Blood Disorders, Liver Disease and Esophageal Cancer).

The Graph below shows the 6 common causes of deaths.

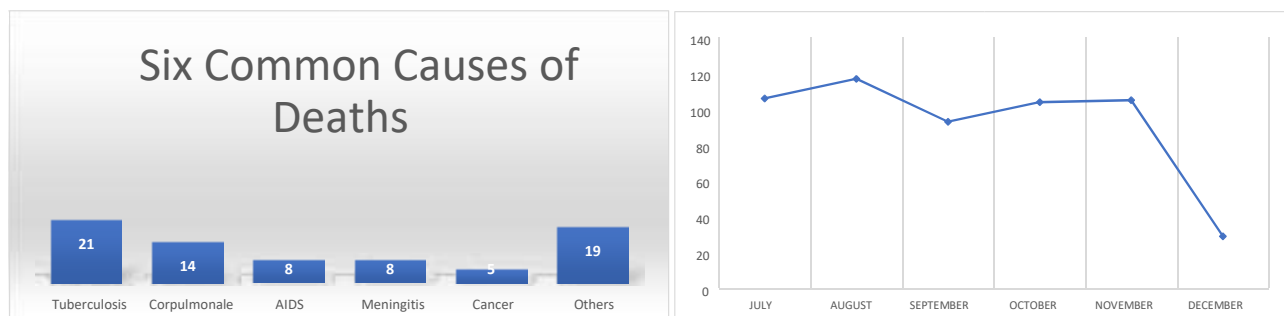
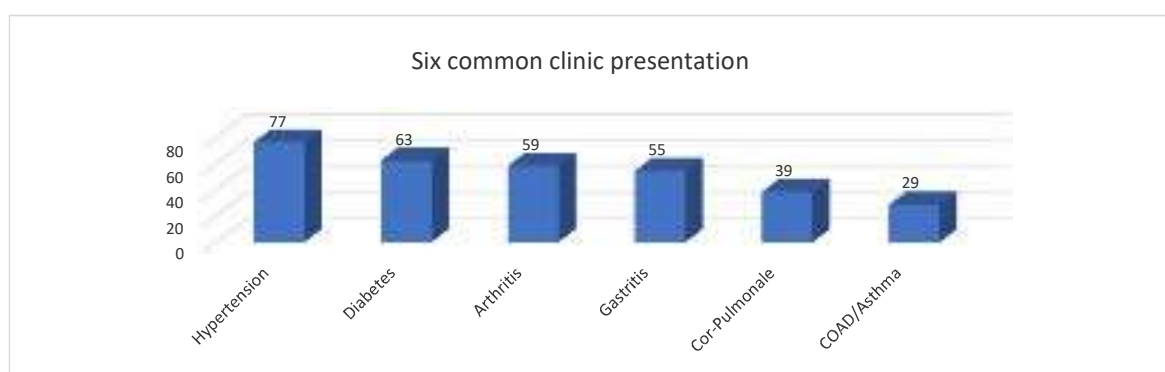


Figure 3. Six common causes of deaths in Medical Ward

Figure 4. Trend of patients seen in the clinics from July -Dec

Consultation Clinic

Figure 5 . Six common clinic presentations



The consultation clinic was established on the 6th July 2017. A total of **554** patients were seen over 22 clinics in 2017 between the 6th of July and 13th of December 2017. The average number of patients seen per clinic was 20. Two thirds of the clinic clientele were referrals, and the other one third were from the ward discharge. General medical examinations (fitness certificates) were also performed at this clinic.

The line graph above (Figure 4), illustrates the trend of attendance from July to December. The attendance was consistent from the start however dropped in December due to closure of the clinic.

It is worth noting that life style diseases are the leading cause (25%) of presenting to the clinic.

The unit did not have permanent clinic staff through-out the year and is supported by the ward nurses.

Other Services

Apart from the day to day admission and care of adult inpatients and weekly specialist consultation clinic, the Internal Medicine Division provided the following services:

- Electrocardiography (ECG)
- Post mortems reports
- Basic psychiatric care and assessment on request
- Consultation to the Innanaka Clinic for HIV and TB patients
- General medical examinations Clinics in the Hospital and schools (e.g. Dauli Teachers' College)
- Continued Medical Education activities (e.g. Nursing Continue Medical Education)
- Monthly Unit Death Audits
- Regular consultation with specialists in other disciplines as required.

The unit continues to take the lead in providing weekly multi-disciplinary clinical Grand Round presentation.

Obstetrics and Gynaecology

The Department has a combined obstetrics and gynaecology ward with 12 beds. The unit has two labour ward beds for mothers to deliver in a crowded room.

The department has a total of 17 staff, one Specialist Medical Officer, one medical officer, 15 nursing staff of which 2 are midwives, 6 are general nurses and 6 community health workers. One nursing staff is away on midwifery study. More than 50% our staff are over 50 years of age. A key challenge is the need to recruit new nursing staff to replace those nurses that move towards retirement, the establishment of the new nursing quarters will hopefully be an incentive especially to PNG new graduate midwives and nurses to join the Hela team.

We delivered **1379 women of 1412 babies**. **3.9%** of these were by caesarean section and 96.1% were by assisted vaginal deliveries including vacuum and forceps. The trend of increasing deliveries is continuing but is at a slow trend. In 2017 we had a Post Natal Mortality Rate (PNMR) of 33 /1000 deliveries which is the same for most public hospitals in the country. The PNMR for Hela Provincial Hospital may be an underestimate of the real figures especially the Early Neonatal Deaths that we have great difficulty in keeping a track of due to current limitations in resources especially in the rural centres. The still birth rate was **16/1000** deliveries is another proxy figure for the reasons previously mentioned. The maternal mortality ratio in 2017 was **290/100,000** live births The three maternal deaths we had were all referred cases who; came exceptionally late to seek medical help. Postpartum haemorrhage and sepsis continue to be the main causes of maternal deaths in our hospital.

The parent to child transmission rates in 2014 was 33.3%, this was the year the PPTCT program was started in Hela. The 2 HIV positive babies were transferred in from PMGH. In 2015, the transmission rate was 9%, and in 2016 the transmissions rates were 0%; 11 babies were confirmed negative. In 2017, transmission rates were 0% with a total of 11 babies confirmed negative. The above information is graphically presented in tables 1- 5 below.

We would like to take this opportunity to thank Bank of South Pacific, Tari branch for refurbishing the delivery suite and for donating two brand new delivery beds that will be used by our women in 2018. The beds were bought overseas and have arrived in Port Moresby and are awaiting transportation to Hela in the early 2018.

HIV TESTING as reported in the tables below are reports of HIV in mothers and babies from 2014 - 2017

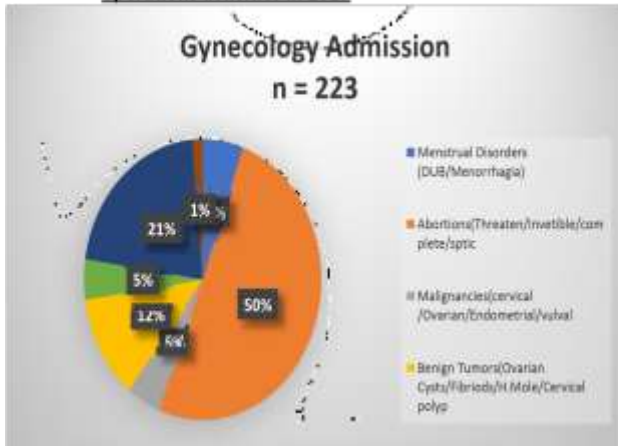
KEY FACTS

- **The HIV prevalence rate among our women is 2.7%.**
- **The parent to child transmission rates in 2014 was 33.3%**
- **In 2017, transmission rates were 0% with a total of 11 babies confirmed negative.**

Table 5. PPTCT PROGRAMME: YEAR 2017 HIV TESTS FROM HELA PROV. HOSPITAL

Total number of new pregnant women at ANC	999
Number tested after counselling	999
Number opting out	0
Number confirmed positive	6
Pregnant PLHIV	14
Total number of HIV positive pregnant women booked at HPH ANC	20
HIV positive pregnant women referred to HPH ANC for treatment	0
Total HIV positive pregnant women managed at HPH	20
Pregnant women on ART	20
Partners tested & registered for treatment	0
Pregnant women lost to follow up	3
Women tested in labor ward	31
Confirmed the first time in labor ward	0
Positive rate for women tested in labor ward	0

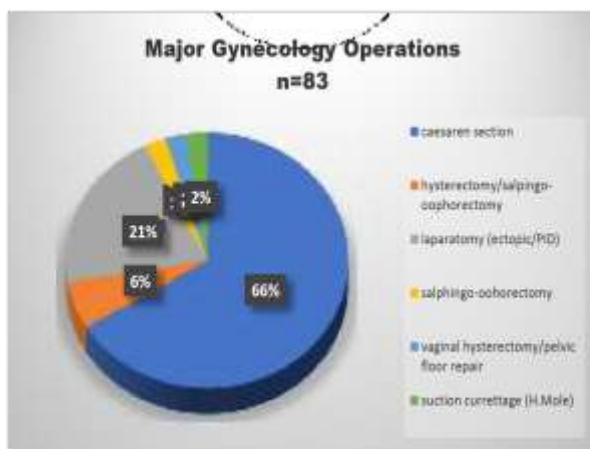
Below pie shows admissions and gynecology surgical operations activities in 2017



Graphs 1.

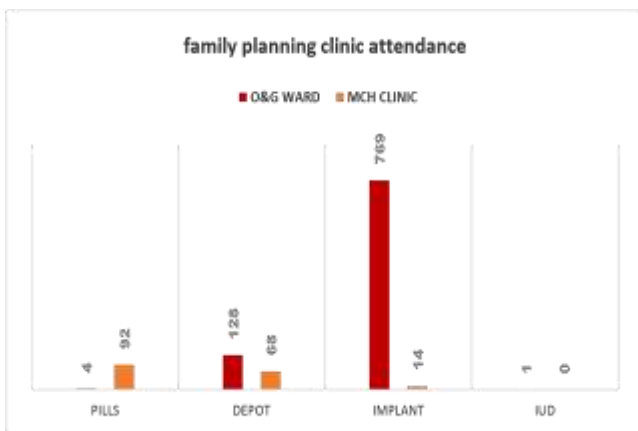


Graph 2

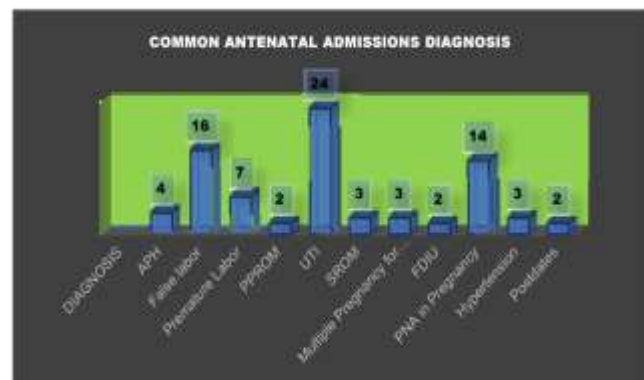


Graph 3

The above graphs show operative surgical activities. The most common gynaecology admission is for termination of pregnancy (all types, 50%). The most common minor and major operative procedures are Postpartum tubal ligations (48%) and Caesarean Sections (66%) respectively.



Graph 4: Types Family Planning



Graph 5: Common antenatal Admissions /diagnosis

Family planning is an essential component of the Gynaecology services in Hela and with proper information and under the guidance of the highly qualified medical officers many women are now accepting Implanted form of contraception (769) as the best form of family planning for spacing family and control unplanned pregnancies. The most common cause of antenatal admissions in women is urinary tract infection in pregnancy (24).

Plans for 2018 and onwards

From the above report, we have identified our shortfalls, and as a department we have resolved to:

1. Keep accurate records of the kind of work we do.
2. Continue to do monthly audits of our Obstetric care. And this will be achieved by doing monthly perinatal mortality meetings and audits of any deaths.
3. Continue to do our in-house tutorials and teaching ward rounds.
4. Continue to do Family Planning clinics
5. Continue to do Ante-Natal Clinics and supervisory Ante-Natal Clinics to nearby health facilities

Surgery Department

Department of surgery has two main wards (adult and paediatric surgical) with a total bed capacity of 28. The adult surgical has 20 beds and the paediatric surgical has 8 beds. A total of 887 patients were admitted in 2017. 39% of admissions were Trauma related and 61% were Non- trauma patients. The Average Bed Occupancy Rate (BOR) was 77% while the average Length of Stay (LOS) was 7.8 days. A total of 13 patients died giving a Crude Mortality Rate (CMR) of 1.47%.

Staffing

Currently there are 2 doctors (**1 specialist surgeon and 1 medical officer**) in the department of Surgery.

Patient Summary (Inpatient and Surgical Clinic)

The total admission for the year 2017 was 887, with 39% trauma patients and 61% non-trauma patients. A total of 2,037 patients were seen in Surgical clinic.

	Trauma	Non- trauma	Total admissions	Surgical clinic
January	21	58	79	170
February	22	51	73	133
March	27	47	84	197
April	40	48	88	189
May	33	37	70	282
June	36	47	83	154
July	36	36	72	180
August	33	38	71	246
September	22	54	76	189
October	31	42	73	171
November	16	45	61	126
December	24	33	57	0
Total	341(39%)	546(61%)	887	2,037

	Re-admission	Transfer in	Transfer out	Abscond
January	2	8	2	3
February	3	0	1	2
March	6	3	3	2
April	3	5	1	2
May	2	2	0	1
June	6	0	1	3
July	5	2	1	4
August	2	1	1	10
September	4	2	7	1
October	5	3	3	0
November	2	0	2	0
December	3	0	3	0
Total	43	26	25	28

The above information is only the adult surgical ward. Surgical paediatric data is recorded separately.

There were 10 internal transfers in and out are from surgical ward to High Dependency Unit and vice versa and there were 15 patients referred other hospitals in larger centres such as Port Moresby, Mt Hagen and Mendi.

