Annual Report

2017

VISION

The people of New Ireland will be in a healthy state of Mental, Physical, Spiritual and Social well-being to be able to "transform New Ireland into a self-reliant autonomous part of Papua New Guinea that is efficient, market oriented and internationally competitive."

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Table of Contents

- Acknowledgement — 1
- NIPHA Mission Statement & Vision — 2
- Organizational Structure — 3
- Provincial Profile — 4
- Forward by NIPHA Board Chairman — 5
- Message from the Chief Executive Officer — 6
  - Projects — 7
- Corporate Services Overview — 8
  - Financial Summary — 8
  - Human Resources/Payroll & Other Support Services — 12
- Public Health Services Overview — 14
  - Disease Trends & Program Status — 14
- Curative Health Services Overview — 17
  - Kavieng Provincial Hospital Highlights — 17
  - Namatanai District Hospital Highlights — 19
  - Rural Health Services Overview — 20
- Health Statistics Overview — 21
  - Provincial Health Information — 21
  - Medical Records — 24
  - Monitoring & Evaluation — 33
- Contact Information — 35
- Hospital Information — 36
- Appendixes — 37

Acknowledgement

Firstly, we acknowledge those people who provided their input into the process to develop our 2017 Annual Report.

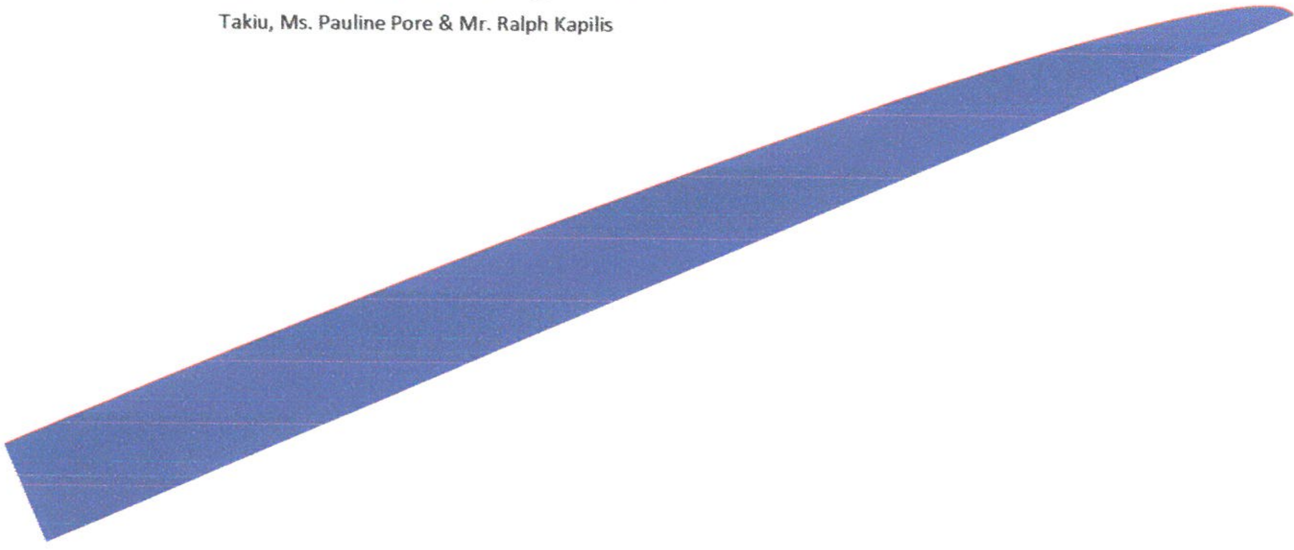
We value the generosity of your time, without your input and time it would not have been possible to produce this 2017 Annual Report.

We also acknowledged our partners across Health in New Ireland Province for supporting and participate directly or indirectly to strengthening the health services in the province.

We Thank the New Ireland Provincial Government, the Burnet Institute, the Australian Doctors International (ADI) for your continuous support and assistance in funding as well as the management of data and information of the whole health in New Ireland Province.

Special Thanks to individuals;

Mr. Meshach Lunganga, Mr. Charlie Kasirei, Mr. Charlie Melachon, Mr. Sylvester Bariu, Mr. Jude Avorosi, Mr. Benny Otoa, Ms. Christine Kakpat, Ms. Olive Kapilis, Ms. Alphonsia Waringi, Ms. Rosevita Takiu, Ms. Pauline Pore & Mr. Ralph Kapilis



NIPHA Mission Statement & Vision

Mission Statement

The New Ireland Provincial Health Authority will strive to deliver Health Promotion, Health Education, and high-quality Primary and Curative Health service to the people of New Ireland.

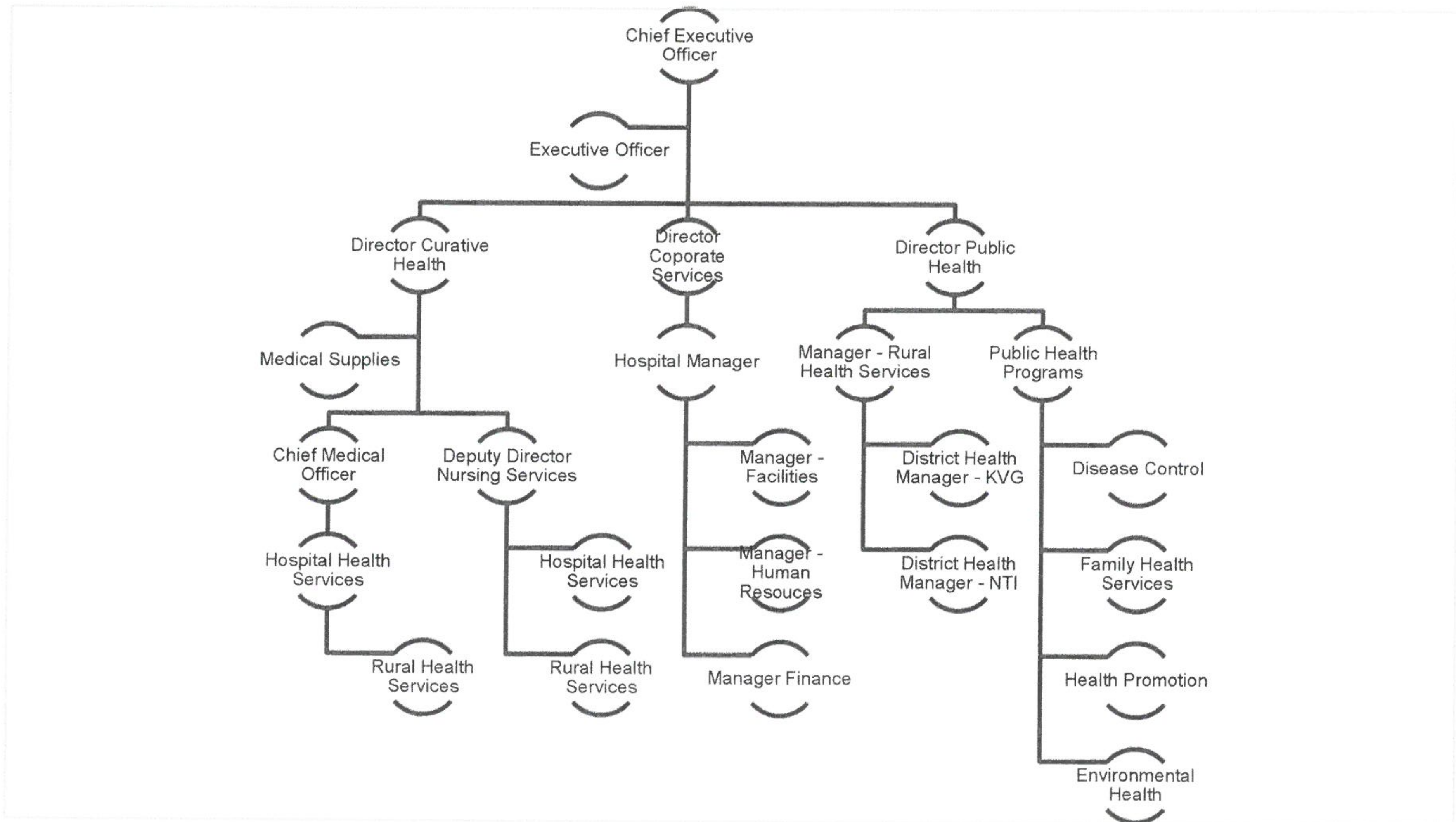
Vision

The people of New Ireland will be in a healthy state of Mental, Physical, Spiritual and Social well-being to be able to *"transform New Ireland into a self-reliant autonomous part of Papua New Guinea that is efficient, market oriented and internationally competitive."*

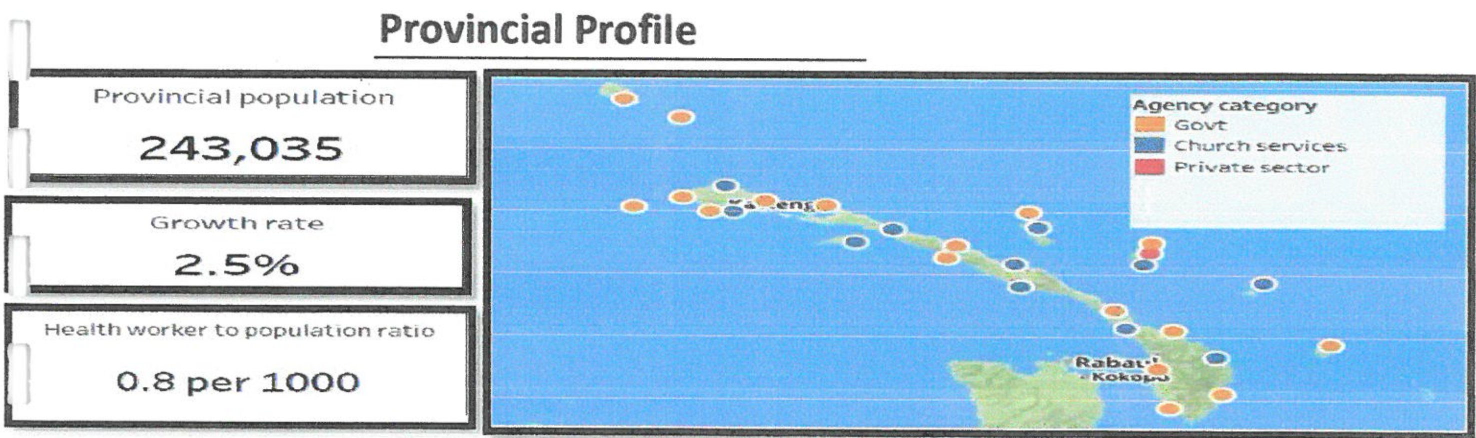
Values

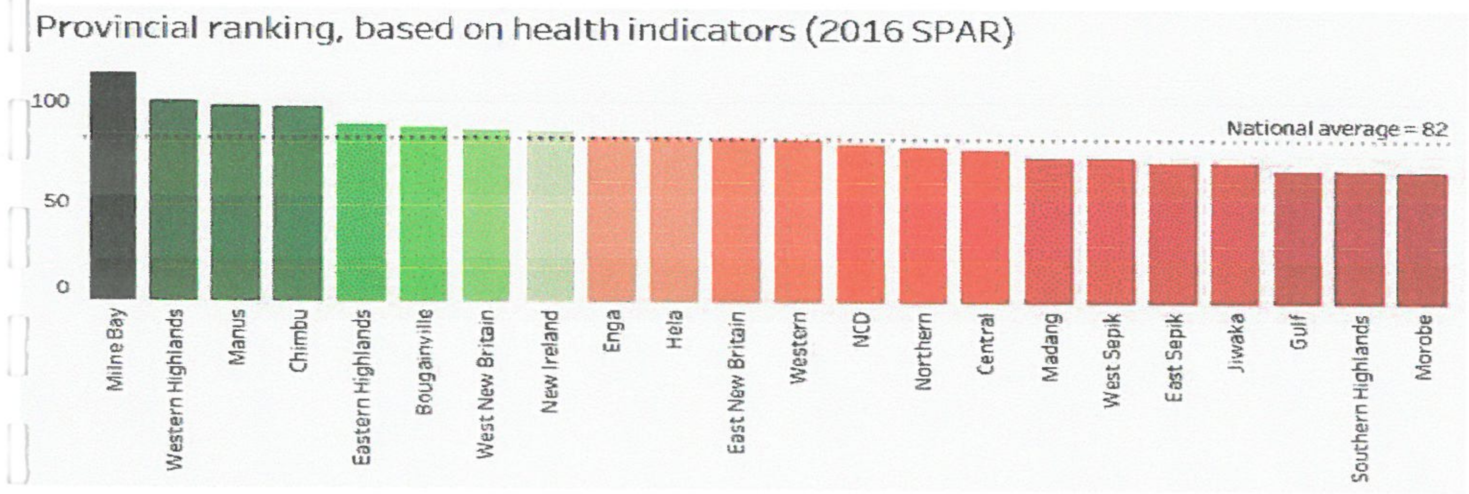
- *Accessibility*
We Offer open and unrestricted access to all people seeking basic primary and specialist health care services.
- *Compassion*
We Believe in acting through empathy, understanding and kindness
- *Respect*
We Believe in human dignity, human rights and honour for the individual, and in demonstrating courtesy for the feelings and circumstances for others
- *Collaboration*
We Believe in working together with others, to achieve common goals
- *Excellence*
We Believe in achieving exemplary performance through good ethical values

