



# ENGA PROVINCIAL HEALTH AUTHORITY

## ANNUAL PERFORMANCE REPORT for 2017 FISCAL YEAR

**The SEMT Team Behind the Scene**



**Strategic Provincial Leadership – Our Strength**



**WHO & UNCEF our important Partners in Preventive Health Services in Disease Outbreaks.**



**NDoH & EPG Remain Our Key Partners for Delivery of effective Health Service.**



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**I. OUR MISSION STATEMENT**

Strengthened Primary Health Care (PHC) for all and improved services delivery for our Rural Communities

**II. OUR MANDATE**

To establish a vibrant one health system through commitment, service transparency, promoting team spirit, diligence, and re-strategizing to enhance effective and efficient health service delivery to our people.

**III. OUR GOAL**

Deliver effective and relevant health services at each health facility per National Health Service level standards (NHSS) ensuring accessibility, service accountability to promote a health community.

**IV. OUR VALUES**

Value	Behavioural Competencies
<b>Honesty</b>	Committed to serving our Clients with sincerity upholding EPHA’s organisational values and principles, Christian ways and values, social norms, organisational policies and procedures at our workplace.
<b>Integrity</b>	Honouring, maintaining and upholding personal integrities, client’s moral and ethical principles in good manner, decent behaviour that drives respect, trust, competencies, & a sense of dependability.
<b>Accountability</b>	Taking ownership for one’s own actions and accepting responsibility and liability ensuring to upholding EPHA’s integrity at all times.
<b>Respect</b>	Maintaining, Treating, and Valuing human beings as image of God - that promotes a positive mutual relationship with individuals, community organisations; & emphasises positive regard for rule of law.
<b>Wisdom</b>	Entailing Capacity and Capability for deeper level of understanding of issues involving discernment, intuition, experience, maturity, and ability to inspire and encourage action to overcome challenges for advancement of EPHA.
<b>Responsibility</b>	Accepting stewardship in the spirit of custodian, Key Stakeholders, Partners, and People, being guided by conscience; Honesty, ethical and moral standards, making good choices considering the implications of decisions.

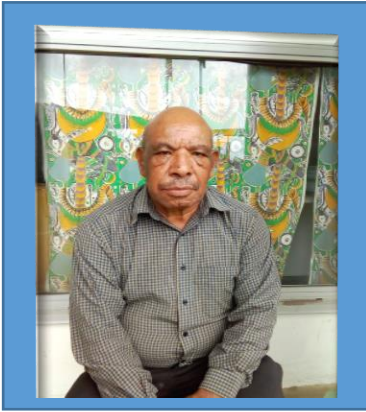
**V. PROVINCIAL POLITICAL WILL & LEADERSHIP**

Enga Provincial Health Authority [EPHA] is now four years old since it was inserted on the 28<sup>th</sup> of April 2014, by the Minister for Health & HIV/AIDS - Honourable Michael Malabang. And Grand Chief Sir Peter Ipatas had the vision to improving Enga’s health status by taking Provincial Health Authority [PHA] as its vehicle. Thus, the mandate to establish ONE HEALTH SYSTEM has come with challenges demanding commitment by all.



**PROVINCIAL POLITICAL WILL & LEADERSHIP UNDER THE GOVERNANCE LEADERSHIP OF GRAND CHIEF SIR PETER IPATAS WHO FORESEEING THE FUTURE OF ENGA’S HEALTH CARE IMPROVEMENT NEEDS THROUGH THE PHA CONCEPT AS A VEHICLE MADE ENGA PROUD BY LEADING IN ESTABLISHING EPHA.**

## VI. CHAIRMAN'S REMARKS



**Mr. John Iso – DPA SS**

I am honoured and humbled to present this 2017 annual activity performance report for Enga Provincial Health Authority [EPHA].

To begin with, may I take this opportunity to acknowledge our Senior Executive Management Team led by Mr Aáron Luai, Chief Executive Officer, who was committed to leading, planning, monitoring, and reporting programs and activities towards establishing One Health System. I also acknowledge our committed staff of all cadres who were serving daily across the province at all health facility levels.