Operations performed: 575 patients operated

	MAJOR	MINOR	EMERG	ELEC	TRAUMA	NON TRAUMA	FEMALE	MALE
JAN	35	07	25	17	09	33	28	14
FEB	40	06	27	19	05	41	26	20
MAR	49	10	32	27	17	42	27	32
APR	10	42	38	14	31	21	25	27
MAY	14	48	45	17	37	25	31	31
JUNE	08	52	51	09	32	28	30	30
JUL	12	26	36	02	27	11	14	24
AUG	18	25	43	00	28	15	18	25
SEPT	11	41	52	00	27	25	12	40
OCT	20	20	39	01	24	16	13	27
NOV	14	26	29	11	05	35	17	23
DEC	12	29	41	00	21	20	13	28
TOTAL	243 (42%)	332 (58%)	458 (80%)	117 (20%)	263 (46%)	312 (54%)	254 (44%)	321 (56%)
575 Patients operated								

Of the 575 patients who underwent surgery, 44% were Females while 56% were Males, more than half (58%) were minor operations. 80% of the operations were emergencies as opposed to only 20% electives. Trauma patients constituted 46% and Non Trauma patients were 54%.

Patient Operations Cancellation

OPERATIONS CANCELLED		
REASON FOR CANCELLATION	FREQUENCY	PERCENTAGE (%)
Patient refused	2	12.5
Equipment unavailable	1	6.3
High anaesthetic risk	5	31.3
Patient notfasted	2	12.5
Emergency case supervene	6	37.4
TOTAL	16	100

Note: For some of the months there were no reasons indicated for cancellation.

A large number of surgical cases were cancelled because of emergencies either from obstetrics or general surgery. This highlights the need for a second operating theatre. Other reasons for cancellation include; lack of blood, Unavailability of ASO, lack of consumables, instruments or gauze not sterilized etc

Post-operative Complications

13 major complications encountered:

1. Burst Abdomen x 2- Recovered well
2. Wound Breakdown x 8 - Infection settled and permanent intervention instituted
3. Flap Necrosis x 2, One (1) Left Hospital at Own Risk and the other recovered well & Discharged
4. Fistula x 1, Duro – cutaneous fistula developed post operatively [Dx. TBI, Penetrating, Severe Head Injury

Monthly Audit Summary

There were 13 deaths with CMR of 1.47% with only 1 **unexpected death**.

No	History	Diagnosis	Cause of Death	Expected/Unexpected Death
1	50yrs old female admitted following MVA. Died 4hrs after admission	Multiple Injured patient; - Multiple # Ribs and Unstable # of Pelvis	Irreversible Hypovolemic shock	Expected
2	60+ yrs old male admitted with intestinal obstruction	Sigmoid volvulus	Severe sepsis	Expected
3	28 yrs old man admitted with Gunshot wound to the neck with #C3	GSW- Neck with #C3 and Neurogenic shock	Cardiorespiratory arrest	Expected
4	34 yrs old man with long standing history oral cancer	Advanced oral cancer	Oral cancer	Expected
5	60+years old female admitted with 2/12 history of dysphagia and vomiting	Ca. Esophagus with severe dehydration	? Cancer syndrome	Expected

No	History	Diagnosis	Cause of Death	Expected/Unexpected Death
6	10 months old boy admitted with 1/12 history of painful leg swelling and fever and	Severe sepsis	Septicaemia	Expected
7	14 years old boy admitted with GSW on the chest and lung collapse	GSW–Thoraco abdominal injury with Hypovolemic shock, Lt Lung collapse	Hypoxia	Expected
8	65+years old man admitted with upper airway obstruction	Upper Airway Obstruction from Ca. Larynx with Broncho-Pneumonia	Hypoxia	Expected
9	40 years old female admitted with 1/52 history of abdominal pain	Peritonitis	Septicaemia with septic shock	Unexpected
10	34yrs old man admitted with chop on the head	Severe TBI	Hypoxia	Expected
11	18yrs old female admitted with progressive abdo pain /distension and chest infection	TB Peritonitis and adhesions	Cardiorespiratory failure	Expected
12	50yrs old female admitted following MVA.	Multiple Injured patient; - Multiple # Ribs and Unstable # of Pelvis	Irreversible Hypovolemic shock	Expected
13	26yrs old with chop wound on the right elbow with excessive bleeding	Elbow laceration with severe Anaemia from DIC	Cardiorespiratory failure	Expected

Achievements

1. We continue to develop the skills and knowledge of the staff through weekly formal teachings, ward round teachings and monthly mortality/morbidity audits.
2. Produced a structured Surgical lecture and skills guide for the medical officers to improve their basic surgical skills and knowledge.
3. We have increased the number of elective procedures performed though there is constant interruption due to lack of supplies and consumables.
4. We have introduced local preparation of Vaseline and Honey gauzes in the wards so long as the wards are supplied with local Vaseline and honey since there is scarcity of the pre-packed Vaseline and honey gauzes.
5. We introduced diary book for booking patients which will indicate the cases cancelled if any and the reasons for cancellation in order to improve our reporting.
6. Introduction of Record book for Minor OT and Plaster of Paris room to capture all the surgical workload in the hospital. Workload in Minor theatre was not captured in data previously.
7. We have continued to reduce the surgical mortality rate.
8. Short term ventilation support is now available for critical post-operative patients to improve patient outcomes.



Operating Theatre Team

Plans/goals for 2018

1. Continue with developing the staff capacity through formal teachings, ward rounds and CMEs and encouraging research work
2. Transfer to new Accident and Emergency department
3. Improve physiotherapy unit for rehabilitation of surgical patients
4. Continue to expand the elective surgical services
5. Resolve the recurrent issues of blood bank, x-ray unit, biopsy/pathology pathway with PMGH
6. Improve standard of medical records.

Paediatric Department

Introduction

In regards to Paediatrics; the social, cultural and economic implications faced in Hela bring the burden of child health care to an even more challenging level to achieve. However, despite these conditions relentless effort by the Oil Search Foundation and the Hela Provincial Hospital have been made to improve health care standards to this Rural setting. We are proud to state that the Paediatrics department has seen its share of changes within this time frame. From these tireless efforts of many, we can happily say that 2017 has brought about positive changes, improvements and achievements in a department that was struggling.

Staff

There is a Medical officer now with a Clinical HEO attached to the Paediatrics department, however further recruitment of a consultant or specialist paediatrician to guide and lead the way forward is required. There was one specialist visit in 2017 and a second one in early in 2018. There are now 6 Nursing Officers and 5 Community Health Workers attached to the Paediatric Department.

Visiting Consultants

In June 2017, Dr Kilalang came and stayed for 2 weeks in the hospital. She did screening of cardiac patients for the Open-Heart Operation. She did wards rounds and actively participated in management and resuscitation of acutely ill patients. This input was invaluable providing both medical and nursing staff with an excellent opportunity for professional development.



Visiting Paediatric Consultant, Dr Kilalang, advising Paediatric Ward staff

Dr Uluk, a visiting consultant from Kimbe was attached for 3 weeks in early 2018. His short stay provided further improvement in clinical care in terms of patient's management, treatment, teaching and leadership.

Structural Changes

The paediatrics department has also undergone some structural changes to the current building. The ward looks after both paediatrics medical and paediatrics surgical and the two groups were previously separated by a floor to ceiling wall that blocked both light and air flow. This wall has been replaced with a partial wall allowing greater ventilation, light and staff visibility of patients. The ward has also had two 2-meter tall water mist fans installed late last year which further assists with the ventilation and keeping the place cool during the day.

Table 1. ACTIVITIES SUMMARY IN PEADIATRICS 2017

ACTIVITIES	# OF PATIENTS/ITEMS	PERCENTAGE
ADMISSIONS	1321	Marker for all indices below.
READMISSIONS	131	10%
DISCHARGES	931	70.5%
DEATHS	79	6%
ABSCONDS	71	5%
INTERNAL TRANSFERS	125	9.5%
REFERRALS OUTSIDE PROV	25	2%
# OF BEDS	32	

Table 2. **MORBIDITY: TOP 5 MOST COMMON CAUSES OF ADMISSIONS IN 2017**

COMMON ADMISSIONS	NO.	PERCENTAGE
<i>PNA/BRONCHIOLITIS</i>	514	39%
<i>AGE</i>	286	21.5%
<i>SAM</i>	169	13%
<i>TB</i>	101	7.5%
<i>MENINGITIS</i>	85	7%
<i>OTHER</i>	171	13%

Table 3. **MORTALITY: TOP 10 COMMON CAUSE OF MORTALITY IN 2017**

COMMON MORTALITIES	NO.	PERCENTAGE
<i>SAM</i>	24	2%
<i>PNA</i>	14	1%
<i>MENINGITIS</i>	14	1%
<i>AGE</i>	8	0.6%
<i>TB</i>	5	0.4%
<i>CHD</i>	4	0.3%
<i>NNS</i>	4	0.3%
<i>BOWEL OBSTRUCTION</i>	3	0.2%
<i>TYPHOID</i>	2	0.15%
<i>MALIGNANCY</i>	2	0.15%

Challenges

- Infrastructure continues to be one of the main challenges leading to significant patient overcrowding during periods of epidemics.
- Human resources; specialist medical and nursing positions remain vacant
- Continuing medical education for staff is key to equip the staff to take on the challenges that comes with each clinical case and will result in improved patient outcomes.
- Ongoing improvement in communication and teamwork across all disciplines involved in the care of patients in the paediatric department.
- Overall the positive changes that are taking place have made a dramatic impact in the clinical care and outcome of patients.
- We acknowledge the combined efforts of Oil Search Foundation and Hela Provincial Health Authority for moving Health care in Hela Province forward. The Paediatrics department is thankful for these changes and is looking forward to new and improved changes in the future.

Accident and Emergency (A&E)

Accident and emergency department was a focal point of Medicines' San Frontiers (MSF) operations in Hela for 8 years. It used to treat mainly surgical trauma and all other emergencies were seen elsewhere. It was therefore referred to as "minor operating theatre". For 1 year in 2016-2017 this service was taken over by Volunteer Services Overseas (VSO). Following the departure of MSF and under the new HPHA system the A&E department sees all emergency cases whether they required surgery or not. This has been a big learning curve for some of the staff and very challenging given the limited facility and human resources.

Apart from emergencies A&E staff also attend to wound dressings and assist in specialist surgical clinics on Tuesdays and paediatric clinics on Thursdays.

Facility

The current A&E is poorly set up with many deficiencies and has been identified as the priority for replacement in 2018. As an interim measure, the A&E will relocate to a renovated facility (previous pharmacy location) at least for the next 12 months or so till the new A&E is completed.

Staff

The department has 1 HEO, 3 nursing officers, 3 CHWs and 1 interpreter on staff. During periods of extended sick leave by the HEO Sr Christina Michael has been the acting SIC/OIC. The department is very fortunate that Sr Michael has done training in emergency and critical care.

In 2018 a new medical officer has been recruited and will be the OIC of A&E and outpatient

Patient summary

The following is THE Accident & Emergency summary for 2017

Category	Numbers	Percentage
Total Patients	7298	
Emergency cases	4194	57%
Dressing and reviews	3104	43%
Average monthly cases	608	
Average daily cases	20	

Although the numbers seen daily appears reasonable, many of these presentations are usually complicated cases especially with trauma requiring much time and resources to sort out. Most staff in A&E have been taught well by MSF and they do a great job in repairing especially wounds and lacerations from mainly bush knife.

Achievements in 2017

1. Some basic monitoring devices from the HPHA
2. In service and in-house training on Thursday mornings has been going for the whole of 2017. Unfortunately, the attendance is poor on many occasions.
3. HPHA with the support from Santos (Company), Private donation (Board Chairman) and Grant from the Governor of Hela are building a new A&E facility with the required equipment. This project is exciting and should be completed in 2018 and everyone is certainly looking forward to that.
4. Successful plan of relocation of the A&E to the old pharmacy building so that A&E and OPD are adjacent to each other. Thanks to HPHA for making available funding for the renovation work.

Goals for 2018

1. Treatment protocols in place by the end of 2018
2. Triaging system in place on moving to the new renovated location
3. Better management of emergency drugs and equipment and ensuring there is adequate supply.

Outpatient Department

This department is currently one of the busiest in the hospital and is the first clinical department seen by most visitors and patients, unfortunately over the past 10 years it has also been one of the most neglected in the hospital. This is in part to do with the MSF days when emergency and trauma were the hospital focus. We hope in 2018 there will be improvements in leadership and some physical improvements in the facility itself and this impression and legacy will change.

With tribal fights, closure of some rural facilities and lack of medications in the districts many patients are flocking in OPD. It is filled as soon as the doors are opened.

Staff

OPD has 12 full time staff on a rostered shift. Two HEOs cover the daily work and reviewing sicker patients. They are also involved in the on-call roster for the hospital as well. Mr. Tugube Dimbagu is the person in charge with 2 other nursing officers. There are 7 CHWs. As mentioned above Dr. Kelvin Konigala will be looking after OPD and A&E at the time of writing this report in 2018. Dr. Vere (medical officer) covers OPD and reviews cases as required.

Patient summary

Below are the patient activity details for OPD in 2017

Category	Numbers	Percentage
Total yearly	84 042	
Total new cases	66 355	85%
Total review cases	17 687	15%
Average monthly cases	7004	
Average daily cases	230	

The OPD is a very busy department with up to 30 patients needing to be seen and treated per hour and the available resources and man power is stretched to the limit.

Achievements in 2017

1. Working in a difficult environment and yet completing the tasks of patient care.
2. Having 2 full time HEOs to cover the department
3. Getting some basic monitoring equipment and 4 medical trollies. Training initiated by the Doctors, especially Dr Vere

Goals for 2018

1. Regular meetings and training especially in-house
2. Compiling of treatment protocols
3. Efficient patient care through reduction in waiting time

SECTION B – ALLIED HEALTH SERVICES

Laboratory

The HPHAs Hospital Laboratory is the laboratory service for the Hela Province. The laboratory stands as a bridge for the diagnosis of the patient’s disease. HPHAs laboratory provides all the basic laboratory service excluding culture and sensitivity. The laboratory service is well supported by the HPHA management and the partners. We have seen a significant rise in the workload in 2016 and 2017. We expect the same workload in 2018. This shows the importance of the laboratory service for screening and confirmation of a disease before treatment of the patients. Other services not provided are out sourced to other laboratories in PNG and abroad.