Organizational Structure

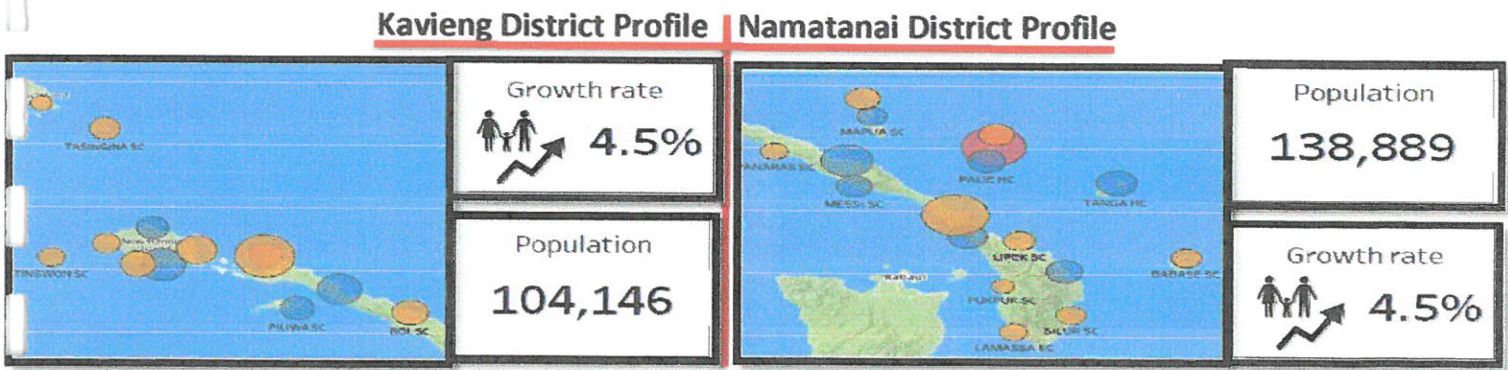


Provincial Profile





Kavieng District Profile | Namatanai District Profile



Agency category

- Government
- Church health services
- Private sector

Forward by NIPHA Board Chairman

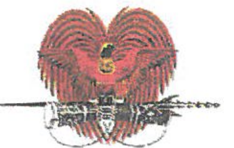
2017 was the first full year since the establishment of the New Ireland Provincial Health Authority ("NIPHA"). Under the leadership of our Chief Executive Officer, Dr. Alex Wangnapi and under the direction of our NIPHA Board, we continued to deliver healthcare services and laid the grounds to see significant improvements in health across the whole province.

The NIPHA worked closely with all our partners in Health namely, the National Department of Health, the New Ireland Provincial Government as well as our District and Local Level Governments. Funding continues to be a struggle for the NIPHA but we endeavour to provide the best health care service we can with the limited financial resources available to us.

We are also extremely grateful for all the help and support we get from our private sector and NGO partners. Australian Doctors International, James Cook University, Ange Amon at Lissenung Island - just to name a few...Every little bit helps and we are thankful for all the goodwill we receive.

Though NIPHA is still a long way away from fully achieving the Unified Health System for the whole province, I am proud of our hardworking staff and pleased to see many new staff, including doctors, have chosen to work in New Ireland Province. It is not always easy but with committed staff, strong leadership, good governance and teamwork, we will make a positive difference to healthcare in New Ireland Province. The NIPHA Board is committed to a physically and mentally healthy New Ireland.

Douglas Tsang
Chairman
New Ireland Provincial Health Authority



Message from the Chief Executive Officer

New Ireland Provincial Health Authority was launched in September 2016 making 2017 the first full year of its existence with a Board of Governance under the chairmanship of Mr. Douglas Tsang, which this report will cover. However, the history of health services in New Ireland Province is important in order to appreciate the changes and challenges, as significant changes have taken place over a very short period of time.

Health service delivery in New Ireland Province declined over the last few since 2014 as per the Health Indicators reported by the National Department of Health. The decline was due a number of reasons, and all of which were beyond our control. The inception of the Provincial Health Authority, 'the One Health System", which is assumed to be the vehicle for change is slowly taking shape. Which in my capacity as the Chief Executive Officer, I believe will surely rise above the level at which health service is being delivered.

The year 2017 is the transitional period for NIPHA. Which basically means that the two entities merged into NIPHA (i.e.: Kavieng General Hospital and Rural Primary Health under NIPA) were still soliciting resources (Goods & Services and Personnel Emoluments) from votes 241 and 287 respectively. During this transitional period, much of the expenses of NIPHA were covered by the Kavieng General Hospital in terms of the *'Merged Structure and the ground work for the budget and account* of New Ireland Provincial Health Authority.

The challenges faced during this transitional period cannot be underplayed given the economic inconveniences of country. Workforce limitations, financing, policy development and implementation, leadership and governance. Disease burden, especially the rise in non-communicable diseases, delivery of services is not equally distributed, health information needs improvement and monitoring and evaluation should be carried out every six (6) months or yearly. Importantly, Health Reform in many parts of the country including New Ireland hindered by the complexity and conflict in social and political context.

Message from the Chief Executive Officer

Despite the challenges and issues, as things begin to unveil in good light for New Ireland Provincial Health Authority, we hope that under my leadership and the chairmanship of Mr. Douglas Tsang, a lot of milestones will be achieved in high note.

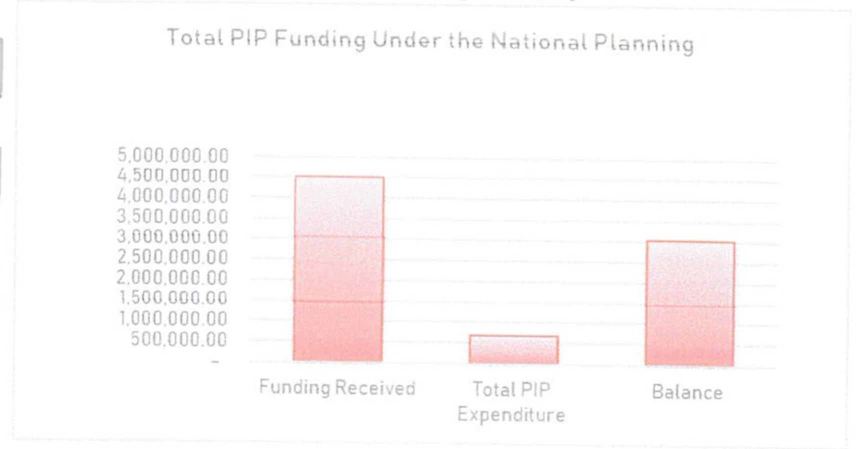
Dr. Alex Wangnapi
Chief Executive Officer
New Ireland Provincial Health Authority

Projects

The focus of the management is to build capacity and reduce operational cost expenditure. Three (3) priorities for 2017 are:

1. Frequent sewage breakdown has been a major problem for us in the last 5 years.
2. Security of both patient and NIPHA property is becoming an issue and
3. Staff accommodation is costing the hospital K 1.2 million annually. This report covers projects status from 1st January to 12th December 2017.

PIP funding Summary



Kavieng Provincial Hospital received a total PIP funding of K4, 500,00.00 in 2016 and 2017. This year, a total of K403, 059.33 was spent on three (3) major & few minor projects. This brings the total PIP expenditure to K673, 958.23. A Balance of K3, 026, 041.77 still remains in Hospital trust account.

Projects Status

A new development and two rehabilitation projects were schedule for 2017, hospital fencing, the upgrading of sewage pipeline and a total renovation of the sisters and nurses' quarters. Sewage upgrade has been commissioned and fencing in final stage of completion. A 2016 ongoing project was also complete using this funding. Two land portions have also been purchased (from this funding) in the town residential area for the construction of the proposed Doctors and Sister's accommodation

Corporate Services Overview

Financial Summary

The Kavieng General Hospital Annual Implementation Plan (AIP) 2017 is the driving document that crafts the Kavieng General Hospital 2017 BUDGET Submission. Given the current status of our country's economy, our approach in developing the 2017 Budget Plan has been a cautious one. Our budget for Goods &Services was projected at K 8 million on K13 million for personnel emoluments. Capital infrastructure Budget was set for K5 million in support of the staff housing project and the paediatric, when fully completed.

Internal revenue was anticipated to increase to 3.0% over the projected 2017 year-end results. This will result from a proposed increase in hospital fees and other income activities proposed for the hospital.

From the 2017 budget submission, the total approved budget for 2017 was K 14,186,800.00 with K 9,740,000.00 for Personnel Emoluments, K4,4600,000.00 for goods and services and 2 million for capital infrastructure.

This report gives a brief summary of the funding and expenditure trend for 2017 in comparison to prior years. Kavieng General Hospital which has now merged with Provincial Health Services under the NIPHA merged structure. Next year will be the first PHA budget under division 249.

Our commitment in providing support to the Executive Management and NIPHA secretariat during the PHA transition was important despite not receiving any funds at all from the National Government and the Provincial Government.

Yearly Budget Appropriation

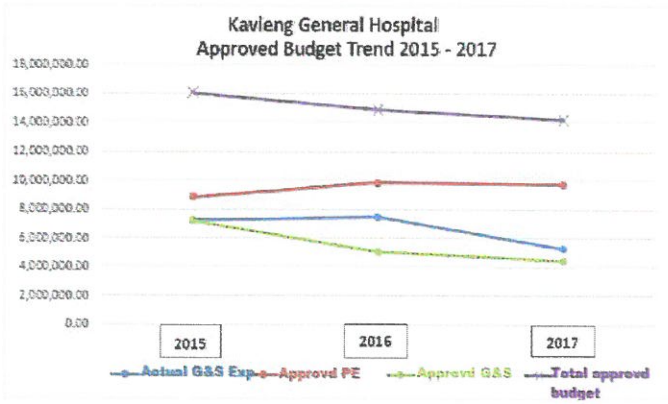


Chart 1: Shows the Approved Budget and Actual Expenditure trend 2015-2017

A slight increase of K1. 6 million in the Personnel Emolument budget reflects an increase in the Staff On Strength (SOS) between 2016 -2017. Our Goods and services budget on the other hand, continues to drop

drastically from K7.1 to K4.4 million. The K2.6 million expenditure gap created was supported by the approved re-scope of 2016 approved Public Investment Program (PIP) funds. This budget shortfall has seriously affected some of our services. Pathology tests such as the culture sensitivity and widal test are some of the important patient care services that has been totally scrapped off as a result of the budget cut.