My special thank you to the Directorate of Corporate Services [DCS] for giving quality time to ensuring all parts of public and curative health services run harmoniously at financial, program and Management levels.

Special recognition and mention needs to be made of our international development partners. These included World Health Organisation who has generously donated TB/HIV Testing Gene Expert Machine to EPHA. It enhances high quality health care data for TB & HIV patients - a great milestone achievement. Also may I thank DFAT & ADB for successful construction and delivery of four model world class community health posts, including full set medical equipment and three high raised modern staff houses. HANDS PNG for partnering with EPHA to deliver rural community health education and village volunteer services to minimise maternal and child mortality rates in Laiagam district. We look forward to further strengthening our relations to delivering health services in Enga Province.

Furthermore, 2017 fiscal year was a challenging year as EPHA was seriously affected by the National General Elections. Challenges included; Board Chairman resigned to contest, staff engagement with PNG Electoral Commissioner, interruption by election campaign on routine MCH programs, impediments to patient attendance, and services accessibility. Seriously, election violence affected Wabag General Hospital costing more than one million Kina.

However, despite of the challenges, I am proud of the Senior Executive Management Team for their tireless efforts to ensuring continuity of health services at all levels. Fact that unwavering, patience, united and committed leadership has demonstrated our capacity and capabilities to live through tough times and fulfil our commitment to our mandate and serving the people of Enga Province for then and years to come.