Blood Transfusion Service is also provided by the laboratory though; it is a section of its own within the hospital structure. This shows our commitment and pride in the job that we do. Most laboratory consumables are sourced from the hospitals budget through the venders as NDoH supplies are inconsistent and this is a challenge to us. The laboratory is staffed by a Medical Technologist and a Technician. However, more manpower is required to meet the work load. Our mission and vision are to make HPHAs laboratory a better service provider within the health care system even with the many challenges ahead. One example is to roll out the laboratory service to the district hospitals like Magarima and Koroba. A visit was organized for Magarima and Koroba early in 2018. In order to achieve our mission and vision we need the support and we received it well. We have the confidence now and we can do it. On behalf of the laboratory staff, we would like to thank HPHA management team and our partners OSF and NDoH for the support of our service.

Pathology Services

The HPHA provides the following services, Hematology, Biochemistry, Microbiology, Parasitology, Serology, Blood Transfusion Service(BTS), Blood Banking, HIV, Tuberculosis, Malaria, Miscellaneous Equipment. Below graphs provides information on the activities of 2017.

Figure 1. Comparisons of patients received in laboratory

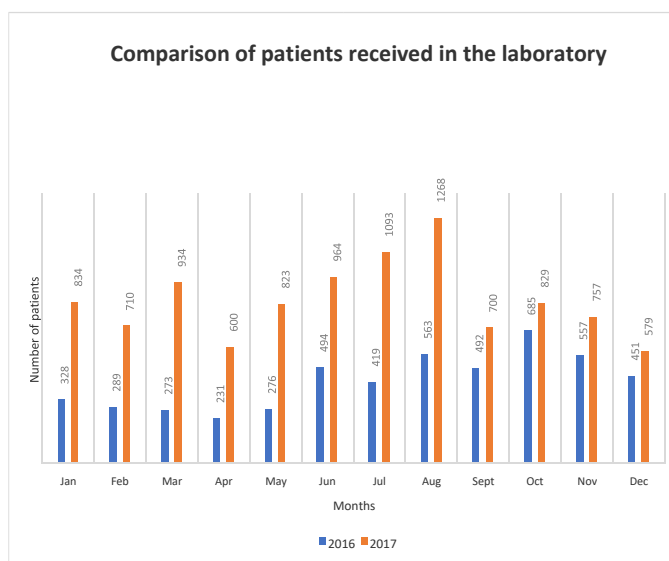
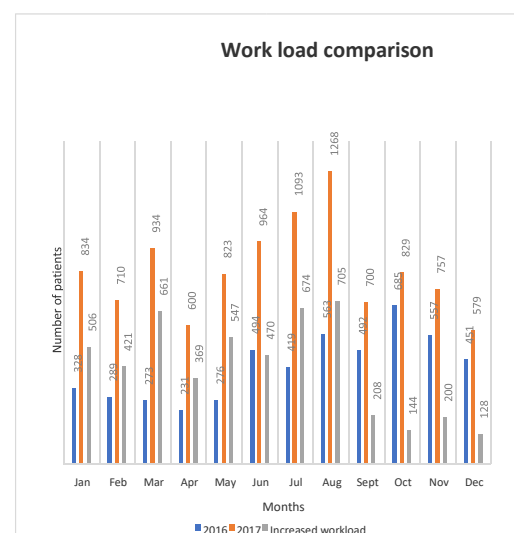


Figure 2. Work load comparisons



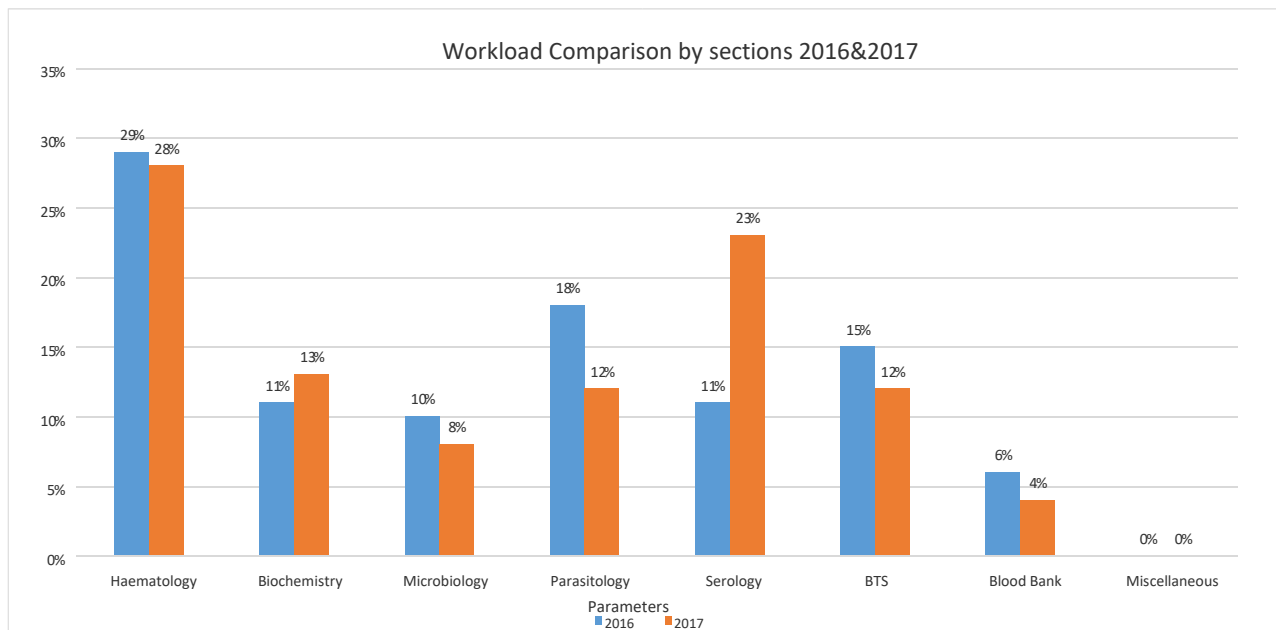


Figure 3. Significant Increase in the workload

Our way of addressing challenges

The arising matters of concern are addressed through such forums as Sectional Meeting, Allied Health Workers Meeting and Patient Care and Standard Committee Meeting. In other cases, letters in the form of internal memos are written to the respective personal.

Our achievements

- All our monthly reports have been submitted to the Health Information System and copies were distributed to CEO, DCHS, DCS and a/DMS.
- Our turnaround time for the patients were excellent. Patients received laboratory results on the same day.
- Our punctuality and attendance in the laboratory is consistent and effective.
- The HPHA Management had supported us in external Workshops and meetings as part of refresher and continuous learning.
- The laboratory had participated in the power point presentations in the grand rounds.
- A health facility visits to Magarima District Hospital was done and report submitted.

Our challenges

- Our workload continues to increase significantly and more staff are needed to meet needs.
- Biopsy specimens, specimen collected from disease outbreak, monthly report for blood bank needs to be sent to Port Moresby and at this stage there is no PHA logistic system to be accessed.
- Laboratory consumables and supplies coming through NDoH is inconsistent and is still a challenge.
- . Currently the laboratory is taking care of both the laboratory and blood banking service. Blood banking services including collection and storage need to be a separate section.
- Culture and sensitivity capabilities need to be available in the provincial hospital but the current lab is too small to add additional functions

Summary

- We would like to thank Oil Search Foundation for the support we received in the past, now and in the future for the laboratory service.
- The laboratory needs two more technicians to cater for the increased workload and as part of implementing PHA system.
- Our laboratory technician, Mr. Frank Kasahya is now an IATA certified officer for our logistic system.
- All other trainings attended are part of refresher for quality assurance of our service.
- The current SYSMEX KX-21N will be replaced by Mindray analyzer soon.
- The Biochemistry analyzer DRI-CHEM NX500i requires a schedule maintenance for quality assurance purposes.
- It would be helpful to separate the BTS from the laboratory service. Currently both service is absorbed into the laboratory service.
- HIV, TB and Malaria quality assurance programs are participated quarterly and biannually. It requires continuous support.
- Specimen such as biopsy referrals and others are becoming a challenge as there is no PHA logistic system.
- Workload had increased significantly as illustrated by figure 3. Figure 4 gives us an estimation of the increased workload. It had increased more than hundred times. Most of the workload comes from hematology followed by serology, parasitology, blood transfusion service, microbiology and others at indicated by figure 5.
- The increased workload is because of the increased number of medical officers and the health extension officers. You would also note that in figure 5 the number of test requested in 2016 is more while the lab request in 2017 had decreased. This is the result of presentations during grand rounds and meetings that recommended certain restrictions and responsible lab request.

Our way forward

- Participate in the Global Fund National TB & HIV program
- It would be helpful to open a logistic account.
- Have at least two more Laboratory personals
- Separate laboratory from Blood Transfusion Service.
- A Bigger laboratory space needs to be identified.
- Install Gene Expert and fume cupboard.
- Install Mindray for hematology.
- A visit to Koroba District Hospital and have the lab operating in both Koroba and Magarima District Hospital.
- For quality control, supervisory visits and others, it would be better for the Laboratory to have a new vehicle.

Dental Department

For Oral Health Services (OHS) in Hela Province, we started a full Dental Services in 2017. Further details will be outline in each subheading below. This 2017 Annual Report is about Past Status of Oral Health Services, Present Status of Oral Health Service and Future of Oral Health Services in Hela Province. It also contains Annual Tally of Patients seen from January to December in Table and graph forms.

Past status of OHS in Hela Province

Since 1998, Mr. Simon Kugu, a Community Health Worker was only doing tooth extractions. There were no proper dental consumables. Local anesthetics was supplied from the Tari Hospital pharmacy. The Dental Clinic have two old portable dental chairs, a boiling sterilizer, eleven (11) elevators (2 Coupland, 2 per of Cryer, 2 per of James Warwick and 1 root) and twelve (12) tooth extraction forceps (6 upper root, 1 upper left molar, 2 lower molars, 2 lower roots and 1 lower anterior). The clinic has three (3) stainless steel syringe, a hand scaler set and few restorative instruments.

In January 2017, Badili Area Medical Store (NDOH) supplied us with some consumables. The local anesthetics and filling material were exhausted in July 2017. Whatever consumables not supplied by NDOH was purchased by the Hela Hospital. There were K42 000, worth of consumables and instruments purchased by Hela Provincial Health Authority for Dental Department in April 2017. Concerning our dental laboratory, all dental laboratory machines are here but we need a dental lath machine to start do prosthodontics work.

Staff

There is a Dental Therapist and a CHW. The CHW is Mr. Simon Kugu, he helps with tooth extractions and sometimes aid in cleaning. The dental therapist Mr. Soma Fido. Mr. Fido does restorative and periodontal treatment, impactions, wire fracture jaws, tooth extractions and others.

A facility visitation to Magarima District Hospital in December 2017 was undertaken by the dental department as part of HPHA service expansion. The report is attached in Appendix 1.

Magarima District Hospital had a Dental Therapist since 2015 but there are no proper dental consumables and instruments to work. Thus, he cannot practice.

Future of oral health services in the Hela province

The Hela Provincial Health Authority Management aim is to support the two District Hospitals which will have specialist services provided there. Dental services are one of the specialized departments that will be captured in the District Hospital. Therefore, we are looking forward to build two new dental clinics in the

two district hospitals We are also looking at building a dental laboratory once two District Dental Clinic are functional and we have more staffs.

Out of 3,481 patients presented at Hela Dental Clinic, a total of 4217 different treatments were given to these patients. Majority of the treatments done were tooth fillings and extractions. Nine (9) fractured jaw were wired.

Eight (8) patients revisited the clinic due to previous extractions or filling done.

Summary

This report is to show what we did for Oral Health Services in Hela Province. The province is new and we just started the Oral Health Services in 2017 but we believe we have done a lot of things for the Dental Department in Hela Provincial Health Authority. We looking forward to working with you all in 2018 to expand the Dental Services and making it a better, quality and effective health service in Hela Province.

Recommendations

Following are some recommendations if we are to provide the best and quality Oral Health Services to the people of Hela:

1. Recruit a Dental Assistant and Dental Officer for our Provincial Dental Clinic
2. Recruit a Dental Therapist for Koroba District Hospital
3. Other consumables not supplied by NDOH need to be procured via external vendors.
4. Instruments for the District Dental Clinic need to be procured.

Radiology Department

With the creation of Hela Province by the O'Neill Government in 2012, it also paved way for the creation of its provincial hospital, Hela Provincial Hospital is the referral hospital for Hela Province. It is a level five (5) hospital with over 170 staffs both clinical and support. For radiology, most of the documented evidences of work done have been either misplaced or not recorded, though the x-ray services in Tari were available for more than forty (40) years.

Staff and structure

The radiology department is comprised of staffing and the radiology set up itself.

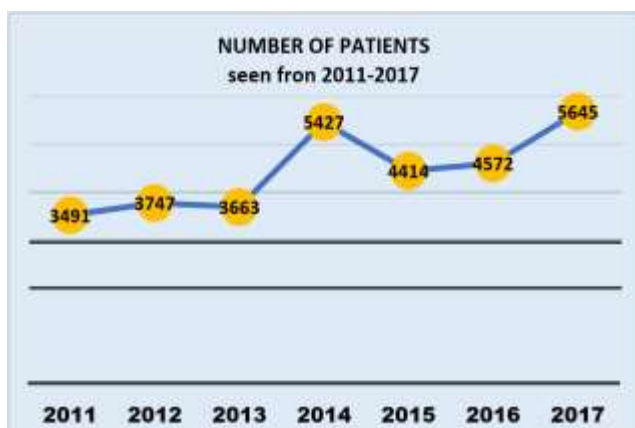
Staffing

- Jacob Towal, OIC Radiology
- Peter Ale Potabe, Assistant Radiographer
- Mawe Ewae Hape, Assistant radiographer.

The Radiology setup and inventory:

The department itself is made of three rooms - Screening Room, Store Room and Dark Room.