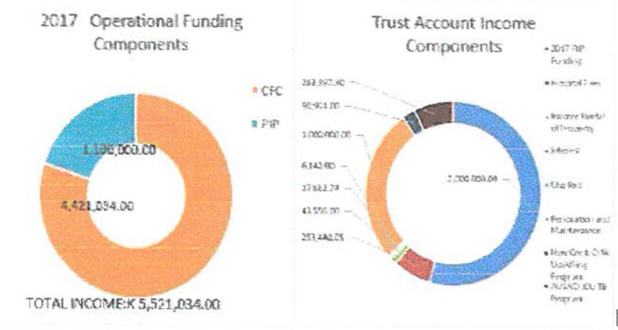


Chart 2: Shows 2017 Operational Income Components

From the K4,460,000.00 approved for goods and services, Kavieng General Hospital received K4,421,340.00 at the bank. K1,100,000.00 from PIP was re-scoped to cover operation shortfall. Chart 2b show income components for the Hospital Trust Account, hospital fees and Income rental of property only contribute 7% of the trust income. Public Investment program funding make the biggest component of the Hospital trust receipts. CHW upskilling program and the TB/Diabetes program are both funded by donors.

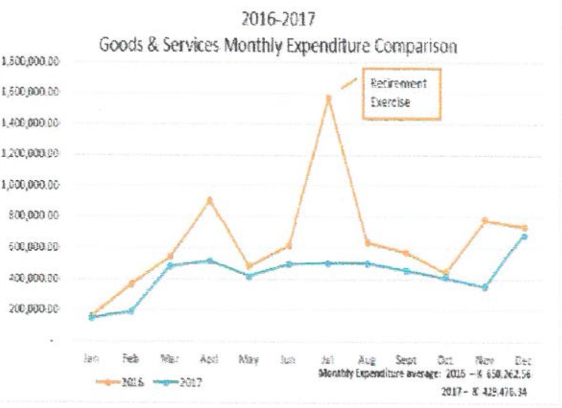


Chart: 3 Monthly expenditure comparisons Jan- Sept 2016 -2017

Chart 3 shows a comparison in monthly expenditure between 2016-2017. There is a slight reduction in monthly expenditure for 2017. In line with directions from central agencies to exercise cost cutting measures, NIPHA management has taken every step possible to reduce unnecessary cost. Over the last three (3) years, we have managed to reduce our annual operational expenditure from K7.8 million to K5.1 million and this is a huge savings of K2.7 million. This is our benchmark for our operation and we cannot go any further because we have sacrificed some of our important patientcare services.

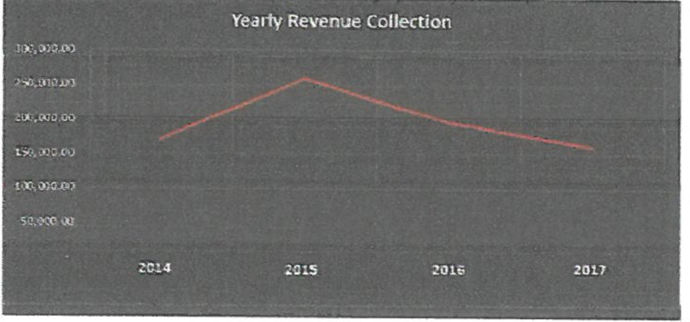


Table: 4 Yearly revenue collection comparisons 2014-2017

In relation to the line graph, the average collection of hospital fees still falls under the K200 000 mark. Total Hospital fees collected in 2017 contributed only 2% of total revenue of the hospital. Since the introduction of the free health care policy, our revenue collection has decline heavily placing additional stain on our operational budget. Annual Free health care subsidy received annually is only K 483,400.00. Our yearly purchase of drugs and reagents through the hospital trust account averages K500 000 in a year.

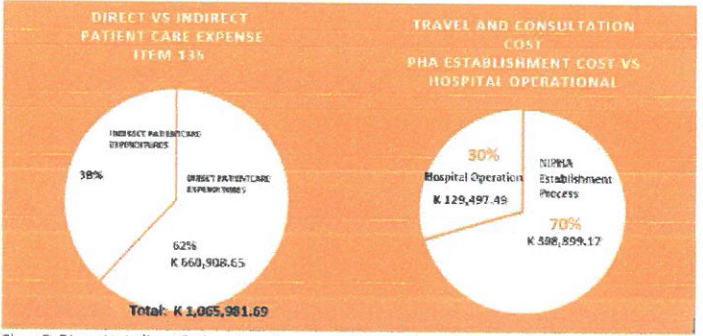


Chart 5. Direct Vs Indirect Patient Care Expense: Chart 6. Travel & Consultation Cost 2017

Direct patient care includes expenses incurred in patient referral, payment of medical supplies such oxygen, drugs and reagents and other medical supplies. Indirect patientcare expenses include others cost involved in the provision of health services to patient.

The purpose of this chart 6 is to present the unbudgeted expenses incurred on the Hospital budget after the launching of the PHA. New Ireland Provincial Health Authority (NIPHA) never received any counter funding from the National or provincial government for the establishment of the PHA. This cost was purely funded by the hospital operational budget. The establishment cost of PHA included consultation travel for officer from both central agencies and PHA, overtimes for officers working on merge structure, awareness of the PHA establishment to the community, baseline survey, collaborative workshops including rural health services and other operational cost for PHA executives.

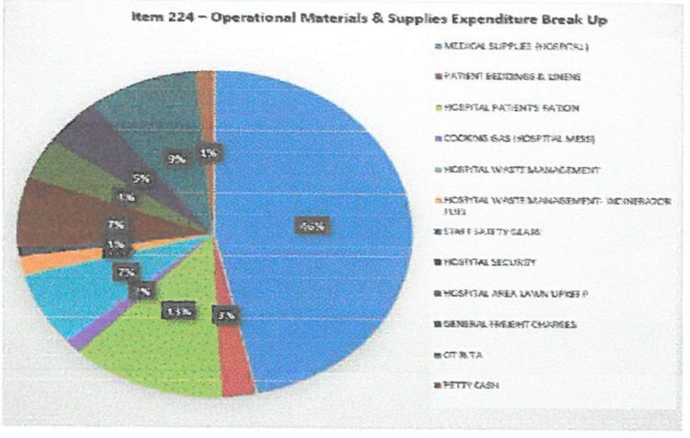


Chart 7: Item 224 Operational Materials and Supplies

Chart 7 presents a breakup of K 726,076.65 expended under Item 224 Operational Materials and supplies. Item 224 for 2017 has been reduced compared to previous years.

The Hospital Finance Section

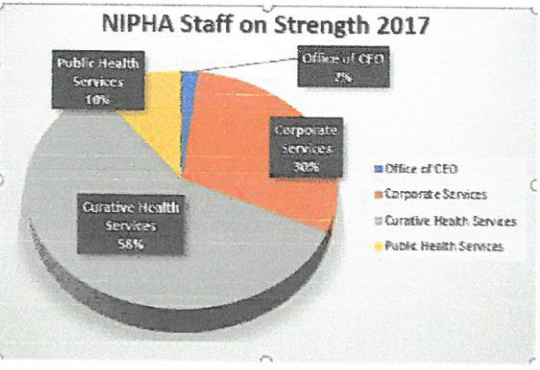
Kavieng Hospital Finance has the responsibility of providing financing services for patient care activities of the hospital. We have six (6) staff, three males and three females. We process a minimum of 3000 payments every year for the operational account and minimum of 2000 payment for the trust account. Consolidated payments amount between K7million to K9million in the last three years.

The year 2017 will be the last official budget under division 241 Management Hospital Services –Kavieng General Hospital and 2018 will be the first PHA budget under division 249 New Ireland Provincial Health Authority. Total budget submission for New Ireland Health Authority division 249 was proposed at K36,000,000.00

Human Resources & Payroll

Provincial Health Authority was launched on the 12th of September 2016.

The NIPHA merge structure was approved on the 06th of December 2016 with a total position of 583. However, going through the first, second and final quality checks found out that some positions were duplicated under the Curative Health Services and corrections were done by team here and action was done by Ms. Betty Eria at MIS – DPM.



Two merge establishments were; New Ireland Rural Health Services with approved staff ceiling of 154 and Kavieng General Hospital with approved staff ceiling of 276. New creations were mostly for the genuine casual positions to cater for those that were already working on the ground and paid locally and couple of critical positions under the Executive Services.

Major Tasks Includes;

- NIPHA Merge Structure Upload.
- Advertisement of Positions Vacancies &
- Senior Officers Contract Documented and singed.

Other Support Services

Kitchen

It is estimated that the Hospital's Kitchen will require sufficient capacity to be able to provide up to 220 plated meals per day for inpatients. Such meals will be delivered by trolley to the various points of consumption. Ad hoc catering requests arise regularly to support significant meetings or events. It is also intended that the Hospital will conduct a small cafeteria/dining room for staff and visitors on a commercial basis.

Laundry

A commercial laundry with a daily capacity of 400kgs dry weight is required to meet the Hospital's needs. Linen is required to be washed, dried and about 70% is required to be pressed or ironed. The machinery installed must be capable of producing product ready for sterilization in the case of theatre drapes and gowns. Significant storage capacity is required. The 'light table'

quality control of operating theatre linen should be installed within the Laundry complex.

Cleaning & Hygiene

The Hospital proposes that some staff of this Service will be permanently assigned to various wards and clinical services units but there is still a requirement for offices for Managers of the Services and for staff amenities including lockers for those staff who will be 'pooled' for providing leave relief and cleaning services to the various non-clinical areas of the Hospital. Actual staff numbers required to provide an adequate cleaning and hygiene service can only be established once the gross floor area of the Hospital has been determined but a tentative allocation of twelve full time equivalents has been allocated.

Transport

A permanent location is required for the Transport Officer and drivers. The vehicles will be located in a designated section of the Carpark and therefore this permanent location should have line of sight to that section of the Carpark for supervision purposes.

Engineering, Maintenance and Gardening Services

It agreed that a workshop containing work spaces for the trades of carpentry, painting, electrical, plumbing, refrigeration and air conditioning and mechanical fitting is required. The workshop should contain facilities for the storage and servicing of garden equipment and chemicals. It should also contain appropriate storage facilities for spare parts, building materials and tools. The workshop should have toilet, shower, beverage making facilities and a multi – purpose room sufficient to accommodate up to eight (8) staff.

Public Health Services Overview

Disease Trends & Program Status

Malaria

Firstly, New Ireland province is in the endemic malarious zone therefor malaria will continue to be a problematic disease in many years to come. Hence, the incidence of malaria in the province recorded as inpatient discharge in health facilities remained high although as depicted Key Indicator report by quarter

It is significant to report that malaria is still high in the province as it is consistently levelled at 3, 202 cases annually 2017. The incidence of clinical malaria (that is malaria cases going through laboratory and receiving proper treatment processes) has increase during the 5 years and it may be due to the improved treatment practices at the facility level however, more work especially public health and community-oriented program is required to controlling malaria to a manageable level in the two districts and province as a whole.

Supervised Delivery

Supervised delivery is one of the important indicators because it indicates the percentage of pregnant mothers delivers at the health facility rather than opting to deliver at home. When a pregnant mother delivers at health facility, her labour is being closely monitored, observed and supervised by midwifery or a nurse. By doing so, problems encountered during the process of the delivery of babies are attended to immediately by the supervising nurse or specialist personnel.

Antenatal Care Coverage

This indicator shows that pregnant mothers are visiting health centers to seek advice and counseling during the time of pregnancy before delivery. This indicator is a determinant of supervised delivery however as can be depicted in Key Indicators report by quarter antenatal care coverage is recording 47% this year (2017). There was a decline in performance from 2016 – 2017. This was weaker than the 2017 national average.

Family Planning Couple Year Protection

This indicator shows the protection providing by family planning services and strategies for couples seeking family planning advice and services. It further shows an aggregation of data of various methods (modern and ovulation method) provided by health facilities.

The higher the index shown, the more family strategies are practice. As depicted in Key Indicators report by quarter in the province is no consistent.

Immunization

Immunization is another important public health program because it protects children boosting their immunity against killer known as diseases such as measles, TB, tetanus and many more.

Children under one year of age also receive immunization. Under this program, the maternal and child health (MCH) team travel to all the communities in the district to conduct immunization and also conduct health awareness and promotion programs.

Immunization is a cheap and effective way of preventing serious or life-threatening diseases from arising within a community. It is one of the greatest services a health worker can give to their community.