May God continue to bless EPHA in the years to come

**Mr. John Iso**

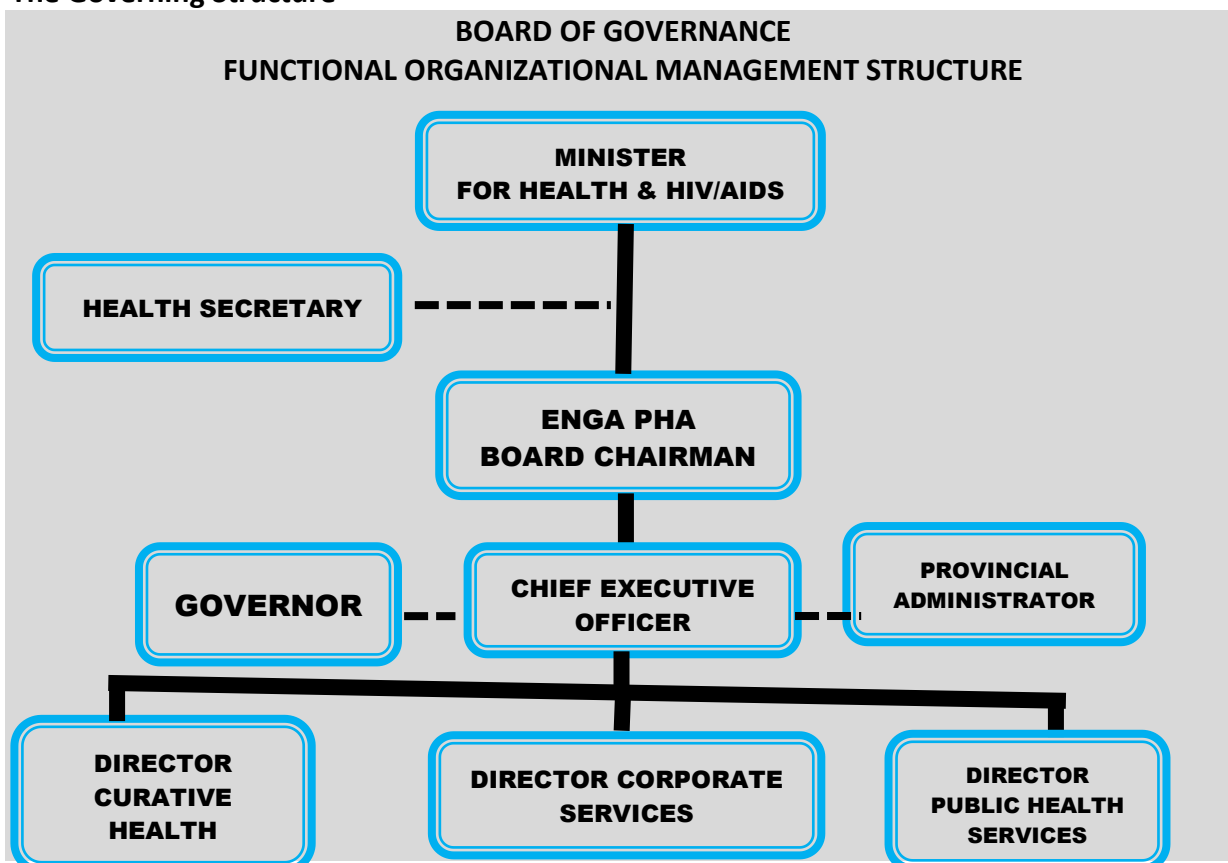
Acting Chairman – EPHA Board

## VII. BOARD MEMBERSHIP & GOVERNANCE STRUCTURE

The National Executive Council appointed the following Board Members to the Enga Provincial Health Authority Board of Governance.

<b>1)</b>	<b>Mr. Pato Potane</b>	<b>Chairman</b>
	Private Lawyer, Politician & businessman. Former Legal Advisor – Enga Provincial Government.	
<b>2)</b>	<b>Mr. John Iso</b>	<b>Deputy Chairman</b>
	Deputy Provincial Administrator, Educationist by Profession & Career Public Servant	
<b>3)</b>	<b>Mr. Don Anjo</b>	<b>Community Representative</b>
	Private Businessman & Local Politician.	
<b>4)</b>	<b>Mr. Bob Angaun</b>	<b>Community Representative</b>
	Private Citizen & Educationist	
<b>5)</b>	<b>Late Yasowa Kome</b>	<b>Business Representative</b>
	Private Businessman, Local Artist and Politician.	
<b>6)</b>	<b>Mr. Patrick Komba</b>	<b>Business Representative</b>
	Accountant by Profession & Private Businessman	
<b>7)</b>	<b>Mrs. Saphet Yangis</b>	<b>Women's Representative</b>
	President of Enga Provincial Council of Women, Assembly Member of Enga Provincial Government.	
<b>8)</b>	<b>Mr. Francis Posy</b>	<b>National Department of Health Representative</b>
	Legal Advisor to National Department of health, Lawyer by Profession.	

### The Governing Structure



## VIII. CHIEF EXECUTIVE OFFICER'S REPORT



It's my great pleasure to give this 2017 annual activity performance report for Enga Provincial Health Authority [EPHA]. The year 2017 has been a challenging year for EPHA's efforts to effective health services delivery. Challenging because it was a year of the National General Elections which directly and indirectly had seriously affected the effective implementation of our 2017 Annual Activity Plan.

### 1) Senior Executive Management [SEM] Performances

Our SEM was committed to playing core planning, management, and coordination leadership roles at all levels of EPHA ensuring effective

#### MR. AARON LUAI

implementation of program and activity implementation achieving expected

results across all levels. The SEM's unwavering commitment that resulted in achieving key expected results despite of National Election challenges in a volatile environment. I give credit to my solid seven member SEM Team for a job well done in difficult times for standing together in unity. It was complimented by speaking and having one spirit that has driven towards aching best results in 2017.

*Photograph Showing My SEM Team*



**Back Row:** Left to right. Mr. Mathew Lamah (a/DDHRM). Mr. Charles Kura (DCS). Mr. Aaron Luai, (CEO). Dr. Kanandru Pondros (a/DCHS).

**Front Row:** Left to right. Sr. Mary Amean (a/DNS), Dr. Betty Etami Koka (DPHS), Mr. Ben Nema (a/DDPHS)

## 2). Overall Key Achievements in 2017

Under this immovable united and solid SEM Team, we were able to stand tall in the face of difficult times by some significant key achievements as highlighted below.