We have a few documented statistics from 2011 to 2017 as shown in Graph 1 below



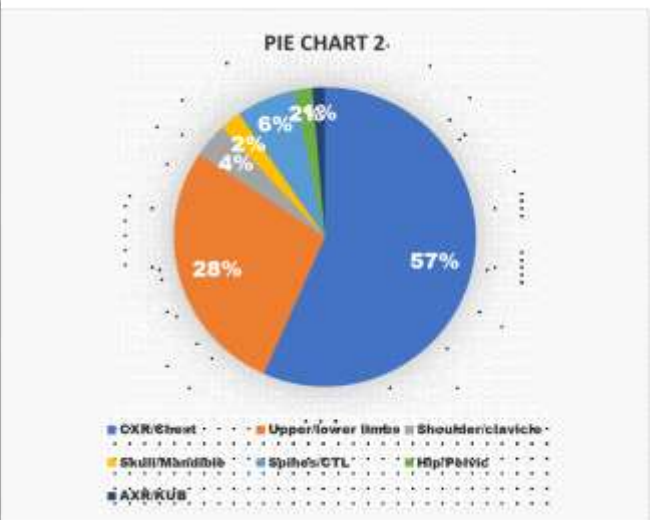
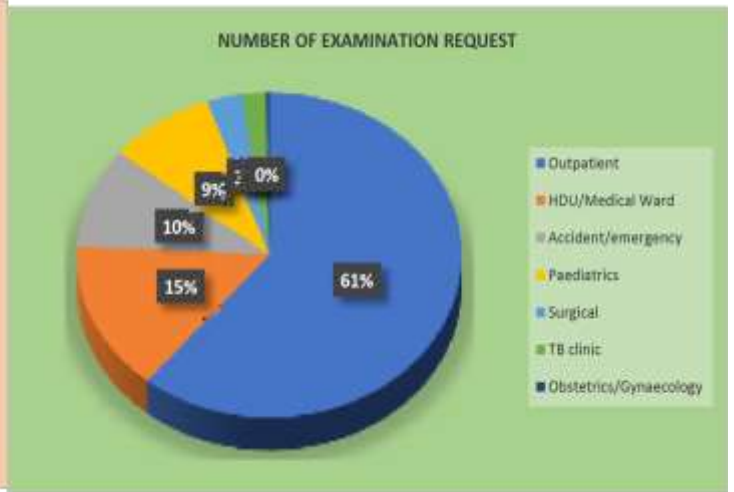
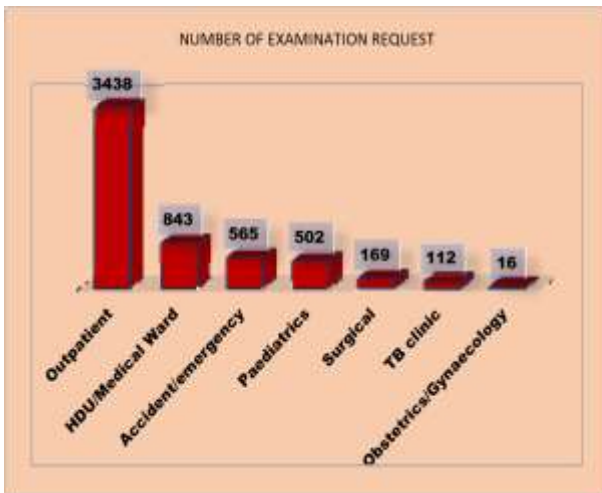
Graph 1. Comparisons of patients from 2011-2017



Graph 2. Number of patients seen in each month in 2017

Types of examinations requested in 2017

There were different types of examinations requested by doctors and HEOs, totalling over 5815 examinations. The number examinations are slightly higher than the number of patients because some patients needed more than one x-ray.



Graph 3. Number of patients per request

Graph 4. Percentage distributions of request

The above two graphs show the Chest X-ray is most common radiology request. In 2017 57% of radiology requested Chest X-rays.

Graph 3. Shows The departmental consumptions of radiology
Graph 4. Percentage Distributions of department requests.

Public outpatient is the department that makes the most request for radiology services (3438,61%), followed by High Dependent Unit/Medical and Accident/Emergency Department.

Challenges

Hela Provincial has been recently established therefore does not have much of the facilities required at the provincial hospital level. Availability of the right facilities determines the quality of work at the required level. Radiology department cannot only operate with an x-ray machine and a processor alone but other accessory facilities are equally important to give quality output.

Table 1. Basic equipment's not available and the required quantities are listed on Table 9

NO	EQUIPMENT	QUANTITY REQUIRED
1	Patients ID printer	2
2	Patients name card	consumables
3	Film Cutter	2
4	Fluoroscopy Unit	1
5	Decubitus boards	2
6	Lead aprons	4
7	Pregnant mother's aprons	2
8	Lead shield monitor glass	1
9	Computer-set	1
10	Portable grids	4
11	Fridge	1
12	Intercom	1
13	Patient staff toilet	1

Basically, the type of examinations done and the quality of it depends on the equipment's provided by the department and the technology and expertise available.

Changes noted for year 2017

Much has been achieved within the year 2017 for the radiology department and we expect to develop further in 2018.

- 1) New digital x-ray machine purchased and brought into Hela Provincial Hospital – pending electric upgrade for installation
- 2) New radiographer employed by May 2017.
- 3) Total renovation of the radiology department with complete lead lining.
- 4) 8 new plastic chairs supplied.
- 5) New power points installed in the dark room.
- 6) Doors to dark room rearranged to avoid film fogging.
- 7) Installation of water tapes for room 1.
- 8) Other minor changes in the department.

Summary

We have seen quite a high number of film rejects and poor film quality was also high this year because of poor light control in the dark room. Leakage of light into the dark room can fog either exposed or unexposed film. The x-ray machine currently in use is well over forty years old and will be retired from service as soon as the new digital system can be moved into place and commissioned. Basically, the type of examinations done and the quality of it depends on the equipment's provided by the department and the technology and expertise available. Like every other hospital in the country, the radiology division of Hela Provincial Hospital is seeing increase in the number of patients almost every year. With increased number of patients, we see increased workload and costing.

Having well over 5000 patients coming for x-ray services every year is the number you expect from every other Level 5 hospitals like Mendi, Wabag or Popondetta. Though, Hela is a newly recognized Provincial Hospital in the country, we managed to provide radiology services on par with other established hospitals in the country.

The department indeed has seen more changes over a very short period as noted above. With the installation and commissioning of the new digital X-ray machine we expect to be the few hospitals in the country to have CR radiology services.

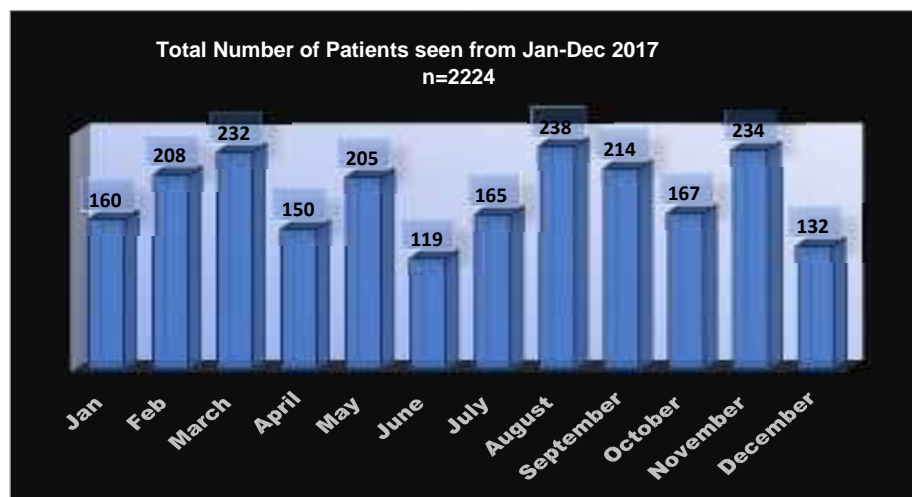
To conclude, the radiology services has improved very much with the committed support from the Hela Provincial

Hospital Management. With the type of support and commitment Hela Provincial Hospital Management, Oil Search and other partners are giving to radiology department we are quite optimistic to see improvements in services.

Physiotherapy Department

Physiotherapy is relatively a new establishment. Its inception was during MSF's control of the surgical services then consequently absorbed by the hospital management in 2016. Manned by only two officers, one Physiotherapist and one Physiotherapy Technician. The clinical setup is limited

The department wishes to acknowledge the invaluable support of those individuals who have assisted one way or another to ensure the successful delivery of physiotherapy services this year. Down in man power owing to one staff member going on study leave, management and provision of physiotherapy services was challenging. Without the support in administrative assistance, clinical assistance along with physical and moral support from staff we would not have come as swiftly as we have through the year.



Staffing & career development and knowledge sharing

Commencement of the residency not only directly improves manpower in the unit but also provides the opportunity for teaching, supervision, mentoring, knowledge sharing and career development. The inclusion of residency will give the edge to lift the department to another level.

Department relocation

The department has been relocated to the new refurbished building along the middle blocks, with increased lighting and ventilation.

Challenges

Near-Nil therapeutic and diagnostic clinical equipment/gears

Staff Limitation

Manning a level 5 provincial hospital providing hospital-based physiotherapy services by just 2 staff members is practically a mammoth challenge. With impending PHA initiatives for extensive province wide district/rural outreach programs manpower for department is critical.

Model department

The physiotherapy Unit aspires to be the best at delivering physiotherapy services to our patients by doing the following:

- Establish department asset registry
- Equip the unit to level 5 hospital Capacity, with therapeutic and diagnostic equipment's and gears
- Organize and Set up the new site
- Establish residency hospital policy and instruments for future and ongoing internships
- Establish physiotherapy ward round
- Introduce PT assessment forms
- Diversify PT treatment and services, offering modern day PT management, treatment techniques and latest interventions
- Introduce in house teaching and training sessions
- Introduce schedule audits on clinical services and management
- Produce IEA materials bimonthly – posters, brochures, pamphlets
- Minimal standards in therapeutic and diagnostic clinical resources along with administrative office setup and equipment to be established up to the standard of a physiotherapy unit fit for a Level 5 hospital
- Staff ceiling to be filled up to grade 5 level capacity/Level 5 hospital staff ceiling

Ophthalmology Department

Hela Provincial Health Authority (HPHA) Eye Care Department has been established in July 2016 with minimum standard eye equipment and it is located in the Family Support Centre (FSC) building. The Eye Clinic has one Eye Specialist Nurse working after the completion of the Eye Care Study at Divine Word University with the ADEC. It has established a very good working relationship and support from all stake holders, Oil Search Foundation, Laila Foundation (PIH), HPHA and Mendi Hospital (our referral hospital). Consumables and spectacles are supplied by the Fred Hollows Foundations with the support from FHFNZ.

Vision 2020: The right to sight

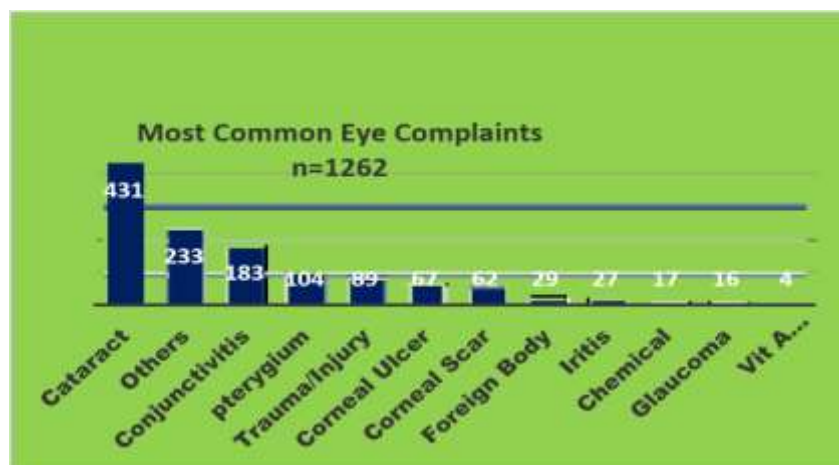
Vision 2020 is a programme that aims to eliminate Avoidable Blindness. Due to shortage of staff and equipment the Eye Care Department operates only twice a week Mondays and Wednesdays from 7am-3pm. The Eye Care department helps prevent and cure avoidable blindness and visual impairment to meet the Vision 2020. World Health Organisation (WHO) has identified Five Priority Areas to help control the major causes of blindness:

- Cataract
- Refractive errors and low vision
- Trachoma
- Onchocerciasis
- Childhood blindness and Vitamin A deficiency

Table 1: Common Eye Diseases and Diagnosis in the Eye Clinic

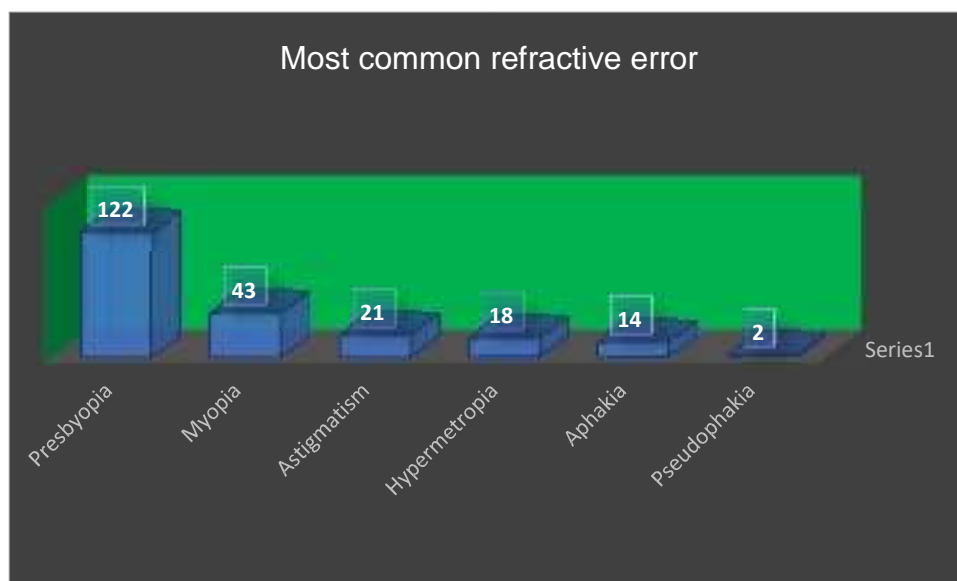
Common Eye Disease	Refractive Error
Conjunctivitis (bacterial, viral and Fungal)	Presbyopia
Pterygium	Hypermetropia
Trauma	Myopia
Vitamin A Deficiency	Astigmatism
Corneal Ulcer	Aphakia
Corneal Scar	Pseudophakia
Foreign Body	
Cataract	
Chemical burn	
Others	

Graph 1. Common eye diseases presented



Total of 1,262 patients were seen this year 2017 and 510 are booked for ophthalmologist for cataract and pterygium surgery. 33 patients were referred to Mendi general hospital. 18 are blind and 710 were treated here.

Graph 2: Common Refractive Error



Total of 220 patients with the Refractive Error were seen in 2017. Out of these 23 were given prescriptions for the glasses while 197 patients were dispensed the glasses accordingly.