Not only does it protect the child or adult who receives the vaccination, but it can also protect the community by preventing that disease from spreading to others.

Immunization programs are carried out by the maternal and child health (MCH) team to catchment villages within the health facilities.

They visit each village on a monthly basis and immunize all children under the age-group of 1–5 years old that they can possibly immunize during that visit.

It is important to note that the immunization coverage must at least be maintained at 80% - 100%. However, all our coverage is either fluctuating or recording below the above recommended percentages.

The downward trends are slowly picking positive upward trend and therefore, the momentum is gradually picking up. The upward trend must be maintained at all costs so that we report above 80% in the years ahead.

A number of public strategies were put in place due to very little resource input from government agencies therefore, the identification of "hot spot" health facilities were arrived at. These are facilities with more population of the under 5 years old children.

Limited funding and resources are directed for immunization and other safe motherhood program implementations to such identified hot spots facilities which will in turn increase coverage.

The other strategy put in place is the Supplementary Immunization Activities (SIA) which must be supported. The SIA program aims to capture all <5 years old children who have not been

vaccinated during the normal and routine MCH programs. It also aims to improve the coverage to at least 80%.

TB Treatment Completion Rate

Tuberculosis (TB) is now on the rise again in not only in the province and the district but PNG as a whole. The diagnosis of TB should be made upon positive sputum smears. The target for the TB program is to achieve 65% - 80% sputum positive.

There has been some improvement in this performance, but still the rates are half the target. The directly observed treatment, short course (DOTS) has improved TB patient recover quickly however, it has brought another problem with it.

As patients are diagnosed as to having confirmed TB, they are placed under the DOTS program (6 months drugs administration) and are admitted in hospital because they need to be observed by the hospital staff and take their medication every day for 6 months.

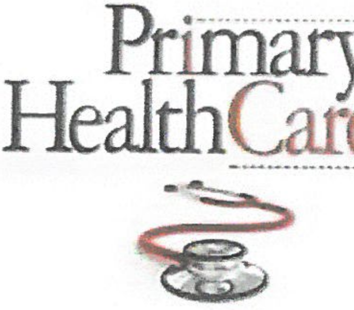
Most of the patients are sent home after 3-4 months because of their recovery rate. However, they are often advised to keep on taking treatment until the sixth month is up but most do not continue therefore, they are referred as defaulters.

Rural Water Supplies and Sanitation

The responsibilities of providing safe and wholesome rural water supplies has been taken over by the number of agencies including the current and former government however, with the aid of donor agencies, a number of major reticulated water supplies have been designed and implemented by the health division.

Sanitation requirement for rural villages needs to be address in this report so that by the end of the planned period, at least 20% of the total household within the province will have standard sanitary facility. The installation of ventilated improved pit latrines (VIP) is recommended for use at all communities within New Ireland Province.

There is currently no data to justify healthy practices of defecating and disposal of dry and wet rubbish. It is assumed that all wastes are disposed off by the bushes, rivers and sea-front. These practices must be changed to complement healthy practices and standards.



Curative Health Services Overview

Kavieng Provincial Hospital Highlights

Radiology Summary

Ultrasound is a non- ionising and non-invasive imaging modality has a high sensitivity in soft tissue and organs as well as vascular and tubular structures.

Ultrasound routine scans have been a great challenge and accomplishment for the Radiology department this year 2017. Despite our limited selections of appropriate transducers, we have been able to perform variety of examinations from paediatric head scans, general cardiac survey to limited Doppler studies. General abdominal and pelvic scans constitute the bulk of the requisitions that present to the ultrasound scan room.

Patient Records are documented in three separate recording files, which include patient's appointment records, patient's registration and patient report registrar as well as electronic copy stored in the ultrasound unit hard drive with limited space capacity. All this information is recorded and kept in the radiology department. Filing patient's reports has been a burden due to time taken in recording each patient's report which can be solved if printing and copying devices were present in the department. However, this has been an ongoing issue overlooked by the management. Ultrasound has been an alternative imaging modality with increasing demand for the last two years.

Currently I perform all ultrasound scans with assistance from Jude when I am unavailable. Training and up skilling of us technicians / sonographers is very essential for the improved and quality outcome of our patient's diagnosis.

Technically we have not faced and brake down or serious technical problem with our ultrasound unit since its installation in 2015. **GreenTelemed** is the contracted supplier by NDOH has done two quality control checks on the ultrasound unit this year. Otherwise the unit is in good functional condition. Additional units include the Mobile Ultrasound donated by Rotary and Siemans Ultrasound unit which is non- functional (empty cell), donated by Halivim Pikinini Programme.

Radiology Review

NIPHA experienced its first equipment breakdown in 2017 on the 4th of January, 2017. We are grateful to have a very supportive Medical Services Director (DMS) Dr. Mclee Mathew, who fully understands and knows the needs for Radiology and its consequences. The NIPHA management under the CEO, Dr. Wangnapi, has provided excellent support throughout the 2017 annual activity. Although in 2017, we have had no biomedical supervision from NIPHA; there was regular assistance from the NDOH. NDOH support to our Service is commended. Currently we an existing staff strength of three qualified Radiographers. NIPHA Radiology provides General Radiography, Fluoroscopy

examinations and Ultrasonography. All diagnostic findings are researched and Medical officers receive up to date diagnostic clinical information

Outpatient Activity

The Report is based on the services provided in the Adult Out-Patient Department.

The Adult Out-Patient Department annually ensures that its operations and issues are delivered before the management.

Apart from other minor operation in the unit, here below are the main services being provided: -

- Management of General Out-Patient cases
- Management of Out-Station Referrals
- Consultation Clinic Appointments
- OPD Administrative Duties
- Emergency Services

. **Purpose**

AOPD/AE 2017 Annual report is compiled to briefly allow the Hospital management to assess the information provided, appreciate the success of the 2017 calendar year, and identify the best approaches and practices to use for future AOPD operations. This report will also act as an instrument to guide the management in resolving open issues and out-standing 2017 activities. (Data/statistics summarized in Health Stats Overview)

Medical Laboratory Services

The Sectional Report is modified to provide more basic detail information, the purpose is to define its standard day to day operations availability and capacity of performance hence, more financial indicators transformed into transparency status. The workload capacity is a challenge but it has fairly accommodated from committed hard working officers and achievement of few new analyzer equipment have improved efficiency and Turn Around Timing reports (TAT). *(Laboratory Data specified in Health statistics overview)*

Namatanai District Hospital Highlights

Radiology and Anaesthesia Services.

X – Ray Diagnostic Service

Namatanai District Hospital has no X – Ray service for the last 10 years. The number of referrals to Kavieng Provincial Hospital has significantly increased over the years.

It is strongly recommended that the Kavieng Hospital temporary X – Ray service be fast track as we have requested for the X – Ray mobile unit and film processor be relocated to Namatanai District Hospital. Ultrasound scan is an equipment that is essential in diagnosis and must be purchase for the hospital. It is an important imaging toll for quick assessment in obstetric and in trauma cases.

Operating Theatre

There has not been any operative service in the Namatanai District since 2009. There has recently received a midget anaesthesia machine from Kavieng Provincial Hospital.

Anaesthesia Machine

The machine is in good working condition except for the Ulcon ventilator which will need servicing and the bellows has a hole. The nitrous oxide needs a pin-index regulator and the stand-alone cylinders will need to be fixed to the wall. There is a halothane vaporizer without halothane and has not been tested.

Drugs

For the types of cases that would require anaesthesia at the district health centre, ketamine anaesthesia and regional anaesthesia blocks would be adequate. It is intended that the facility should be able to perform a caesarean section.

Rural Health Services Overview

According to the 'National Inventory of Health Facilities 2000' there are thirty (30) significant rural health centers with six hundred and eighty -seven beds in the province.

The Provincial Hospital conducted a baseline survey on the 27th March 2017, the purpose of this survey was to re – enforce KRAs 1, 2, & 3, create baseline information, improve facility management capacity and set a minimum operating standard for the rural health centers. The survey format includes; Land Registration, Building & Maintenance, Medical Equipment/Supplies, General Assets, Reporting Communication Systems, Transportation Services,

Human Resource/Workforce work, Operational Budget, Water/Sanitation/Waste Management and current health services provided.

Findings as detailed below;

General Information

- Total Health Facilities Surveyed – 112
- Health Facilities Operating – 87
- Closed – 13
- Relocate – 5
- Work in progress – 1

Land Survey

- Government Land – 38%
- Customary Land – 41%
- Church Land – 14%
- Others – 7%

Reporting System/Types of Reports

- Inventory – 25%
- Financial Reports – 26%
- Drugs Statistics – 58%
- Patient's Statistics – 80%
- Don't complete report on time – 37%
- Complete but do not send – 31%
- Difficulty completing reporting – 44%
- Feedbacks – 16%

Communications Systems

- Health Facilities with VHF Radios – 25%
- VHF Radios Working – 36%
- Facilities with Mobile coverage – 52%
- Nearest Mobile Coverage – 41%
- No Coverage – 7%

Water & Sanitation

- Facilities with water supply – 43%
- Water Source
  - Bore – 10%
  - River – 23%
  - Tank – 67%
- Safe for Drink
  - Bore – 17%
  - River – 14%
  - Tank – 64%
- Facilities with toilet – 83%

Medical Supplies

- AMS – 23%
- Provincial Office – 31%
- Health Centers – 56%
- Reorder points
  - Weekly – 4%
  - Monthly – 80%
  - Half Months – 5%
  - Out of Stock 11%
- Proper M/S Storage – 33%
- Facilities with suitable vaccine freezers – 36%
- Inadequate vaccine freezer size – 45%
- Insufficient vaccine cold box – 49%

It is now well – known that these health facilities have been neglected for so long for which most survey indicators are below 50% hence our approaches are to take drastic measures to address these issues as a way forward for the New Ireland Provincial Health Authority and the province as a whole.

Dr. Charles Penny
Director Curative Health Services
[Date]

Health Statistics Overview

Provincial Health Information

Summary of SPAR – Performance Summary

In 2017, New Ireland province was ranked 12 out of 22 provinces when comparing overall performance. When comparing the overall improvement across indicators, New Ireland showed a decline in performance from 2016 – 2017.

No	Indicator	Provincial Average 2017	Provincial Average 2016		National Average 2017		Target		Key Findings for 2017 Provincial Average	Remarks
	Reporting Rate (%)	93	91	↑	90	↑	n/a		- There was an improvement in performance from 2016 to 2017. - This was stronger than the 2017 national average.	eases indicate improvement in performa
21	Outpatient visits per person per year	1.68	1.59	↑	1.07	↑	1.8	↓	- There was an improvement in performance from 2016 to 2017. - This was stronger than the 2017 national average. - This did not reach the target of 1.8.	eases indicate improvement in performa
27	Adequacy of Medical Supplies (%)	41	45	↓	44	↓	85	↓	- There was a decline in performance from 2016 to 2017. - This was weaker than to the 2017 national average. - This did not reach the target of 85%.	eases indicate improvement in performa
	KRA 5: Improve Maternal Health									
3	Low Birth Weight (%)	7	8	↓	8	↓	8.9	↓	- There was a decrease in the percentage of babies with low birth weight, which indicates a small improvement from 2016 to 2017. - This was stronger than 2017 national average. - This reached the target of 8.9%.	eases indicate improvement in performa
10a	Proportion of Supervised Births at Health Facilities (%)	36	44	↓	37	↔	n/a		- There was a decline in performance from 2016 to 2017. - This was similar to the 2017 national average.	eases indicate improvement in performa
11	Antenatal Coverage (%)	47	54	↓	52	↓	n/a		- There was a decline in performance from 2016 to 2017. - This was weaker than the 2017 national average.	eases indicate improvement in performa
12	Family Planning Use (Couple years of protection (CYP) /1000 women 15-44 years)	70	57	↑	100	↓	n/a		- There was an improvement in performance from 2016 to 2017. - However, this was weaker than the 2017 national average.	eases indicate improvement in performa
	KRA 6: Reduce Burden of Communicable Diseases									
4	Malaria Incidence per 1000 population	300	240	↑	105	↓	175	↑	- There was significant change from 2016 to 2017. - This was more than the 2017 national average. - This did not reach the target of 175.	eases indicate improvement in performa
	KRA 7: Promote Healthy Lifestyle									
7	Total presention of injuries to health centres and hospitals per 1000 population	44	41	↑	30	↓	n/a		- There was an increase of total presentation of injuries to HC's and Hospital from 2016 to 2017. - This was an a small increase and is more than the 2017 national average.	eases indicate improvement in performa