<b>1. Successful Governance and leadership provided by the Board of Governance.</b>
<b>2. Successful Senior Executive Management leadership across all levels of the EPHA, which ensured to have effective service delivery despite trying times.</b>
<b>3. Successful achievement through persistence, perseverance, patience and commitment when DPM approved EPHA's Major Proper Structure in November, 2017. Enga became the first out of the 22 provinces in PNG to have the structure approved.</b>
<b>4. Successful Ground Breaking Ceremony for the New Enga Provincial Hospital in July 2017 by the Honourable Prime Minister, Peter O'Neil. It came about as a subsequent result of the Grand Chief Sir Peter Ipatas's commitment to the people of Enga province to improve health services.</b>
<b>5. Successful construction, completion and delivery of four (04) World Class Community Health Posts [CHP] funded by ADB &amp; DFAT - Managed by ADB equipped with world class medical equipment to date.</b>
<b>6. Successful MoU signing and Transfer of Paiam (Porgera) Hospital to Enga Provincial Health Authority. It was established under Mining Agreement and operated as Private Hospital for more than 20 years.</b>
<b>7. Successful Uploading of all EPHA staff onto the ALESCO Payroll System. This was our major key achievement as we move towards implementing our PHA proper structure .</b>
<b>8. WHO donation of Expert Gene Machine for Testing HIV/TB right here at our doorstep. We acknowledge the credible leadership and support received from WHO. It's a One-Stop-Shop kind of an equipment which gives us results instantaneously.</b>
<b>9. WHO &amp; UNICEF successful funding for EPI and Nutrition programs in Kandep and Laiagam Districts – through HSIP program.</b>
<b>10. Successful Testing of HIV among Males testing of over 4,238 of which 452 were positive and Female testing of 15,279 of which 296 were positive.</b>
<b>11. Successful distribution of LLIN mosquitoes nets resulting in reducing serious Malaria Cases from Enga in 2017.</b>
<b>12. Successful completion of dental staff attachment training to Chinese Government sponsorship in "Oral Surgery of Dental Management for Oral Cancer attachment.</b>
<b>13. Successful utilization of e-NHIS reporting system directs from facility to PHQ – PHIO Office- 95% of rural health facility report successfully.</b>
<b>14. Successful Drafting of EPHA Three Year Corporate Plan – 2018 – 2020</b>



### 3). CHALLENGES & CONSTRAINTS

We took our challenges and constraints as valuable experiences and lessons for us to plan and move forward. They taught us to re-strategize and refocus to effectively lead health services in our province. Challenges experienced internally helped us to rethink our actions and preparedness for internal stability and enhance effective service delivery, while external challenges taught lessons of effective leadership and partnership with stakeholders to communally deliver.

The table below shows the need for adequate resourcing.



### 4). THE WAY FORWARD

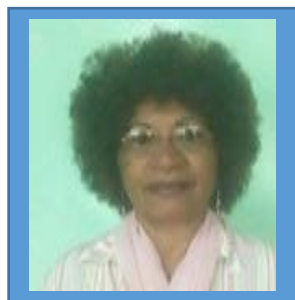
EPHA shall provide a vibrant management leadership and move forward taking Enga's health service to higher levels never like before. We will ensure to rethink strategically to minimise challenges and constraints. The table below shows our way forward to enhance effective health services delivery across all sectors.

- 1. Address Aging workforce capacities and capabilities by putting right people at right places and, right positions and enhance a vibrant and energetic workforce across all cadres of workers.**
- 2. EPHA shall continue to take ownership and leadership in implementation key priority preventive health programs**
- 3. Restrategise and improve on consistent and regular Medical Supplies & Logistics program to ensuring to have all drugs and consumables readily available across all health facilities at the right time leaving no time space at any one time.**
- 4. Liaise and submit a facility based budget and have adequate 2018 annual budgetary appropriations to meet monetary resourcing needs.**
- 5. EPHA Senior Executive Management shall rethink seriously in releasing staff to assist PNG Electoral Commissioner in future elections with restrictions.**
- 6. EPHA shall consistently maintain its mutual and cordial relations with major local, national, and international public and private partners & stakeholders.**
- 7. EPHA continues to maintain and develop district health facilities through partnership approach.**
- 8. EPHA shall continue to embrace and improve on overall performance monitoring, evaluation and reporting on all our health service activities.**

**Mr. Aáron Luai**  
**CEO –EPHA**



## IX. DIRECTORATE OF PUBLIC HEALTH SERVICES



Dr. Betty E. Koka  
Director – Public Health Services

### 1). Background

Public Health Services [DPHS] Directorate is responsible for Promotive and Preventive Health Services component. It is headed by the Director of Public Health Services and One Deputy Director. Nine (9) Senior Program Unit Coordinators are based at the PHQ Office. These included the following as shown below.