Challenges

Security concerns makes it difficult for specialist visits to Tari from institutions like the Fred's Hollows-Foundation in Madang.

Summary

The eye clinic is important part of the services the HPHA offers. However, the department has only one trained nurse with limited number of eye instruments to work with. It has no space of its own and shares it with the Family Support Center. Access to an ophthalmologist either on site or regular visit to provide effective ophthalmologic clinic and improve patient care.

Central Sterilizing Service Department

The Central Sterilizing Services Department (CSSD) is where the surgical instruments are sterilized after it is cleaned and packed. Sterilized sets are also stored there.

The two-female staff attached with CSSD were shifted over from MSF and although they do not hold formal qualifications they have had on job training and lots of experiences.

Challenges

- Theatre frequently runs out of sterilizing packing bags or paper
- The steam sterilizer is a low performing equipment
- There is no adequate space
- Needs a bench top sterilizer

Summary

Since the hospital engaged the specialist in both Obstetrics/Gynecology and Surgery in 2017, the demand of sterilizing of medical equipment has tripled. The packing materials have been constantly running out and the prolonged use of reusable instrument has seen degrade of their effectiveness. The wards demand of sterilizing consumables has increased and there is constant need to get the dirty instruments cleaned on time. The CSSD have been improvised to keep the services running but the maximum outcome is not always met.

The department needs a trained CSSD officer to oversee the effective management of this section and provide accurate information on the daily needs. However, the two untrained but experienced CSSD officers have been doing fantastic job. Through partnerships there is a new Steriliser expected in early 2018.

Mortuary Department

The HPHA provides mortuary services as part of the clinical services to the public. The department is small with 3 morgues freeze and container that stores bodies post mortem. The storage can only cater up to 10 bodies at the time and no longer than 2 weeks. The HPHA mortuary provides the following services.

- Post mortem autopsy requested by the coroner
- Medical report by medical officer performing the autopsy
- Coffin requested by the deceased's relatives upon their own cost and made by the hospital
- Washing and dressing of the body to be collected for burial

Staffing

The department is run by a Community Health Worker who is not a trained officer but has worked here for years of experiences. He is supported by medical officers when coroner requested for post mortem autopsy.

Challenges

- There are no proper autopsy instruments and performance of autopsy is a struggle
- The mortuary facilities need an upgrade with proper post mortem operating table, good running and draining water system, and shower facility
- A proper PPE and consumables
- A proper recording system of deaths and post mortem records
- The storages facilities' overdue for maintenance

Summary

Mortuary is an essential support services that cater for deaths in the hospitals and deaths that brought in for storage or for post-mortem reviews. However, the services have not reached its fully potential as most the challenges mentioned above need to be addressed. Policies, standard procedures and upgraded facilities are needed to improve services.

Anaesthetic Department

The Anaesthetics department is an essential part of the surgical department that provides essential critical clinical care for patients who need surgical intervention. The department operates with one functional aesthetic machine and operated by single aesthetic Scientific officer for both major and minor cases. There were few times when the management hire causal senior scientific officers to step to assist to reduce workload. There are a few surgeries that cannot be performed at our settings due to lack of expertise.

Challenges

As mentioned the department has many short falls to fully function as a unit and for the anaesthetic department to reach its maximum capabilities, it must have

- Anaesthetic Medical Officer, specialist or senior Anaesthetic Officer to administer anaesthesia on difficult cases.
Currently most babies needing surgical operations are referred to Mendi.
- The department needs a more advance anaesthetic machine (with Multiple functions)
- The department needs to establish a proper recording system to capture data required by HPHA.
- Specialist is needed to provide leadership, continue Continuous Medical education and also full involve in High Dependent Unit where patients need ventilation support.
- Additional support staff to for pre-operative, operative and post-operative anaesthetic care
- Dedicated recovery room for operative patients

Summary

Anaesthetic department as mentioned is an important integrated part of a clinical care and for HPHA to meet the requirements of National Health Standards regarding surgical performance scales, the challenges mentioned above are needed to be corrected.

Pharmacy Department

The HPHA Pharmacy provides drugs and consumables for the Hospital and at the same time respond to peripheral health facilities if their stock level is down. Most of the pharmaceutical supplies are ordered from Mt Hagen Area Medical Store (AMS) and the LD logistic is contracted to deliver the supplies to the Hospital or the districts hospitals and health centers. But due to the geographical isolations of the hospital, the required drugs and consumables don't reach its destination as scheduled.

When the required or emergency drugs/consumables are nil in stock in AMS -Mt Hagen, the hospital has been forced to procure from private suppliers which uses up the operational funds of the hospital

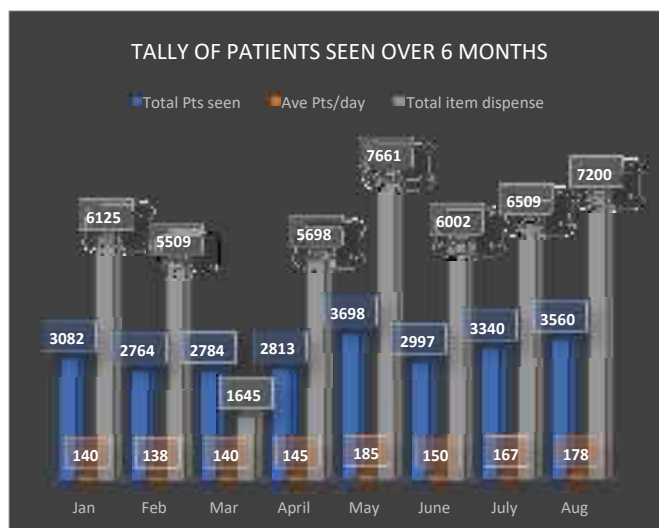
Medicine and Therapeutic Committee (MTC) is an important committee which is one of the sub-committee to clinical standards and patient care committee (CS&PCC). The MTC of the hospital has been formed with its terms of reference however, the committee has sat only once last year 2017

Staff

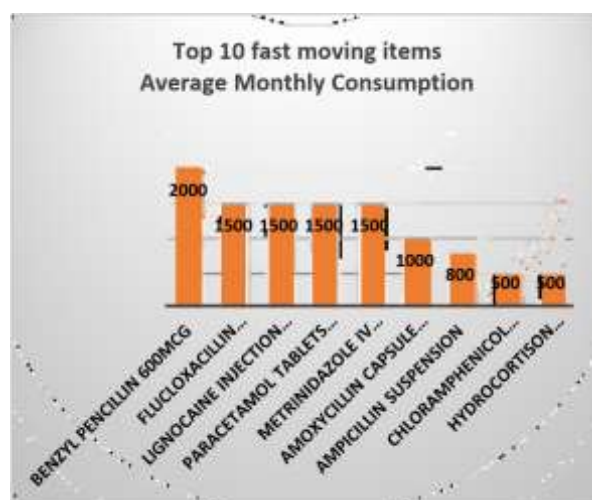
There is one pharmacist and one pharmacy technician.

The pharmacy also has two CHWs who prepare, dispense and counsel the patients. The patient to staff ratio is 147:1 per day. The standard time required for patients' prescription to be prepared, dispense and counselled is 5 minutes but there are only 7 hours (420mins) in a day when the pharmacy stays open. Therefore, with 147 pts per staff member there is less than 3 minutes available per processing time including counselling patients.

Graph 1. Outpatient Dispensing and Counselling



Graph 2. Top 10 fast moving Items



The above graphs did not capture the whole year of 2017, but annual average of patients seen is 2932/month, average pts seen per day is 147 and the average items dispensed is 4906.

Prescribing practice at Hela Provincial Hospital

Rational use of drugs requires that patients receive medications appropriate to their clinical needs, in dose that meet their own requirement. The pharmacy department through the MTC is working with the CS&PCC to improve the prescribing and dispensing processes across the PHA

Improved Dispensary

The Hospital dispensary has been relocated to a new location in front of the hospital to serve the public. Msupply has now been installed in the pharmacy department to improve management of stock and ordering.

Summary

The HPHA pharmacy was once a Hospital pharmacy, now has becoming the provincial pharmacy serving the entire population of Hela. The demand of consumptions of both the consumables and drugs have tripled within few years due to free health care. Given the location of hospital to the Area Medical Hospital, Mt Hagen the shortage of medical supplies is a constant issue. This often severely affects the daily operation functioning of the hospitals. The need to address the mentioned challenges is a real struggle for a better solutions and workable plan. However, with the introduction of mSupply, employing an additional pharmacist and better ways of procure medicals should improve the clinical care.

Family Support Centre (FSC)

FSC was a service introduced by MSF. When MSF left in later part of 2016, it was supported by OSF. The functions have now been transferred to HPHA. There is no doubt that FSC concept and programs are of enormous value and benefit in a community like Hela where violence is accepted as the norm. FSC provides basic medical treatments and examination. It will get a Dr/HEO to do some examinations and reporting. They provide counselling and do community awareness and outreach programs. FSC is active in programs like the World Children's Day, HIV/AIDS day and Elimination of Violence against Women. The statistics are most likely the tip of an iceberg and not reflecting the full amount of violence currently experienced in Hela.

Staff

There are 10 staff currently in FSC and there are 2 vacant positions. Sr Clare Lembo is the Manager. She has 1 nursing officer and 2 CHWs.

There are 3 outreach officers, 1 security officer and 1 cleaner. In 2017 FSC also had a dedicated driver but that position has now ended. The vacant positions are the counsellor and the HEO positions. These two positions will be funded by OSF in 2018.

Patient data

In 2017, 1136 clients/patients were seen at FSC. Of these 690 new cases were seen. This included family violence, intimate partner violence and sexual violence.

Incident	Percentage/Number
Intimate Partner Violence (IPV)	41%
Sexual Violence (SV)	30%
Family Violence (FV)	29%
Total	1136

Age:

0-4year – 3%, 5-18 years – 21%, 19 or more years – 76%

Districts:

Koroba/Kopiago – 10%, Komo/Magarima – 24%, Tari/Pori – 66%

This is not a true representation as it is merely reflecting the proximity of the location to the facility. The facility is located in Tari/Pori District hence 2/3 of the cases are from this District. One would assume that there is about the same amount of violence in all the 3 Districts of Hela. (Studies needed to confirm in future).

Sex distribution:

Female – 93%, Male – 7%

Achievements

In 2017, there was struggle especially with the uncertainty of funding by OSF our major partner. The following are some achievements.

- Purchase a computer and stationaries
- Donation of OSF vehicle for outreach programs
- Events celebrations: World Aids Day, Violence against Women and Children's Day
- Engagement and setting up of the Provincial Family Sexual Violence Advisory Committee which the FSC manager is the chair person.

Goals for 2018

The following are some things we would like to achieve in 2018

- Proper referral and communication between all stake holders especially with respect to victims of violence. A system to ensure access to FSC services in a timely manner.
 - Recruitment of a counsellor and an HEO
 - Extending FSC services to Koroba and Magarima facilities as they will be District Hospitals
-

Infection Control Services

This annual Report of HPHA Infection Control and Prevention (ICP) program highlights the Achievements and continuing challenges that is facing the Infection Preventing and Control practices.

This ICP program has been involved in some projects and initiations as well as some significant numbers of activities and accomplishment including the following.

Staff

HPHA has only 1 staff at the infection control unit.

Achievements

- Distribution of Infection Prevention and Control Policy Guideline
- In house training in Clinical areas
- Installing liquid soap dispenser
- Installing Paper Towel dispenser
- Developing check list for clinical practice
- Purchasing chemical –Decontamination
- Purchasing chemical – House keepings
- High Protein Diet for patients
- Hand hygiene Posters
- Purchase Buckets, Decontaminates /cleaning
- Develop flow chart on actions to be taken regarding exposure to blood, body fluids
- Presentation of the 14th National Nurse's Symposium in Rabaul, ENBP
- Refurbishment of paediatric ward
- Temporary improvement of incinerator for waste management

Yet to be achieved

- Personal protective attire – for staff
- Peddle bins
- Alcohol Base Hand Rub available in all hospital areas
- Documentation and presentation of Hospital acquired infection data
- Protocol for needle stick injury – in progress
- Hand hygiene report presentation
- Infection Control training of all HCP HPHA

Infection Control Committee Meeting:

Monthly Meeting x 5 in 2017

(IPC) Infection Prevention Control Presentation x 1 in March 2017 to the OIC's and sectional Heads.

Did not complete the meeting due to election period.

Waste Management

Improving on the Incinerator – Report done by facility officer (NDOH) –Mr. Ambrose and team.

Training on handling and Disposal of types of waste generated from (HPHA) Hela Provincial Health Authority.

In-house training

Target Groups: (NUM) Nurse unit managers, Coordinators, Clinical staff, House keepers, and Hygiene staff

Topics:

- Introduction of Infection Prevention and control program.
- Overview of Infection Prevention and control principle and practices
- Hand hygiene
- Waste Management
- Standard precautions
- Use of chemicals- Decontamination/Cleaning
- Housekeeping
- Hand Washing

Hand washing

Staff are maintaining the hand washing practice in each section and continues to be part of standard in preventing cross infections.

Conclusion

Effective infection control and prevention is mandatory and must be part of everyday practice. Hand hygiene is the single most important way to prevent cross infection. Thus, every health care worker should be practicing this in their work.

“Infection control and prevention is everyone’s business”

SECTION C - NURSING SERVICES

The year 2017 was a very challenging year for Nursing Services in Hela Provincial Hospital. The establishment of The Hela Provincial Health Authority and the leadership of a strong management team has seen the introduction of significant systems and processes to improve not only the delivery of Health Care but also the accountability of those that provide it. Despite many constraints throughout the year, Nursing Services has tried to ensure that best available care is provided to patients on each shift.

There were several positive changes within the Hela Provincial Health Authority (HPHA) in 2017 but these have also brought challenges. One of the most significant impacts on Nursing Services has been the long overdue engagement of Medical Officers for each of the wards to direct care and provide updated guidance on treatment protocols and clinical pathways. Many of the Nurses that have been providing care to the people of Hela for decades have received no professional development during that time as there was no capacity to provide it, so 2017 has involved an intensive learning challenge and this challenge is one that we will strive to address further in 2018.