KRA 4: Improve Child Health										
1	Pneumonia Case Fatality Rate in children under 5 in health facilities (%)	1.4	0.9	↑	2.4	↓	2.4	↓	- There was an increase in pneumonia case fatality rate in children under 5 from 2016 to 2017, this indicates a decline in performance. - However, this was stronger than the 2017 national average, and exceeded the target of 2.4%.	eases indicate improvement in performa
2	Childhood Malnutrition in children under 5 yrs (%)	20	18	↑	21	↓	24	↓	- There was an increase percentage of childhood malnutrition from 2016 to 2017, indicating a decline in performance. - This was similar to the 2017 national average. - This exceeded the target of 24%.	eases indicate improvement in performa
6	Diarrhoeal Disease in children <5 years (cases/1000 children)	118	107	↑	203	↓	200	↓	- There was an incease in diarrhoeal disease per 1000 children under 5 from 2016 to 2017. This indicates a decline in performance. - Despite this, this was still stronger than the 2017 national average, and exceeding the target of 200.	eases indicate improvement in performa
8	Outreach Clinics Undertaken per 1000 children <5 years	33	37	↓	29	↑	50	↓	- There was a decline in performance from 2016 to 2017. - This was stronger than the 2017 national average. - This did not reach the target of 50.	eases indicate improvement in performa
9a	Measles Vaccine Coverage for children under 1yr (%)	40	38	↑	34	↑	80	↓	- There was a slight increase in measles coverage from 2016 to 2017. - However, this was weaker than the 2017 national average and did not reach the target of 80%.	eases indicate improvement in performa
9b	3rd Dose TA/Pentavalent Coverage for Children under 1yr (%)	49	49	↔	34	↑	80	↓	- There was no significant change in performance from 2016 to 2017. - This was stronger than the 2017 national average. - This did not reach the target of 80%.	eases indicate improvement in performa

New Ireland - Key Indicators – Report by Quarter

Year	2016	2017	2017	2017	2017	Trend
Quarter	4	1	2	3	4	
GENERAL						
% Monthly reports received	69	91	95	0!	05	
Outpatient visits per person	1.2	1.4	1.7	1.4	1.4	
Inpatients per 100 people	2.8	3.5	3.9	3.4	3.2	
% Patients died	1.5	2.0	1.5	2.4	2	Inc.
% Outreach clinics held	68	49	51	4!	48	
% School clinics held	87	38	0	14	17	Dec.
% Key supplies short	9.1	13.4	15.4	17.4	19.2	Inc.
FAMILY PLANNING						
% New acceptors of FP	1.7	2.0	2.0	2.3	1.4	
CYP Modern	87	67:	78'	1168	361	
MATERNAL HEALTH						
ANC coverage 1st visit	35.9	55.9	44.4	40.(	40.4	
ANC coverage 4th visit	20.0	27.0	26.5	26.1	24.2	
Average ANC visits	5.1	4.5	5.3	6.	5.5	
% ANC received TT	153.00	62.00	61.00	76.0(	71.00	Dec.
% Deliveries supervised	31.8	38.0	40.8	40.4	40.9	
No. of Maternal deaths	1	3	2	:	0	Dec.
CHILD HEALTH						
Low birth weight (%)	7.3(	8.00	6.70	5.0	6.50	
<1yr seen at clinic once (%)	33.3(	47.37	49.92	54.3	41.64	
Average visits per year <1	153.	255	249.!	251	242.7	
<5yr sev malnourished (%)	0.(	0.6	0.7	0.	0.6	
<5yr mod malnourished (%)	13.5	15.7	19.3	22.	20.2	Inc.
IMMUNISATION COVERAGE						
BCG coverage (%)	42.25	41.12	57.12	52.7	40.91	
HepB 3 coverage (%)	0.00	0.00	0.00	0.0(	0.00	
Dtp/Hib 3 coverage (%)	38.92	55.71	43.88	44.2	41.85	
TA 3 coverage (%)	0.00	0.00	0.00	0.0(	0.00	
Sabin 3 coverage (%)	59.85	53.83	43.72	44.3(	43.72	Dec.
Drop-out rate TA (%)	0.00	0.00	0.00	0.0(	0.00	
Measles 9-11mos cov. (%)	25.29	40.33	48.30	36.0	28.92	
MALARIA						
Slides examined	1445	670	1249	140	1194	
% P.falciparum	21	23	39	4:	23	
RDT examined	15002	23702	16173	1880!	20994	
RDT % falciparum	12	14	15	11	13	

LEPROSY						
No. PB cases starting treat.	0	0	0	0	0	
% Patients completed	0	8	1	0	0	Decrease
Average PB cases on treat.	0	0	0	0	0	Decrease
No. MB cases starting treat.	0	0	0	1	0	Increase
% Patients completed	6	4	5	0	5	Increase
Average MB cases on treat.	0	0	0	0	0	Increase
OUTPATIENTS						
Measles	10	1	7	5	3	Decrease
Pertussis	2	20	127	60	36	Increase
Pneumonia <5	2797	3687	6756	5533	4746	Increase
Other Respiratory	3040	2661	3927	2873	3468	
Diarrhoea <5	761	686	1181	1194	1094	Increase
Malaria	1117:	1674!	1993:	1903	16834	
Genital Disc Male	223	90	75	84	9:	Decrease
Genital Disc Female	137	62	67	48	2(	Decrease
Genital Ulcers Male	29	9	6	9	1	Decrease
Genital Ulcers Female	7	0	1	1	10	
Total attendance	7769	94281	11216:	10667(	95185	
DISCHARGES						
Diptheria	0	0	0	0	0	
Neonatal Tetanus	0	0	0	0	0	
Acute Floppy Paralysis	0	1	0	0	0	
Typhoid	3	3	2	0	2	Decrease
Other Respiratory	78	96	99	80	98	
Diarrhoea <5	38	27	35	68	33	Increase
Malaria	146	237	234	180	145	
TB	45	62	41	42	66	
Meningitis	16	17	22	14	5	Decrease
Snakebite	0	0	0	0	1	Increase
Ischaemic heart disea	9	4	9	11	18	Increase
Hypertension	28	12	29	14	19	
Diabetes	27	18	38	18	41	Increase
DEATHS						
Diptheria	0	0	0	0	0	
Neonatal Tetanus	0	0	0	0	0	
Acute Floppy Paralysis	0	0	0	0	0	
Typhoid	1	0	0	0	0	
Other Respiratory	4	2	3	0	3	Decrease
Diarrhoea <5	0	1	0	1	1	Increase
Malaria	0	2	2	3	1	Increase
TB	4	3	3	0	3	Decrease
Meningitis	0	3	0	2	1	
Snakebite	0	0	0	0	1	Increase
Ischaemic heart disea	0	0	2	1	0	Increase
Hypertension	1	4	2	1	1	Decrease
Diabetes	0	2	4	3	3	Increase

Medical Records

A major upgrade was completed early this year, office space difficulties is now being resolved as compared as compared for the last 10 years

We are proposing Clinical Information and Medical Records Service will be established to provide clinical information to Clinicians and Management in support of service utilization, performance and outcome monitoring, clinical research and storage, maintenance and retrieval of medical records. This service will be located contiguous with the Central Admissions Unit and at the intersection of the Ambulatory Care and Inpatient Precincts in close proximity to the Emergency Department in order to provide a medical record retrieval service to Departments/Wards located in either.

Discharges Morbidity (Medical Records)

The discharges records are good indicators of morbidity because of the final diagnosis certified by medical practitioners as oppose to the outpatient data.

Sometimes final diagnosis is not done on outpatient records because laboratory tests are not confirmed or the underlying illness still persists. Therefore, it always advisable to report discharges records.

The Province has been experiencing high morbidity due to severe malaria for the past five years. Comparing other five diseases severe malaria accounted for 43% of the total discharge's cases recorded in health information office for the observed period. This is followed by other respiratory diseases (20%), Tuberculosis with 12% and Diarrhoea for Children 5 years with 9%. The other recorded Discharges cases accounts for the remaining 10%.

Since malaria recorded the highest percentages among the leading causes of discharges, the question of intervention programs such treated bed nets implemented may be required to review its strategies as it has not shown positive impact. Although there may be some positive effects with TFM malaria, there must be complementary effects on severe malaria as well.

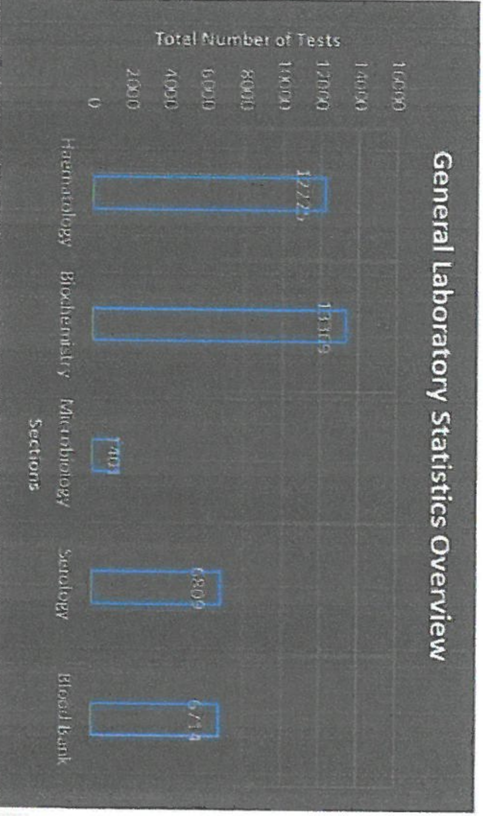
Respiratory infections and TB are also common in the province which brings a significant concern for health planners and technocrats. The association of diseases in the likes of the above could generate opportunity for HIV infections which is already a concern for the province.

Deaths (Mortality)

The mortality cases are records kept at health facilities only. The death cases that occurred at the community and not brought to the attention of the health authorities are not included in this presentation.

Current records have shown that the commonest cause of death in the province is Pneumonia reporting 16% of the total top seven causes. It is also the common cause of discharge in health facilities throughout the province.

Other leading causes of deaths in the Province is diabetes recording 15% of the leadings causes followed by Liver Disease with 11%. Malaria is also a major concern recording 7% out of the leading causes of deaths in the province.



A Summary of the Provincial Hospital Patient's MIS

Kavieng Provincial Hospital
Patient Statistics for 2017

Summary - All Wards

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD/Total
Available Beds	106	106	106	106	106	106	106	106	106	106	106	106	106
Total Admissions	196	147	158	183	221	195	185	226	222	227	205	144	2309
Total Discharges	156	109	139	163	186	165	149	181	168	177	169	126	1888
Total Inpatient Bed Days	776	574	525	846	1057	755	760	744	829	856	795	616	9133
Daily Average of Inpatients - Month	40.7	38.3	38.7	49.1	49.0	46.3	36.5	48.6	53.9	53.2	48.9	45.8	0.0
Daily Average of Inpatients - YTD	40.7	18.5	13.2	12.2	10.0	7.6	5.3	6.2	5.9	5.4	4.4	3.9	0.0
Bed Occupancy Rate - Month	38.4	36.1	36.5	46.3	46.3	43.7	34.4	45.8	50.9	50.2	46.2	43.2	518.0
Bed Occupancy Rate - YTD	38.4	17.5	12.4	11.5	9.4	7.2	5.0	5.8	5.6	5.1	4.1	3.7	125.8
Average Length of Stay - Month	5.0	5.3	3.8	5.2	5.7	4.6	5.1	4.1	4.9	4.8	4.7	4.9	4.8
Total Inpatient Deaths	6	5	3	4	4	4	11	4	8	6	4	4	63
Total Referral from HC/HSC	43	29	35	45	59	47	62	32	59	48	24	14	497
Bed Utilisation Rate	1.8	1.4	1.5	1.7	2.1	1.8	1.7	2.1	2.1	2.1	1.9	1.4	21.8
Total Bed Occupancy	5597.5	4970.2	5118.7	5953.8	5573.6	5718.1	5182.6	6609.7	6937.6	6559.3	6368.9	4978	
Total Midnight Patients	1263	1110	1200	1473	1520	1390	1132	1505	1618	1649	1468	1420	

Medical Laboratory Statistics Overview

The overall laboratory workload has increased so much that it has contributed to a high cost of reagents & consumables expenditures.

Haematology Section

- The most common haematology requested test (daily) from the clinicians is full blood count (FBC). As automated through the CyanHemato Analyzer, all RCB indices are included as FBC. The analyzer usage is compulsory and very helpful on timely output of patients result (TAT)

Biochemistry Section

- The Biochemistry tests are consistent and patient tests continues to increase due to population growth and individual life style of living from acquired diseases. Reagents shortages on occasional periods do not arrived on time from the supplier and caused delays on patient's test. We hope the NDoH procurements system should be available as we have not received updates on its catalogue but orders submitted are always NO STOCK.

Microbiology Section

- The Microbiology tests needs culture and antibiotics sensitive tests as a lot of pus swabs being denied proper processing. This is due to funding delays though being included on the implementation plans.

Serology Section

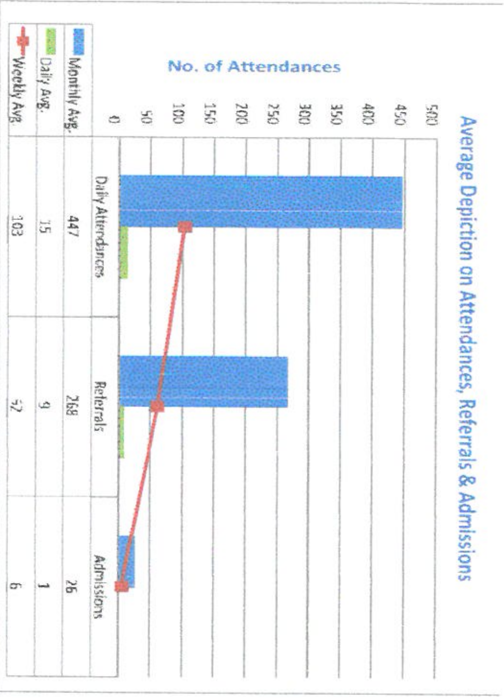
- The tests are available in routine screening using Rapid Kits. WIDAL test is no longer recommended (for culture only) but it is used for vendor screening.

Blood Transfusion Medicine (Donors)

- This is public voluntary blood donor collection providing blood transfusion medicine to patients in hospital. The blood bank mobiles still lack specific transportation system to operate blood donor functions such as awareness campaigns and donor collections on timely appointments. It demands a vehicle & committed skilled officers in future to be consistent as the demand for blood transfusion is increasing.

Outpatient Activity

Statistics from all AOPD register books from 1st January to 31st December 2017.

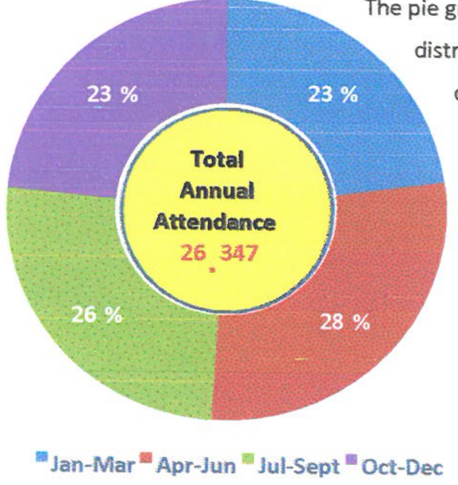


This report must be considered and evaluated to assist in prioritizing issues according to the Annual Activity Plans of the unit (AAP) and may help develop annual strategic plans in line with the National Health Plan 2011-2020.

PUBLIC OUT-PATIENT ATTENDANCES IN 2017

Pie graph showing quarterly distribution of AOPD Attendances.

Health Statistics Overview



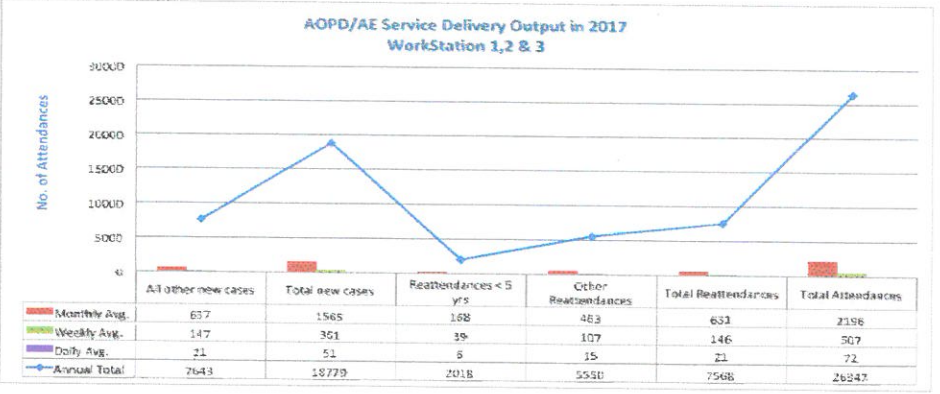
The pie graph above shows a fair distribution of cases seen on a quarterly basis in 2017, having the 2nd quarter recording the highest with 28% of the total cases. * *Documentation & Data Collection is an issue, cases not captured due to poor recording.* *

The column graph clearly shows the current workload against the current staff ceiling in AOPD_AE department covering all workstations.

Average Depiction on AOPD_AE Productivity

Bar graph of the Monthly Average depiction between Attendances, Referrals & Admissions in 2017.

Column graph showing Out-Patient Attendances in 2017

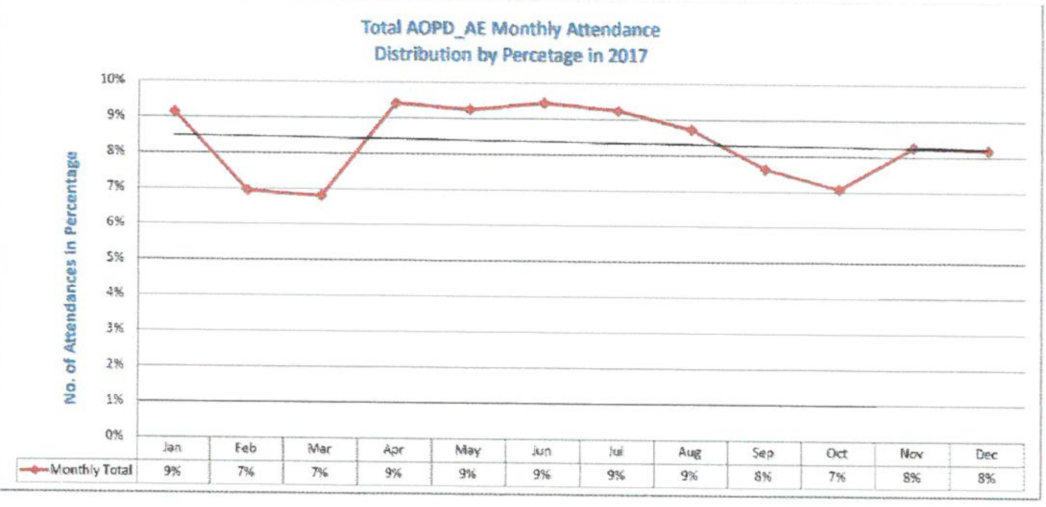


	All other new cases	Total new cases	Reattendances < 5 yrs	Other Reattendances	Total Reattendances	Total Attendances
Monthly Avg.	637	1565	168	483	631	2196
Weekly Avg.	147	361	39	107	146	507
Daily Avg.	21	51	6	15	21	72
Annual Total	7643	18779	2018	5550	7568	26347

The bar graph shows attendances of different cases seen in 2017. *The total recorded Attendance in 2017 was* ***26, 347*** *with a monthly average attendance of* ***2, 196*** *and a weekly average of* ***507*** *attendance*

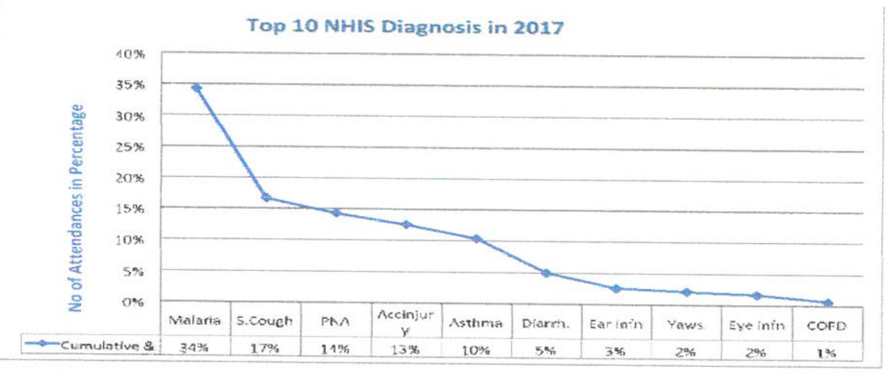
There is no health without management & there is no management without information

Line graph showing 2017 AOPD_AE Monthly Distribution of Attendances



The line graph generally shows a fair distribution in terms of percentage rating on attendances in the 2017. All the months showed attendances of more than **6%** of the total attendances of **26, 347** for the year.

Pie graph showing Out-Patient's Common Attendances



Out of the 10 commonest OPD attendances, Malaria still records the highest number of RDT/Microscopic positive cases with a staggering **3203**. An ever-increasing Accidents & Injuries, especially knife wound and other lacerations possess a question on erecting a Trauma Unit in New Ireland Province.

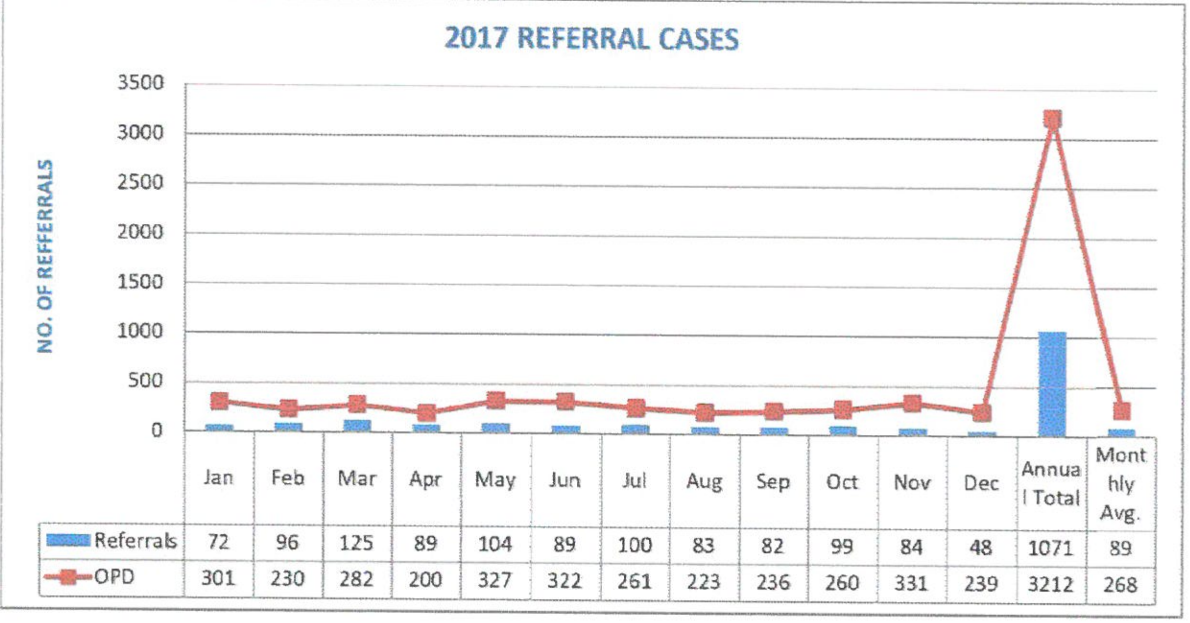
Statistics have shown that over the years, there is a rise in the number of Yaws cases, a Public Health concern.