Increased expectations on Nursing Services has also evolved from the introduction of a very much needed Governance System. This system is aligned with relevant legislation and the endorsed PNG National Health Service Standards (NHSS) and our greatest challenge in meeting the requirements of the new Governance System is manpower. In addition to improving the knowledge and skill base of our Nursing staff there is also the further challenge of better addressing Nurse: Patient ratios, fatigue management and staff burn out; this is essential in order to meet not only the requirements under the NHSS, but also the expectations of Medical Officers to provide effective monitoring of patients and of course most importantly to provide the best possible care to the patients.

Current nursing staff Establishment

• Nursing Management	2
• Nurse Consultants	2
• After Hours Shift Supervisors	3
• Infection Control Officer	1
• Nursing Officer	49
• Community Health Worker	45

Achievements

Key achievements that have been attained during 2017 include:

- Improvements in the care of critically ill patients with 3/24 feeds (High Protein Diet) resulting in good outcomes and discharging earlier
- Emergency and Public Outpatient staff rosters combined to maximize use of available staff.
- Paediatric ward – Wall separating Surgical and Medical was reduced to half wall improving the ventilation to both wards and allowing staff maximization in this specialized area.
- Conversion of old Physiotherapy Unit to an overflow paediatric ward to cater for malnutrition and overflow paediatric medical patients, this has alleviated congestion of paediatric patients on floor beds.
- Increase in Post Natal Family Planning conducted by Obstetrics staff and greater collaboration with Antenatal Clinic to improve health indicators related to Maternal and Child health.

- Continuous improvement in Infection Control activities across all departments led by Sr Julie Wurr, including adhering to waste disposal guidelines, improved cleanliness of wards and the hospital environment and hand washing.
- Development of routine task lists for Nursing duties and associated staff allocation providing baseline guidance for nurses to perform their duties appropriately.
- Three Nursing Offices submitted successful abstracts to the 14th Annual Nursing Research Symposium and were supported through the HPHA partnership with Oil Search Foundation to attend and present at that symposium.

Professional Development

Internal Training

- Ward based clinical training and introduction of new equipment familiarisations
- Cardiac Pulmonary Resuscitation trainings conducted with the assistance of Clinical Mentors. Two HPHA Nursing Officers have been identified to assist with CPR training and have been working with Clinical Mentors to enhance training skills in this area.
- Ten Hospital Nursing Officers along with equal numbers of staff from the rural facilities attended the 'Diseases of Lifestyle' Course that was held for the first time at Hela Hospital.

Workshops and Conferences

1. Gender Equity and Social Inclusion – Attended by all NUMs including Nursing Supervisors
2. Public Service Induction Course – Attended by all Nurses staff
3. 14th Annual Nursing Research Symposium in Kokopo – Attended by DNS & 3 Nursing Officers.

External Training

Nursing services welcomed back two Nursing officers that have returned from completing post graduate studies and will become contributors to the advancement of Nursing Services here in Hela as we move into 2018.

- University of Goroka - Midwifery – Sr Stacy Tumbiango
- University of PNG -Acute Care – Sr Nancy Kipo

Challenges

- Staff shortage especially nursing continues to affect nursing care and patient care. There is an urgent need to recruit nurses and some priority positions have been identified and will be recruited with approval from DPM. It is hoped that in 2018 some of these positions (45 identified) will get funding after the amalgamation to the provincial health and the hospital into the proper HPHA structure.
- Training is needed as there has been many gaps in practical nursing as well as knowledge in nursing. A program of learning to bridge these gaps will start in 2018
- Poor work ethics and work attitude has been a challenge however it has improved in 2017 with regular supervision by the nursing supervisors and they should be given credits. This trend should continue to get better in 2018.

Special Word of Appreciation

Special word of appreciation to all Nurses who have contributed towards client care during the year and the partners that have provided support and encouragement along the way.

SECTION D – DOCTORS RECRUITMENT

The following is the report on the medical doctors coming to serve in Hela PHA.

Health Services were run by MSF who left around March 2016 after 9 years. VSO came in to support the medical services at Hela Hospital from March 2016 to March 2017. The Hospital became a PHA and around December 2016 recruited the PHA's first CEO, Dr Gunzee Gawin.

Jan 2017:

- The Hela PHA had 1 doctor with Dr Gunzee, while there were three (3) VSO doctors and 1 locum Dr (Dr Kiak).
- VSO contract ended in March of 2017 and so the Hospital started to recruit with Dr Kiak as the acting director of medical services.
- Dr Gunzee resigned in June mainly for family reasons.

Sept 2018:

- The specialist surgeon Dr N Alema (overseas recruited for 2 years) and a specialist obstetrician (Dr S Tati) were recruited. The HPHA has also had the recruitment of the Director of Curative Health (Dr A Wal also a specialist in Emergency and Trauma Medicine) and Dr J Kintwa was appointed acting CEO. Dr Kiak continued in his role as acting Director Medical Services and this position will be advertised in early 2018.
- By the end of 2017 HPHA had 11 doctors (including Drs Wal & Kintwa).

This is quite an achievement considering the fact that Hela is a tough place to work. These people have chosen to take on the challenge.

Why have they chosen to come to Hela?

There are possibly 3 factors:

1. The challenge of working in Hela (New place with minimal system in place) and the opportunity to build something.
2. The incentives, that the HPHA is providing through direct funding by the Oil Search Foundation. (There are incentives promised by the Provincial administrator and Tari/Pori MP pending)
3. A good HPHA management and Board

In to 2018:

The HPHA management is looking at recruiting a specialist paediatrician and a specialist physician as the priority positions.

There is also need to recruit doctors for Accident and Emergency and 1 anaesthetic Dr as well. The management is looking at that with the funding now available for the new accident and emergency to be built in 2018.

Patient care has significantly improved since January 2017 and the recruitment of doctors. In the future HPHA will start regular rotations of doctors and other support staff to support the two district hospitals namely Koroba and Magarima.

SECTION E: CURATIVE SERVICES IN THE DISTRICTS

The HPHA has the responsibility to the districts and will be linking up the services as well as other programs.

The new executive management team has been in place in the last quarter of 2017 and so is slowly working on getting services etc. into the districts. There is a need to invest significant resources into these 3 facilities to get them to a reasonable level so that the rural majority can access good health services.

The HPHA is looking at developing 2 District Hospitals (Koroba and Magarima) and 1 Health Centre/Hospital (Kopiago) in 2018. These works will involve partners and the government and the HPHA is pleased to have good partners support the visions of the HPHA Board and management.

Koroba District Hospital

Located some 40kms from Tari, serves over 75 000 people and supervises 4 Health sub-centres including 6 Church facilities and 25 Aid Posts.

Visit:

The new executive management team of the HPHA visited the facility for the first time in September of last year.

Assessment:

The District Hospital is about 20 years old and the facility is run down. There is no water and power to the facility buildings.

Inside the buildings there are no basics or medical equipment.

Recommendations:

A lot of work is needed by all the partners including the HPHA who will be the major player. The facility needs significant maintenance and services need support (clinical and administrative).

Magarima District Hospital

Magarima is on the Okuk Highway between Tari and Mendi and is about 90 mins from Tari. It serves a population of about 50 000. The facility has been built by the former member for Komo Magarima in 2013.

The facility looks new but has no water or power supply and no equipment or other hospital requirements inside the building.

Staff:

There are 3 HEOs (1 casual), 3 Nursing officers, 9 CHWs (2 casual) 2 security officers and 2 hygienists.

HPHA visits:

The Executive management visited Magarima in September, 2017 and this was followed a visit by the curative team in December, 2017.

Recommendations have been made and work will start with HPHA partners in 2018 to fix the water and power and start providing proper care to the community.

Kopiago Health Centre

Kopiago is often referred to as the last frontier. It is isolated because there is no link by road as bridges are washed away and the airstrip's non-operational.

Services cannot be delivered easily and patients cannot be easily transferred to Hela Hospital.

Staff:

There are supposed to be 14 health workers but only 4 nurses are currently working and with no HEO.

Visit:

HPHA's acting Director of Medical Services visited Kopiago in October 2017. This was a first visit by the new HPHA. A few recommendations were made.

This visit was followed by a further visit by the Australian High Commission, HPHA CEO and the Local MP and Minister for Immigration, Hon Petrus Thomas at the time of this report.

This land mark visit will see a plan development to deliver the services over the next few years. There is commitment to buy medical equipment and fix the road amongst other many other things.

The partners and the local Member of Parliament has shown great commitment and we at the HPHA are extremely pleased and look forward to this.

Moving forward – 2018: The 3 District Hospitals and other facilities

The HPHA is new in Hela, however we have a strong Board with a determined management team and with excellent partners who are committed we are looking at a successful 2018 especially for the District health facilities who were hardly served in the past.

PUBLIC HEALTH

This is the 2017 Report for Public Health Division. It highlights all activities and challenges that have taken place within that year. A lot has happened last year in the Public Health Division.

The role of Public health is to ensure all public health programs and activities are carried out to address the public health concerns of our population.

Health Status Indicators

The health concerns are monitored using the National Health indicators. There are total of twenty-six (26) National Health Indicators that reported for the Health Sector Performance assessments and reviews.

Of the 26 indicators Public Health division focuses on following 13 indicators. We report the performance of Hela PHA on the following indicators as follows.

Indicator	Description	Results % 2016	Result % 2017	Strategies for 2018
2	% Children with moderate or severe weight for age malnutrition	14	19.9	<ul style="list-style-type: none"> - Ensure supplementary protein and F75/100 is available. - Conduct and demonstrate Nutrition programs. - Conduct Family spacing & Planning awareness. - Common antibiotics are available at health facilities
4	Malaria incidence per 1000 population	8	2	<ul style="list-style-type: none"> - Ensure RDT kits are available at all RHF. - Ensure bed nets are delivered. - Ensure antimalarial are available at facilities
5	HIV confirmed prevalence in pregnancy	Not reported in NHIS		<ul style="list-style-type: none"> - Ensure all pregnant women are monitored for safe and negative born babies in the Hospital. - Ensure that PPTCT program is implemented in Hela
6	Incidence of diarrhoeal diseases in children less than 5 years.	570 (passed above target 200)	1711 increased by 1141	<ul style="list-style-type: none"> - Implement healthy island concept. Improve/Introduce. WASH program. Food Handlers training

Indicator	Description	Results % 2016	Result % 2017	Strategies for 2018
9a	% Measles Vaccine Coverage for children under 1 year.	22.2	54.4	<ul style="list-style-type: none"> - Ensure Cold chain managed well in all RHF. - Use Facility based financing through HFG to conduct routine outreach and static immunization programs
10a	% Supervised Births at the Health Facility	33	32	<ul style="list-style-type: none"> - Train CHWs on up skill training on Midwifery. - Recruit female midwifery staff at facilities - Have trained midwives are at the facility. - Provide baby bundles to encourage mothers to deliver in the RHF's - Initiate the maternal free call services at Hela Provincial Hospital
11	Antenatal coverage – Pregnant women attending at least 1 antenatal clinic	51	45	<ul style="list-style-type: none"> - Conduct awareness on the importance of antenatal clinic. Access opportunities to capture pregnant mother & conduct antenatal clinic. TT program, malnutrition etc. - Start baby bundle program with mothers completing 3rd antenatal visit and delivering at a facility - Run the Maternal Outreach Program with Susu Mamas and Marie Stopes
12	Family Planning	8.9	4.5	<ul style="list-style-type: none"> - Ensure condom distributions are done and recorded and included in the NHIS report form. - Ensure all contraceptives for F/P are available at the RHS. - Run the Maternal Outreach Program with Susu Mams and Marie Stopes

Indicator	Description	Results % 2016	Result % 2017	Strategies for 2018
16	Case notification rate for all TB cases			- Start the BMU program in all major health facilities (Koroba, Magarima, Komo. Lake Kopiago & Fugwa).
17	Treatment success rate for tuberculosis			- Training conducted. - Ensure BMU sites are functioning according to Standards
				- Ensure proper reporting systems in place.
20	Conducting Supervisory Visits to all RHF's	84	65 Decreased by 19%	- Regular supervisory visits are planned as per calendar. - The follow up during this visit is to: - Check on the Vaccine freeze. Conduct short training on public health indicators. - And just to motivate staff on the job well done at the RHF's.
23	Number of diarrhoeal disease in children less than 5 years	16189	17299	- WASH activities to be started in communities - Healthy School Program to start - Healthy Village Program to start - Enforce no selling of cooked food in markets - Water Supply Projects in selected communities to start

Whooping Cough Outbreak

Several facilities have reported whooping cough in the outpatient of the Health Centres. Idawi Health Sub Centre was the first to highlight with four cases of whooping. The Public Health Team accompanied by the SMO Paediatrician. The confirmation was made by the Paediatrician and commenced others with antibiotic and left the protocol of patient management at the Facility.

An urgent meeting for the OICs was conducted and these health facilities reported seen children with whooping cough.

Name of Facility	Report Received	Pertussis Male	Pertussis Female	TOTAL PERTUSSIS (WHOOPIING COUGH)
BENALIA	10	3	4	17
JUNI	12	0	0	0
KARINJA	12	7	9	16
MANADA	12	0	0	0
MARGARIMA	12	1	3	4
PANDUAKA	8	0	0	0
WABIA	12	77	66	143
TIGIBI	11	3	8	11
DAULI	12	11	10	21
PARA	12	9	14	23
PAUA	11	0	0	0
GUALA	11	0	0	0
KELABO	12	0	0	0
KOPIAGO	12	0	0	0
KOROBA	11	4	6	10
FUGWA	12	2	2	4
PAGA	11	0	0	0
PORI	12	0	0	0
PURENI	11	3	2	5
HEDEMARI	12	0	0	0
KAGOMA	12	0	0	0
WANIKIPA	10	0	0	0
KAKARENE	12	8	15	23
HANGAPO	12	0	0	0
IDAWI	12	0	0	0
KARIDA	10	0	0	0
TANI WALETE	12	1	0	1
HIWANDA	12	0	0	0
TARI HOSPITAL	12	59	84	143
TOTAL				421

Wabia Health Sub Centre and Tari Hospital received the same number of whooping cough cases. These were not confirmed by testing but with the signs and symptoms presented.

There are 31 rural health facilities of which 2 are closed and the 31 reporting facilities have attended to whooping cough cases managed.

Pentavalent was given to all children as booster doses for the children below 5 years and routine vaccination was conducted. (Refer to the report on Pentavalent).

Immunization

Vaccine Fridge Installation

Hela Provincial Health Authority is very privileged to receive 2 electric and 14 Solar fridges with 8 solar panels each.