Other Notable Diseases

- Captured **58** Chronic Obstructive Airway Diseases Cases
- Captured **197** Yaws Cases
- Captured **17** Sexual Cases
- Captured **241** Ear Cases

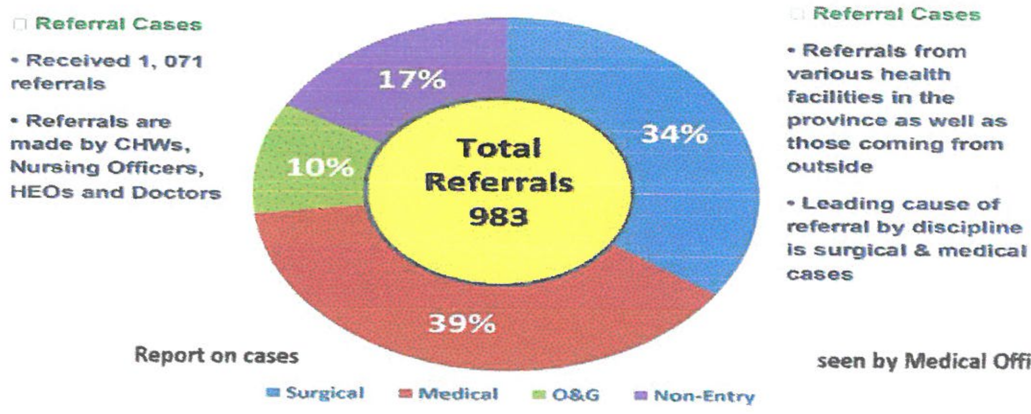
Death on arrival (DOA)

- Registered **5** DOAs
- Registered **6** AOPD_AE Deaths



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total	Monthly Avg.
Referrals	72	96	125	89	104	89	100	83	82	99	84	48	1071	89
OPD	301	230	282	200	327	322	261	223	236	260	331	239	3212	268

The above table shows that there was a total of **1, 071** referrals seen through workstation 4 in 2017, averaging a total of **89** cases on a monthly basis. Month of March had the highest with **125** cases in total for 2017.



Report on cases seen by Medical Officer

- Captured **880** cases in 2017
- Monthly average of **73** cases
- March 2017 recorded the highest with**194** cases seen
- Referrals by CHWs, NOs & HEOs are first seen by AOPD/AE HEO's then referral to MO.

Report on Cases seen by HEOs

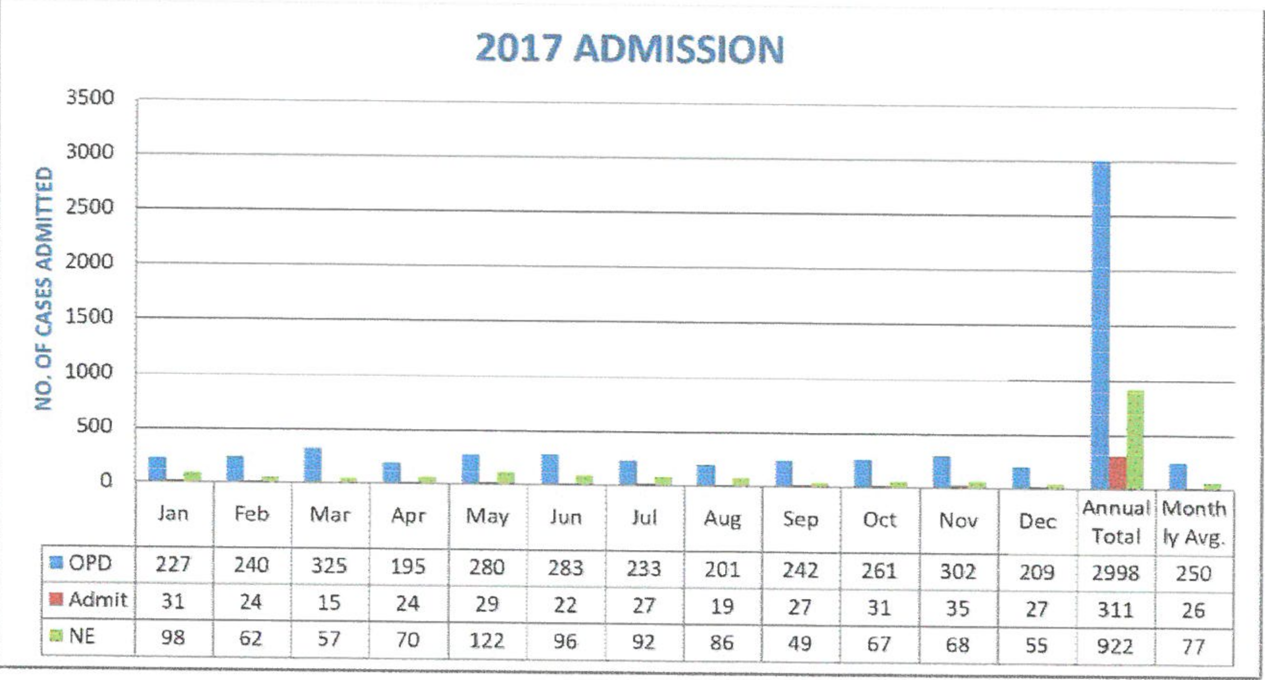
- Captured **4, 267** cases
- These are cases seen through AOPD internal referral by nurses as well as referrals from Health facilities

Procedures done

- Documented **29** procedures
- Various procedures performed by MOs/HEOs/Nurses
- Procedures ranging from minor procedures like POPs, IV canulation, cabolizing of beds, I&Ds, Suturing, minor excision, removal of foreign bodies and diagnostic procedures like PVEs, Culdocentesis, etc.

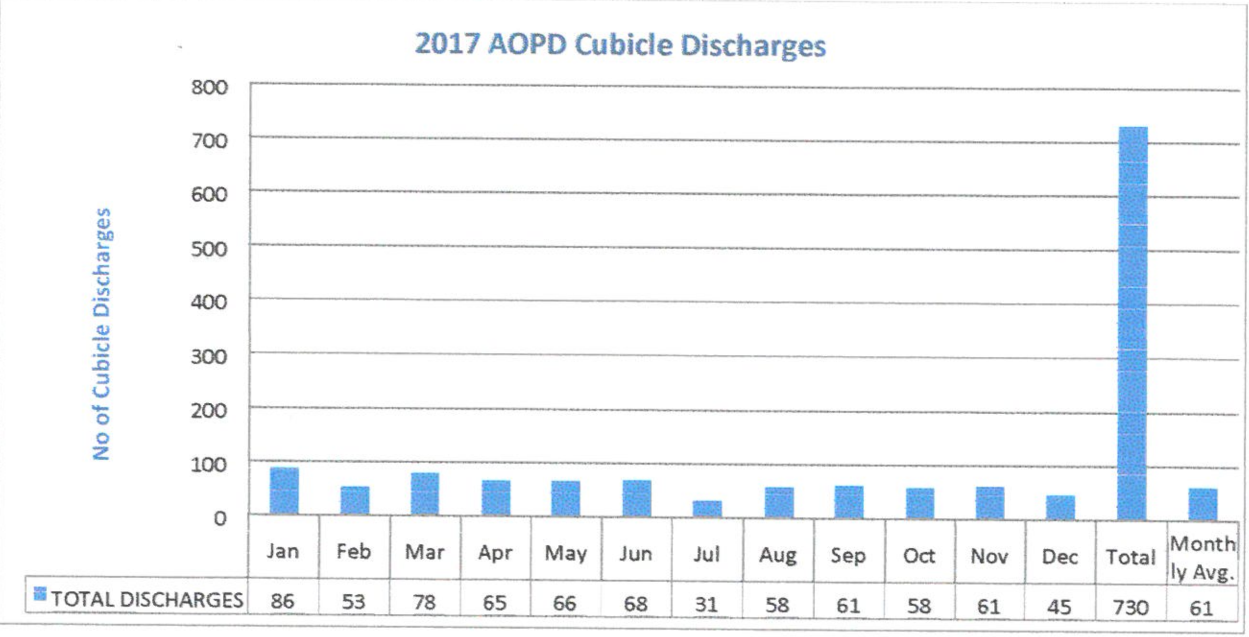
Lack of proper documentation has not captured the exact total number of procedures. The total will approximately be mostly higher.

2017 AOPD Ward Admissions



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Total	Monthly Avg.
OPD	227	240	325	195	280	283	233	201	242	261	302	209	2998	250
Admit	31	24	15	24	29	22	27	19	27	31	35	27	311	26
NE	98	62	57	70	122	96	92	86	49	67	68	55	922	77

AOPD_AE this year 2017 registered **311 admissions in total** and **averaging 26 admissions per month**. November 2017 recorded the highest with 35 admissions.
Illustration 9. 2017 AOPD Cubicle Discharges



AOPD_AE Department currently has a total of 4 cubicles plus 4 spare beds. This alone saw the department recorded a total of **730 cubicle discharges** with a **Monthly Discharge rate of 61 cases.**

Monitoring & Evaluation

The matrix adopted will guide the reader to drawing absolute confidence to the analysis of issues raised throughout the presentation of this document. Below contained summarized issues, way forward, responsibility and timeframe.

Challenges and Way Forward

Challenges	Way Forward	Agency Responsible	Timeframe
High Annual Growth Rate	Emphasis on Family Planning programs	NDoH, NIPHA, NIPG, Population Project etc.	2017 – 2022
Goal NHP is still far from reach	NIPHA M&E Framework Priorities	NDoH, NIPHA, DP's etc.	2017 – 2020
Lack of resources to District Staff	Plan for resource allocation for District	NIPG, NIPHA, DP's etc.	2017 – 2022
Medical Officers Visit to Rural Health Centres	Increase MO's Visitation	NIPHA, DP's	2020 – 2020
Inadequate funding to support Laboratory Services	Plan for resource allocation and increase funding for Laboratory Services	NIPHA, NIPG, DP's	2017 – 2022
Deteriorating Rural Health Facilities	Conduct Scope of Work & Funding of Maintenance	NIPHA, NIPG, LLG's, Churches	2017 – 2022
No Asset Register at health centre level	Conduct update assets register visitation	. NIPHA, Churches	2019 – 2020

The issues raised in this document are worth investigating so that the focus of this report is fulfilled. Firstly, New Ireland annual growth rate is 2.5% and has the second highest in the NGI region, at least family planning should be considered for funding priority the health authority. Although the issue is cross – cutting, we have a responsibility to play at the provincial and district level.

Planning is a revolving process and that the national health plan goals is far from reach however, incorporating and implementation of the M&E Framework, could lead this NIPHA to a comfortable spot.

Challenges and Way Forward – Continue

Challenges	Way Forward	Agency Responsible	Timeframe
Malaria remains high mortality & morbidity	Effective malaria control program – RDT, Nets	NIPHA, Churches	2017 – 2020
Low Coverage in supervised deliveries	Safe Motherhood programs	NIPHA, Churches	2017 – 2020
Deteriorating H/Facilities & Other assets	Situation Analysis & Project Docs – Funding	NIPHA, Churches	2017 – 2020
Lack of Sustainable Partnership at all levels	Revise Network & Strengthen Linkage	NDoH, NIPHA, NIPG, DP's	2017 – 2020
Weak/Poor health facility management	Investigate & recommend improvements	NDoH, NIGP, NIPHA	2020 – 2021

The high incidence of malaria morbidity and mortality will continue to be a major problem in the province because of the high endemicity level in this part of the country. however, as we have seen the trend is declining in both the mortality and morbidity data.

The NIPHA will continue to address public health strategies so that the burden of malaria is decreased. The public health programs including supply of bed nets, environmental sanitation and hygiene, rapid diagnostic test and treatment of malaria cases.

Sustainable partnership is an outstanding issue that requires professional approach. there are groups that are willing to assist provided they are invited to participate. during the planned period, improved partnership will be pursued.

Good management of the health system and including facilities is a weak area within the health sector. the health committee is somewhat still disorganized and at times confused of their lines of responsibilities. this is due to a number of areas but continuous changes of health committees are some of the concern areas.

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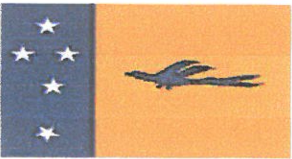

Appendixes

KAVIENG GENERAL HOSPITAL

FINANCIAL STATEMENT FOR
HOSPITAL OPERATING ACCOUNT
AS AT DECEMBER 31 2017

	DESCRIPTION		2017 (Kina)	2016 (Kina)
	RECEIPTS			
	GOPNG	(NOTE 4)	3,929,617.00	4,612,785.00
	Others	(NOTE 5)	508,050.00	-
	CHQS RVSL		67,989.78	44,656.55
	CHW UPSKILLING		-	46,345.00
	FREE HEALTH CARE		483,400.00	483,400.00
	Transfers in of Funds		1,100,000.00	-
	Total Receipts		**6,089,056.78**	**5,187,186.55**
Less:	**EXPENDITURE**			
111	Salaries & Allowances		-	-
112	Wages		654,210.32	543,017.21
113	Overtime		65,318.35	77,247.60
114	Leave Fares		437,580.70	380,084.90
113	Contract Officers Education Benefits		-	-
121	Travel & Subsistence		95,602.67	98,136.80
122	Public Utilities		-	1,080,470.47
123	Office Operation Materials & Supplies		28,509.46	52,193.05
124	Operational Materials & Supplies		726,076.65	817,816.47
125	Transport & Fuel		155,522.44	196,301.69
126	Admin Consultancy		-	-
127	Rental of Properties		1,417,821.57	1,212,139.00
128	Routine Maintainence		153,255.61	219,687.00
135	Other Operational Expenses		1,065,981.69	1,074,757.47
136	Training		52,872.40	74,107.40
141	Gratuity & Retirement		271,953.58	1,447,558.55
221	Furnitures & Equipment		29,010.66	106,987.21
222	Puchase of Vehicles		-	-
224	Plant, Equipment & Machinery		-	68,933.70
225	Construction, Renovations & Improvements		-	353,712.21
	CFC WRITE OFF JUL 16,NOV.16 JUL.17		136,181.78	
	Others/Tax/Bank Fees		-	-
	Total Expenditure		**5,289,897.88**	**7,803,150.73**
	Excess (Deficit) of Receipts over Expenditure		**799,158.90**	**- 2,615,964.18**
Plus:	**Cash at the beginning of the Year**		478,104.72	3,094,068.90
	Cash at Year End		1,277,263.62	478,104.72

KAVIENG GENERAL HOSPITAL

FINANCIAL STATEMENT FOR HOSPITAL TRUST ACCOUNT AS AT DECEMBER 31 2017

	DESCRIPTION		2017 (Kina)	2016 (Kina)
	RECEIPTS			
	Hospital Fees Income	(NOTE 4)	253,440.05	206,579.25
	Others	(NOTE 5)	43,556.00	79,015.60
	Interest		17,662.74	10,620.93
	LIHIR NEWCREST		90,901.00	87,909.50
	PIP FUNDING		3,000,000.00	1,520,000.00
	FAMILY HEALTH SUPPORT		-	23,454.60
	CHQ. RVSL		6,142.00	2,661.00
	JCU & TB LAUNCHING		263,997.80	-
	Total Receipts		**3,675,699.59**	**1,930,240.88**
Less:	**EXPENDITURE**			
111	Salaries & Allowances		-	-
112	Wages		-	-
113	Overtime		-	-
114	Leave Fares		-	-
113	Contract Officers Education Benefits		-	-
121	Travel & Subsistence		-	-
122	Public Utilities		-	-
123	Office Operation Materials & Supplies		-	185,456.00
124	Operational Materials & Supplies		324,408.78	504,114.07
125	Transport & Fuel		-	-
126	Admin Consultancy		-	-
127	Rental of Properties		-	-
128	Routine Maintainence		-	418.15
135	Other Operational Expenses		632,059.56	-
136	Training		74,208.92	75,756.38
141	Gratuity & Retirement		-	-
221	Furnitures & Equipment		-	-
222	Puchase of Vehicles		100,638.20	-
224	Plant, Equipment & Machinery		-	-
225	Construction, Renovations & Improvements		413,809.47	270,898.90
	Others/Tax/Bank Fees		1,114,866.81	13,836.13
	Total Expenditure		**2,659,991.74**	**1,050,479.63**
	Excess (Deficit) of Receipts over Expenditure		**1,015,707.85**	**879,761.25**
Plus:	**Cash at the beginning of the Year**		1,667,422.91	787,661.66
	Cash at Year End		2,683,130.76	1,667,422.91

Appendixes

KAVIENG HOSPITAL MANAGEMENT SERVICES
ACTIVITY: 108504 KAVIENG GENERAL HOSPITAL
2017 CASH FUND CERTIFICATE (CFC) ALLOCATION RECONCILIATION

CODE	ITEM	DESCRIPTION	2017 APPROP.	CFC # 001 31/01/2017 Jan	CFC # 002 16/02/2017 Feb	CFC # 003 16/03/2017 Mar	CFC # 004 02/04/2017 Apr	CFC # 005 26/05/2014 May	CFC # 006 27/06/2014 Jun	CFC # 007 31-Jul Jul	CFC # 008 02/09/2014 Aug	CFC # 009 08/10/2014 Sept	CFC # 010 Oct	CFC #011 14/11/2014 Nov	CFC # 012 28/11/2014 Dec	CFCs Received	CFCs To be received	SUPPLIMENTARY BUDGET	TOTAL CFC RECEIVED
21		**Personal Emolument**	10,902,400.00																
211	111	Salaries & Allowances	9,740,000.00																
212	112	Wages & Overtime	415,000.00	34,583.00	50,000.00	100,000.00	50,000.00	34,583.00	34,583.00	34,583.00	34,583.00		42,085.00	-		415,000.00	-	-	415,000.00
213	113	Overtimes	53,400.00	4,450.00	10,000.00	10,000.00	28,950.00	-	-	-	-		-	-		53,400.00	-	-	53,400.00
214	114	Leave Fares	267,000.00	22,250.00	50,000.00	100,000.00	50,000.00	22,250.00	22,250.00	250.00	-		-	-		267,000.00	-	150,000.00	417,000.00
215	141	Retirement Benefits & Etc.	427,000.00	35,583.00	60,000.00	100,000.00	50,000.00	-	35,583.00	35,583.00	35,583.00		39,085.00	-		391,417.00	35,583.00	-	391,417.00
		Sub Total	*1,162,400.00*	96,866.00	170,000.00	310,000.00	178,950.00	56,833.00	92,416.00	70,416.00	70,166.00		81,170.00	-		1,126,817.00	35,583.00	150,000.00	1,276,817.00
22		**Goods & Services**																	
222	221	Domestic Travel & Subsistence	52,400.00	10,000.00	10,000.00	10,000.00	2,000.00	4,367.00	4,367.00	4,367.00	4,367.00		2,932.00	-		52,400.00	-	-	52,400.00
223	123	Office Materials & Supplies	53,400.00	10,000.00	12,000.00	10,000.00	2,000.00	4,450.00	4,450.00	4,450.00	4,450.00		1,600.00	-		53,400.00	-	-	53,400.00
224	124	Operational Materials & Suppl.	534,000.00	44,500.00	100,000.00	44,500.00	30,000.00	44,500.00	44,500.00	44,500.00	44,500.00		44,500.00	92,500.00		534,000.00	-	150,000.00	684,000.00
225	125	Transport & Fuel	120,000.00	10,000.00	20,000.00	10,000.00	8,000.00	10,000.00	10,000.00	10,000.00	10,000.00		10,000.00	22,000.00		120,000.00	-	-	120,000.00
	126	Consultation fee														-	-	-	-
227	135	Other Operational Expenses	761,600.00	36,467.00	100,000.00	80,000.00	50,000.00	63,467.00	63,467.00	63,467.00	63,467.00		103,750.00	593,915.00		1,218,000.00	- 456,400.00	750,000.00	1,968,000.00
228	136	Training	44,500.00	44,500.00	-	-	-	-	-	-	-		-	-		44,500.00	-	-	44,500.00
		Sub Total	*1,565,900.00*	155,467.00	242,000.00	154,500.00	92,000.00	126,784.00	126,784.00	126,784.00	126,784.00		162,782.00	708,415.00		2,022,300.00	- 456,400.00	900,000.00	2,922,300.00
23		**Utilities, Rentals & Property Costs**																	
231	122	Utilities	938,000.00													-	-	-	-
232	127	Rental of Property	477,000.00	78,750.00	150,000.00	150,000.00	10,000.00	39,750.00	39,750.00	8,750.00	-		-	-		477,000.00	-	250,000.00	727,000.00
233	128	Routine Maintenance	170,000.00	14,167.00	15,000.00	15,000.00	15,000.00	14,167.00	14,167.00	14,167.00	14,167.00		14,167.00	39,998.00		170,000.00	-	300,000.00	470,000.00
		Sub Total	*1,585,000.00*	92,917.00	165,000.00	165,000.00	25,000.00	53,917.00	53,917.00	22,917.00	14,167.00		14,167.00	39,998.00		647,000.00	-	550,000.00	1,197,000.00
27		**Capital Formation**																	
261	211	Acquisition of Lands, Build. & CONSt	-													-	-	-	-
271	221	Office Equipment & Machinery	44,500.00	3,708.00	10,000.00	5,000.00	5,000.00	3,708.00		10,000.00	7,084.00		-	-		44,500.00	-	-	44,500.00
273	222	Motor Vehicle	-													-	-	-	-
275	224	Plant, Equipment & Machinery	89,000.00	27,355.00	29,000.00	-	10,000.00	7,417.00	7,417.00	7,811.00	-		-	-		89,000.00	-	-	89,000.00
276	225	Construction, Renovation & Improv.	-													-	-	-	-
		Sub Total	*133,500.00*	31,063.00	39,000.00	5,000.00	15,000.00	11,125.00	7,417.00	17,811.00	7,084.00		-	-		133,500.00	-	-	133,500.00
		Grand Total														3,929,617.00	- 420,817.00	-	
		Grand Total	3,508,800.00	376,313.00	616,000.00	634,500.00	310,950.00	248,659.00	280,534.00	237,928.00	218,201.00	-	258,119.00	748,413.00		3,929,617.00	- 420,817.00	1,600,000.00	5,529,617.00
		CFC warrant issue deposit at Bank		376,313.00	616,000.00	634,500.00	310,950.00	248,659.00	280,534.00	229,345.00	218,201.00		258,119.00	748,413.00		3,921,034.00	- 412,234.00	1,100,000.00	5,021,034.00
		Variance		-	-	-	-	-	-	8,583.00	-		-	-	-	8,583.00	- 8,583.00		
														ACTUAL TOTAL CFC NOT RECEIVED			
		TRANSFER FROM TRUST A/C		300,000.00									500,000.00		300,000.00	1,100,000.00		OTHER FUNDS	
		REVERSAL CHQ.			3,080.00	11,009.02	6,676.60	3,428.80	1,322.60		26,059.56	852.00	10,982.90	4,578.30		67,989.78		FREE HEALTH C	-
		OTHERS		1,050.00		483,400.00	7,000.00								500,000.00	991,450.00		CAN./RVSL. CHQS	67,989.78
		TOTALS		677,363.00	619,080.00	1,128,909.02	324,626.60	252,087.80	281,856.60	-	26,059.56	852.00	769,101.90	752,991.30	800,000.00	6,089,056.78		OTHER FUNDS	991,450.00
																		TOTAL	6,089,056.78

1,506,532.00

NOTES:

1. THE K483 400.00 IS THE FREE HEALTH CARE FUNDING DEPOSITED INTO KAVIENG HOSPITAL
2. TOTAL OF TRANSFERS FROM TRUST ACCOUNT TO OPERATIONAL ACCOUNT IS K1 100 000.00 IN 2017
3. THE K500 000.00 IS 2017 DEVELOPMENT FUNDING TO ITEM 227