Vaccines in 2017 came from UNICEF & OSF who provided funding for purchasing & providing logistic for all the 11 Solar Vaccine freezes to be delivered to the facilities.

Bellow table shows the distribution of these freezes in the respective Rural Health Facilities.

FACILITIES	GAS	ELECTRIC	SOLAR
BENALIA SC			1
JUNI SC		1	1
KARINJA SC			Given Solar
KOMO HC (CLOSE)			
MANADA SC	1		
MARGARIMA HC	1		
PANDUAKA SC			Given Solar
WABIA SC			Given Solar
TIGIBI SC	1		
DAULI SC		1	
PARA SC			Given Solar
GUALA SC	1		
KELABO SC	1		
KOPIAGO HC			Given Solar
KOROBA HC	1		
MOGORO FUGWA SC			Given Solar
PAGA SC			Given Solar
PORI SC	1		
PURENI SC			1
HEDEMARI	1		
KAGOMA SC			Given Solar
WANIKIPA SC			Given Solar
KAKARENE SC			Given Solar
HANGAPO SC			Given Solar
IDAWI SC			Given Solar
KARIDA SC			Given Solar
PAJAKA SC	1		
TANI WALETE SC			Given Solar
HIWANDA	1		
TOTAL	10	2	17

The installation of fridges stops staff coming from rural areas often to Tari Hospital to collect vaccines for their routine immunizations.

Total of 10 Officers from the Rural Health Facilities went through intensive training in theory & practical on the installation & maintenance of vaccine fridges.

We have also received a forty-foot chillier container which we keep all the vaccines before distributing them out into the Rural Health Facilities. We thank our partners OSF for their assistance and providing logistics.

Tetanus Toxoid Vaccination Activity

The installation of the vaccine freezes in all the facilities was actually in preparation for the massive Tetanus Toxoid roll out in Hela for the Child bearing women aged 15 - 45.

It was a team spirit in planning and implementing all scheduled activities and all working towards achieving one goal common which is to target all Child Bearing Age 15 - 45 years old and also doing routine clinic and well as Measles Rubella and Pentavalent because of Whooping cough going around certain parts of Hela.

Total number of TT received – 7386

Total number TT distributed – 4340

Total remaining in Stock – 3046

Total vaccinated – 41,737

Achieved – 53% vaccinated

Routine Immunization Activities

Vaccine	Total Received	Total Distributed	Total In Stock
Measles	6850	4650	2200
BCG	660	660	0
Pentavalent	5800	4800	1000
PCV	7000	6000	1000
BOPV	1100	1085	15
IPV	1100	1085	15
HBV	300	218	82

Constraints and Limitations

Some catchment population are unrealistic with ghost population. These ghost populations are very high and therefore impacts on the calculations of performance of the immunization program.

- We need to conduct a Health feasibility survey for the identified catchments to establish a realistic baseline population.
- A lot of fighting in nearly all parts of Hela and the opportunistic such as road blocks and hold ups had great impacts on the movements of our staff in certain areas.

Training

The Public Health Services conducted several trainings in the year to build capacity and learn new knowledge to improve services.

Date	Training	Facilitator	Brief Summary
20 – 24 Mar	Gender Base Violence	NDoH & GVB Lae	All participants from Hospital and Rural Health attended the week long training.
4 – 7 April	Strategic Implementation Plan Workshop	NDoH Strategic Division	All Rural Health Manager and program managers also took part in this planning
25 April	World Malaria Day	Public Health Officer	Massive awareness was conducted in town.
1 – 5 May	Family Implant follow up	Marie Stopes	A training was conducted on family planning Implant and the partners came to see how it was done in the Rural Health. According to their report most officers did not apply what was thought during the training
09 May	Tetanus Toxoid Roll out wareness	UNICEF – Dr Arnold	Conducted day training on the TT rollout and the immunization.
8– 12 May	PICT	NDoH	One of the ongoing courses offered.
21 -22 Sep	Executive Development training	OSF	A well acknowledged training facilitated by Ingrid and Steph. It really helped us to know our rolls and responsibilities as Executives
27 – 29 Sep	Leadership Training – Moro	OSF	This was another leadership training attended by the 3 Directors.
9 -13 Oct	Public Service Induction	DPM/HRM	All Executives did their presentation on their roles and responsibilities within their directorate.
20– 24 Nov	EPI & Cold Chain	NDoH Johnny Arava & Team	The workshop was on the importance of cold chain and immunization. The training was beneficial to our new pass out graduates who have not actually done hands on immunization.
4 – 8 Dec	First Aid	ICRC	International Committee of Red Cross conducted this very important training to all nurses in Hela as there are frequent and ongoing tribal fights and other violence’s therefore such training has thought our Officers on how to manage patients in their respective RHF’s.
4 – 8 Dec	TB Sputum Microscopy	NDoH	Rural Health Staff attended this training. The plan is to set up BMU sites in Hela
11 – 15 Dec	TB DOTs	NDoH	This was also beneficial to the RHF Officers in the management of TB patients

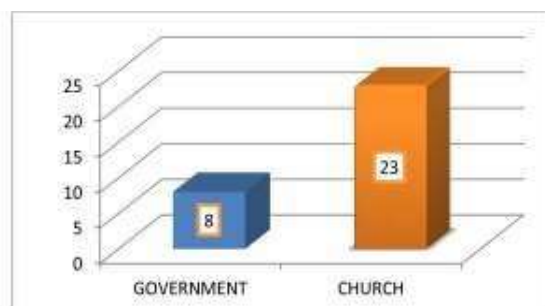
Meetings

Holding regular meetings is part of team work however some meetings were cancelled to the frequent ongoing tribal fights in the province and with no security guarantee. These social issues also affected our meeting attendance and participation.

Date	Types of Meeting	Key Agendas	
05/02/17	District Health Manager		
28/03/17	OIC RHF	Vaccine Freeze distribution	
11/04/17	OIC of Rural Health Facility	Performance Review Meeting.	
13/04/2017	OSF & Public Health	Planning TT roll out	
20/04/2017	Hospital Board Meeting		
MAY	SOLAR VACCINE FREEZE DISTRIBUTION & INSTALLATION		
01/06/17	Huluma Aidpost	Meeting with Community	Awareness on opening of the Aid post
6/06/17	Tiba Aid Post	Meeting with Community	Awareness on opening of the Aid post
28/07/17	Board Chairman meets with staff	HPHA Staff	
04/08/17	Stakeholders meeting	Public Health & OSF	Planning TT program
08/08/17	Exon Mobile/PH Team	Food Handlers Training	
14/08/17	Dr Arnold UNICEF	TT Program	
17/08/17	OIC Meeting	TT program	Planning & distribution of Vaccine to the RHF.
9/09/17	Church partnership Meeting		Introduction with CEO

Church Health Services – Key Partners

77% of the Rural Health Services are managed by Faith Based Organization therefore they are our major partners in health service delivery. Coordinating and liaising with each other for health service delivery is vital.



ANNEX: 2017 HPHA Financial Report



HELA PROVINCIAL HOSPITAL FINANCIAL STATEMENTS

FOR THE YEAR ENDED
31 DECEMBER 2017

Un-Audited

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Board Member's Declaration

The Board of Hela Provincial Health Authority, being responsible for the annual Financial Statements and having reviewed the Financial Statements for the year ended 31 December 2017 make the following declarations:

- (a) Board Members at the time of this Declaration
1. Peter Botten – Chairman
 2. Rev. Olene Yawai – Deputy Chairman
 3. Mr Yawas Kombiabu – Member
 4. Mr Rodney Ingersoll – Member (now resigned)
 5. Ms Janet Koriama – Member
 6. Mr Amos Libe – Member
 7. Mr George Tagobe – Member
 8. Mr Hetra Hekele – Member
 9. Mr Pascoe Kase – Member
- (b) The accompanying Financial Statements of Hela Provincial Hospital have been drawn up to give a true and fair view of the receipts and payments and the general operations of the Hospital for the year ended 31 December 2017.
- (c) The Financial Statements have been prepared in accordance with Finance Instruction 2/2004 issued under *Section 117 of the Public Finance (Management) Act, 1995 (as amended)* and the *International Public Sector Accounting Standard – Financial Reporting under the Cash Basis of Accounting*.
- (d) The Board declares that all records and books of accounts have been properly maintained. Any known omissions have been stated in this Financial Statements.
- (e) The Board declares that the Statement of Receipts and Payments stated in these Financial Statements are fair and correct. Any known omissions have been stated in this Financial Statements.
- (f) As at the date of this declaration there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they become due and payable.

For and on behalf of the Board

Signed in accordance with a resolution of the Board

Mr Peter Botten
HPHA Board Chairman

Signed at: _____ this _____ day of May 2018



Management's Declaration

The management of Hela Provincial Health Authority being responsible for the day to day operations of the Hospital and in preparing these Financial Statements for the year ended 31 December 2017 state that:

- (a) The accompanying Financial Statements for the Hela Provincial Hospital have been drawn up so as to give a fair view of the receipts and payments of the Hospital for the year ended 31 December 2017.
- (b) The Financial Statements have been prepared in accordance with the Financial Instructions 2/2004 and under *Section 117* of the *Public Finance Management Act (1995) (as amended)* and the *International Accounting Standards – Financial Reporting Under the Cash Basis of Accounting*.
- (c) We certify that all records and books of accounts have been properly maintained.
- (d) We certify that the Statements of Receipts and Payments for the year ended 31 December 2017 are correct.
- (e) As at the date of these Financial Statements there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they become due and payable.

On behalf of the Management

Signed in Tari this 07th day of August 2018

A handwritten signature in black ink, appearing to read "James Kintwa", written over a horizontal line.

Dr James Kintwa
Chief Executive Officer
Hela Provincial Health Authority

**Statement of Accumulated Funds
as at 31 December 2017**

	Notes	2017 K	2016 K
		<u> </u>	<u> </u>
Accumulated Funds as at 1 January 2017	14	2,691,500	2,000,700
Operating surplus / (deficit)		<u>3,076,100</u>	<u>690,800</u>
Accumulated Funds as at 31 December 2017	14	<u>5,767,600</u>	<u>2,691,500</u>
 <i>This is represented by:</i>			
Hospital operating bank account	14	5,760,000	2,678,400
Hela PHA operating account	14	900	0
Petty cash on hand	14	<u>6,700</u>	<u>13,100</u>
Net Cash/Funds available as at 31 December 2017		<u>5,767,600</u>	<u>2,691,500</u>

Consolidated Statement of Receipts and Payments									
for the year ended 31 December 2017									
				Receipts/Payments	Receipts/Payments	Receipts	Receipts/Payments	Receipts/Payments	Receipts
	Notes	Total	Total	Controlled by	by Other Gov't	from External	Controlled by	by Other Gov't	from External
		K	K	Entity	Entity	Parties	Entity	Entity	Parties
		2017	2016	2017	2017	2017	2016	2016	2016
RECEIPTS									
Hospital Grants from National Government	5	12,447,800	9,071,000	7,977,100	4,470,700	-	6,866,100	2,204,900	-
Hela Provincial Gov't Support Grants	6	-	107,600	-	-	-	107,600	-	-
Other Receipts	7	271,100	37,900	271,100	-	-	37,900	-	-
TOTAL RECEIPTS FOR THE YEAR		12,718,900	9,216,500	8,248,200	4,470,700	-	7,011,600	2,204,900	-
PAYMENTS									
Salaries, wages and employee benefits	8	5,481,100	2,915,000	1,010,400	4,470,700	-	710,100	2,204,900	-
Supplies and Consumables	9	917,800	1,143,000	917,800	-	-	1,143,000	-	-
Utilities	10	568,000	293,800	568,000	-	-	293,800	-	-
Administration Expenses	11	713,200	779,500	713,200	-	-	779,500	-	-
Other Expenses (includes bank charges)	12	729,100	615,900	729,100	-	-	615,900	-	-
Capital Expenditure	13	1,233,600	2,778,500	1,233,600	-	-	2,778,500	-	-
TOTAL PAYMENTS FOR THE YEAR		9,642,800	8,525,700	5,172,100	4,470,700	-	6,320,800		
NET INCREASE/(DECREASE) IN CASH		3,076,100	690,800	3,076,100	-	-	690,800	2,204,900	-
Cash as at 1 January 2017	14	2,691,500	2,000,700						
Increase / (Decrease) in cash		3,076,100	690,800						
Cash as at 31 December 2017	14	5,767,600	2,691,500						

Statement of Receipts and Payments
Operating Account
for the year ended 31 December 2017

	Note	2017 K	2016 K
<u>Receipts</u>			
Government grants – CFCs	5	4,477,100	5,846,100
Special support grant (NDoH)	5	3,500,000	1,000,000
Hela Provincial Gov't support	6	0	107,600
NDoH admin support	5	0	20,000
Other receipts	7	271,100	37,900
TOTAL RECEIPTS		8,248,200	7,011,600
<u>Expenditure</u>			
112 Wages	8	940,700	677,000
113 Overtime	8	69,700	-
114 Leave fares	8	-	9,100
116 Contract officers education benefits	8	-	24,000
121 Travel & subsistence	11	373,200	326,400
122 Utilities	10	224,300	135,300
123 Office materials & supplies	9	222,400	80,300
124 Operational materials & supplies	9	695,400	1,062,700
125 Transport & fuel	11	113,600	173,800
127 Rental of properties	10	343,700	158,500
128 Routine maintenance	11	110,300	260,000
135 Other operating expenses	12	713,900	615,900
136 Training	11	131,300	19,300
221 Office furniture & equipment	13	110,200	152,900
222 Purchase of vehicles	13	192,500	181,000
223 Feasibility studies, project prep/design	13	-	1,260,000
224 Purchase plant & equipment	13	369,600	683,500
225 Construction, renovation & improve	13	561,300	499,600
226 Substantial maintenance	13	-	1,500
TOTAL EXPENDITURE		5,172,100	6,320,800
NET INCREASE / (DECREASE) IN CASH		3,076,100	690,800
Cash balance as at 1 January 2017	14	2,691,500	2,000,700
Net Increase / (Decrease) in Cash		3,076,100	690,900
Cash balance as at 31 December 2017	14	5,767,600	2,691,500

These amounts are included in the consolidated Financial Statements under the respective receipt and payment categories.

Statement of Receipts and Payments
Operating Account by Program & Activity Cost Centre
for the year ended 31 December 2017

	<u>Note</u>	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
<u>Receipts</u>			
Government Grants – CFCs		7,977,100	6,866,100
Hela Provincial Gov't support		-	107,600
Other Receipts		271,100	37,900
TOTAL RECEIPTS		8,248,200	7,011,600
<u>Expenditure by Program & Activity</u>			
<u>Executive Management</u>			
Personnel Emoluments		-	6,900
Office of Chief Executive Officer		31,000	384,200
Office of Hospital Board of Management		98,000	114,000
Community & Partnership Health		31,100	39,700
PHA Implementation		295,000	-
<u>Corporate Services Directorate</u>			
Personnel Emoluments		864,300	332,700
Office of Corporate Services Director		109,800	322,400
Finance Manager		134,100	134,700
Human Resource Manager		194,900	87,200
Administration Manager		1,113,900	635,300
Information Management		7,900	19,200
Transport Management		204,900	491,000
Catering		229,600	224,900
Laundry Services		4,300	15,800
Cleaning & Hygiene Services		76,000	35,100
Security Services		3,700	22,000
<u>Medical Services Directorate</u>			
Office of Medical Services Director		151,500	135,200
Oral Health		6,400	3,500
Medical Laboratory		135,800	69,200
Imaging Services		28,700	-
Pharmacy Services		3,300	11,900
Rehabilitation Services		40,700	8,300
Outreach Support Services		-	60,800
Medical Supplies		331,100	484,800
Medical Equipment		349,900	685,700
<u>Nursing Services Directorate</u>			
Office of Nursing Services Director		89,100	75,900
Other Services		58,100	1,700
Family Support Unit		6,700	5,000
<u>Capital Infrastructure</u>			
Project Management		-	7,700
Office Infrastructure & Clinical		53,100	177,500
Staff Housing Infrastructure		158,800	84,400
Non Building Infrastructure		360,400	1,573,400
Facilities Major Maintenance		-	70,700
TOTAL EXPENDITURE		5,172,100	6,320,800
NET INCREASE / (DECREASE) IN CASH		3,076,100	690,800

**Statement of Receipts and Payments
made by Other Government Agencies
for the year ended 31 December 2017**

	<u>Note</u>	<u>2017 K</u>	<u>2016 K</u>
<u>Receipts</u>			
Funds paid by other gov't agencies	8	4,470,700	2,204,900
TOTAL RECEIPTS		<u>4,470,700</u>	<u>2,204,900</u>
<u>Expenditure</u>			
111 Salaries & advances	8	4,470,700	2,204,900
112 Wages		-	-
113 Overtime		-	-
114 Leave fares		-	-
116 Contract officers education benefits		-	-
121 Travel & subsistence		-	-
122 Utilities		-	-
123 Office materials & supplies		-	-
124 Operational materials & supplies		-	-
125 Transport & fuel		-	-
126 Administrative consultancy fees		-	-
127 Rental of properties		-	-
128 Routine maintenance		-	-
135 Other operating expenses		-	-
136 Training		-	-
141 Retirement Benefits, Gratuities & Pensions		-	-
221 Office furniture & equipment		-	-
222 Purchase of vehicles		-	-
223 Feasibility studies, project prep/design		-	-
224 Purchase plant & equipment		-	-
225 Construction, renovation & improve		-	-
226 Substantial maintenance		-	-
TOTAL EXPENDITURE		<u>4,470,700</u>	<u>2,204,900</u>
NET INCREASE / (DECREASE) IN CASH		<u>-</u>	<u>-</u>

Notes to and forming Part of the Financial Statements

1. Summary of Significant Accounting Policies

The Hela Provincial Hospital provides health services to the people of Hela Province through funding provided mainly by the Government of Papua New Guinea. The objectives of the Hospital are to maintain and provide curative health services and improve health care in Hela Province.

The Hela Provincial Hospital was established under the *Public Hospitals Act, 1994* which regulates the services and functions of the Hospital, the Board, the CEO and appointment of officers. The Hospital is a public body and functions and reports in compliance to the requirements of the *Public Finance (Management) Act, 1995 (as amended)*.

1.1 Basis of Accounting

The Financial Statements are general purpose Financial Statements and have been prepared on a Cash Basis of accounting in accordance with the *International Public Sector Accounting Standards (IPSASs) – Financial Reporting* under the *Cash Basis of Accounting* by the International Federation of Accountants.

The Financial Statements are in line with requirements for non-for-profit entities in Papua New Guinea as required by the *Finance Instructions 2/2004* issued under *Section 117* of the *Public Finances (Management) Act, 1995 (as amended)*.

The accounting policies set out below have been applied in preparing the Financial Statements for the year ended 31 December 2017.

The going concerns basis was used to prepare the Financial Statements.

1.2 Basis of Consolidation

The Financial Statements incorporate the operating bank account of the Hospital held with the Bank of South Pacific for the purpose of receiving all government grants and used for the payment of personnel emoluments, goods and services, procurement of fixed assets and related operational requirements. This includes the Provincial Health Authority's bank account established with the Bank of South Pacific. This account was opened during the year but no operations were transacted using this PHA account during the year.

1.3 Currency of Presentation

The Financial Statements are presented in PNG Kina which is also the currency of trade.

1.4 Foreign Currency Transactions

Transactions denominated in a foreign currency are converted at the rate of exchange prevailing at the date of the transaction.

1.5 Comparative Figures

Where necessary comparative figures have been adjusted to conform with changes in presentation of these Financial Statements.

1.6 Cash at Bank

Cash at bank comprises of cash on hand as well as cash at bank as at 31 December 2017. The Hospital does not operate any term deposit accounts nor does it operate any bank overdraft facility.

1.7 Receipts

Government grants are recognized as revenue at the time the cash is received into the Hospital's operating bank account. Non-medical fees are recognized as revenue at the time when cash is collected. Other revenues are recognized as revenue when cash is received or deposit is taken up by the bank in the Hospital's operating account.

Government Budget Appropriations and other cash receipts are deposited into the Hospital's operating bank account and are controlled by the Hela Provincial Health Authority's Board.

1.8 Payments

Payments are recognized as payments for goods and services at the time the cheque is raised for payment of these goods and services.

1.9 Taxation

The Hospital is exempted from paying any corporate taxes including income tax. This is in accordance with the *Income Tax Act, 1959 Section 24 (a) – Exemption of Public Authorities*.

1.10 Events Since Balance Date

The Hela Provincial Health Authority has been fully funded to operate as a Provincial Health Authority as at 1 January 2018 under the Provincial Health Authority Act 2007. All financial resources including cash held at bank, fixed assets and staff under the Hela Provincial Hospital as at 31 December 2017 will be transferred over to the Provincial Health Authority in 2018. The Hospital's clinical and financial operations will not be materially affected from this event.

1.11 Economic Dependency

The Hospital is to a significant extent dependent on the monies received from the National Government to fund its operations. In 2017 funding from the National Government represented 100% (2016: 100%) of total receipts for the year.

1.12 Payment by Other Government Entities – Department of Finance

The Hospital benefits from payments made directly by Department of Finance for its staff's Salaries and Allowances. These payments have been appropriated through the National Budget.

The International Public Sector Accounting Standards (IPSASs) – *Financial Reporting* under the *Cash Basis of Accounting* requires separate presentation of the Payments by Other Government Entities in the Consolidated Statements of receipts and payments. These Financial Statements follow this requirement consistent with the *IPSAS*.

1.13 Fixed Assets

The Hospital maintained a fixed asset register incorporating all fixed assets procured in 2016 and 2017 respectively valued at K1,629,200 (2016: Knil) as at 31 December 2017. Other fixed assets existing before 2016 are being registered and is work-in-progress.

1.14 Liabilities

The Hospital does not maintain a creditor's ledger as part of its normal operations. However known liabilities arising from on-going contractual obligations have been disclosed as commitments under Note 17. This includes income tax deductions owed to the Internal Revenue Commission (IRC) of PNG.

1.15 Medical Drug Supplies

The Hospital incurred costs in procuring medical drugs and pharmaceutical products that were not readily available in the Area Medical Store or any other source in the health medical supply system.

2. National Government Grants

The National Government through its annual budget appropriates grants to the Hospital. These grants are channeled through the National Department of Health who transfers the grants into the Hospital's operating account to finance the Hospital's operations.

3. Provincial Health Authority

Hela Province was declared a Provincial Health Authority on 6 October, 2016 with a new Provincial Health Authority Board sworn into office. All functions of the Hospital were integrated under the *Provincial Health Authority Act, 2007* which regulates the services and functions of the Provincial Health Authority, the Board, the CEO and appointment of officers. The Provincial Health Authority is a public body and functions and reports in compliance to the requirements of the *Public Finance (Management) Act, 1995 (as amended)*.

3.1 Hospital Operations Under the Provincial Health Authority

While the health system in Hela was integrated into the Provincial Health Authority with a new Board appointed under the Provincial Health Authority, the Hospital continued to function independently and operated as the Provincial Hospital throughout the financial year under the Hela Provincial Health Authority.

3.2 Financial Impact

The declaration of the Hela Provincial Health Authority on 6 October, 2016 did not have any material impact on the Financial Statements of the Hospital as at 31 December 2017.

4. Prior Year Balances

The Hospital's prior year comparative balances have been audited by the Auditor General's Office of PNG.

5. Appropriations from the National Government

	2017	2016
	K	K
National Government Grants - CFCs	4,277,100	5,646,100
Other Special Support Grants - Project	3,500,000	1,000,000
NDoH PHA Launch Support	-	20,000
Free Health Care	200,000	200,000
Funds Paid by Other Gov't Agencies - Finance	8,710,000	8,380,200
TOTAL	16,687,100	15,246,300

6. Provincial Government Support

	2017	2016
	K	K
Integrated Health Promotion Support	-	57,600
MSF Departure Farewell Function Support	-	20,000
PHA Launch Support	-	30,000
TOTAL	-	107,600

7. Other Receipts

	2017	2016
	K	K
Non - Medical Fees	23,000	6,900
Disposal of Assets (Motor Vehicle)	-	31,000
Staff Advance Repayments	31,000	-
Other Refunds	217,000	-
TOTAL	271,000	37,900

8. Salaries, Wages and Employee Benefits

Personnel emoluments include all payments out of the National Government Appropriation centrally administered and paid by the Department of Finance as well as payments from the Hospital's operating account as at 31 December 2017.

	2017	2016
	K	K
Salaries and Allowances	4,470,70	2,204,90
Wages	0	0
	940,700	677,000
Overtime	69,700	-
Leave Fares	-	9,100
Contract Officers Education Benefits	-	24,000
TOTAL	5,481,10	2,915,00
	0	0

9. Supplies and Consumables

	2017	2016
	K	K
Office Materials and Supplies	222,400	80,300
Operational Materials and Supplies	695,400	1,062,70
		0
TOTAL	917,800	1,143,00
		0

10. Utilities

	2017	2016
	K	K
Utilities (Phone/Fax/Electricity)	224,300	135,300
Rental Properties	343,700	158,500
TOTAL	568,000	293,800

11. Administration Expenses

	2017	2016
	K	K
Travel and Subsistence	373,200	326,400
Transport Hire and Fuel	113,600	173,800
Routine Maintenance	110,300	260,000
Training	131,300	19,300
TOTAL	728,400	779,500

12. Other Expenses

	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
Other Expenses	698,800	590,100
Bank Charges	15,100	25,800
TOTAL	<u>713,900</u>	<u>615,900</u>

13. Capital Expenditure

	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
Furniture and Office Equipment	110,200	152,900
Motor Vehicle	192,500	181,000
Feasibility Studies, Project Preparation/Design	-	1,260,000
Plant and Equipment	369,600	683,300
Construction, Renovation and Improvement	561,300	499,600
Substantial Maintenance	-	1,500
TOTAL	<u>1,233,600</u>	<u>2,778,300</u>
	<u>0</u>	<u>0</u>

14. Cash on Hand

	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
Hospital Operating Bank Account	5,760,000	2,678,400
PHA Operating Bank Account	900	-
Petty Cash – cash on hand	6,700	13,100
TOTAL	<u>5,767,600</u>	<u>2,691,500</u>
	<u>0</u>	<u>0</u>

15. Related Party Transactions

The key related parties (as defined by *International Public Sector Accounting Standards 20 – Related Party Disclosure*) of the Hospital are the Minister, Secretary of Department of Health, members of the PHA Board and members of the PHA Management.

The Hospital Board ceased to operate on 6 October 2016 when the Hela Provincial Health Authority Board was sworn into office. Majority of the previous Hospital Board continued with only two new inclusions. They included the Provincial Administration representative and National Department of Health representative appointed on the Board respectively. The financial affairs of the Hospital in 2017 were managed by the Provincial Health Authority Board. One member of the Board resigned during the year leaving 8 Board Members at year end.

The Minister did not receive any remuneration from the operations of the Hospital.

From the above 9 Board Members, 2 Members are public servants and did not receive any additional remuneration for their duties as Board Members. Another 2 Members have volunteered to provide their service as Board Members without any aggregate remuneration benefits. The other 5 Members receive remunerations as detailed below. It should be noted that aggregated remuneration includes sitting allowances as well as annual stipend payments.

The aggregate remuneration of the Board Members and the number of members determined on an annual basis receiving remuneration are:

Aggregate Remuneration	K60,400	Number of Members	5 persons
------------------------	---------	-------------------	-----------

The Senior Management group consisted of the Provincial Health Authority Chief Executive Officer, the Director of Corporate Services, the Director of Curative Services and Director of Public Health Services consistent with the Provincial Health Authority Act 2007. Their annual remunerations have been stated as part of the Salaries and Allowances under *Note 8* to these Financial Statements.

16. Commitments

Commitments for future expenditure include operating and capital commitments from contracts. These commitments also include income tax liabilities. These commitments are disclosed when considered appropriate and provide additional relevant information to users.

The following are significant contracts and commitments entered with suppliers:

	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
Architectus Brisbane Pty Ltd	240,000	240,000
Staff Accommodation Rental Leases	126,000	126,000
Income Tax Payable - IRC	184,400	-
TOTAL	<u>550,400</u>	<u>366,000</u>

All amounts shown in the commitments note are nominal amounts inclusive of GST and are payable in PNG Kina.

The Hospital leases privately owned residential properties for its senior staff. The nominal value of lease agreement term remaining is stated in the above amounts.

17. Contingent Assets and Contingent Liabilities

Contingent assets and contingent liabilities are not recognized in the Statement of Receipts and Payments, but are disclosed by way of Note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of Goods and Services Tax (GST) receivable or payable respectively.