### DIRECTORATE OF PUBLIC HEALTH SERVICE'S DISTRICT EXTENTIONS SERVICES

Wabag District Health Services	Laiagam District Health Services	Kandep District Health Services	Porgera District Health Services	Kompaim District Health Services	Wapenamanda District Health Services
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### 1.1. Health Facilities & Rural Population

There are total of **145** health facilities in the province, ranging from one (1) General Provincial Hospital to six (6) District Hospitals, Health Centres, and AID Post/Community Health Posts. (The number includes facilities run by church health services as well)

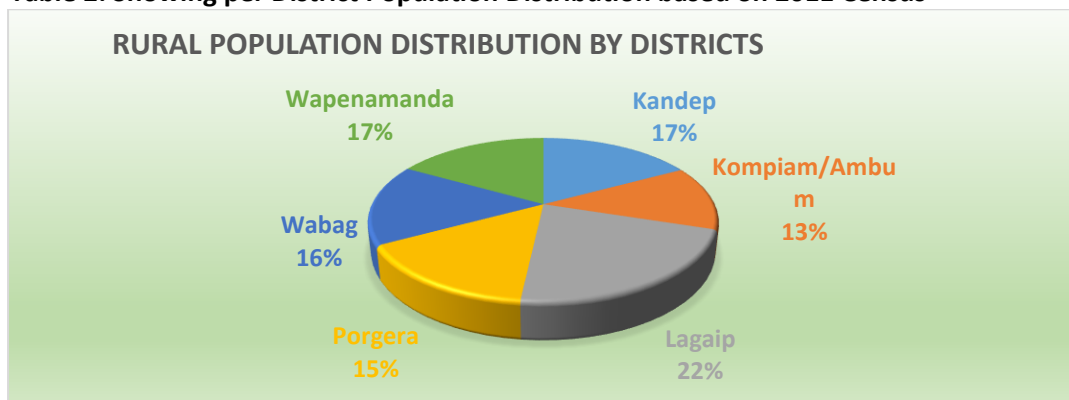
**Table 1: Ratio of Health Facility to Population.**

Location	Prov Hospital	District Hospital	Health Centre	Urban Clinic	Community Health Post (Aid Post)	Population (NC 2011)	Projected Population (Based on NC 2011)
Enga	1	6 (1-)	29 (1-)	4	106 (37-)	423,045	514,605
Kandep		1	5	0	15	73,102	90,184
Kompaim		1+	10 (4+)	0	23 (5-)	54,624	69,328
Laiagam		1	5 (1-)	0	19 (-10)	93,254	98,573
Porgera		1 (1-)	1	1	11 (5-)	65,619	80,953
Wabag		1	2	2 (1+)	25 (15-)	73,649	92,090
Wapenamanda		1 +	6 (3+)	1	14 (1-)	71.797	83,477

**Key : Closed + HF run by Churches**

The six (6) districts in Enga have 99% rural population thus making public health services delivery challenging. Because geographical terrains with past flowing rivers, transport inaccessibility, and rugged tropical mountains and valleys making accessibility harder.

**Table 2: Showing per District Population Distribution based on 2011 Census**



Our Rural Health facilities and Primary health services were boosted by upgrading four (4) Aid Posts to Community Health Posts (CHP). These included Monokam, Kasi, Porea and Tucusanda CHPs.

**Table 3: Showing the two CHPs Built to boost Rural Health Services in Enga Province.**



## 2). PLANNED PRIORITY ACTIVITIES

The following programs and activities were prioritised under Directorate of Public Health Services.

**Table 4: Showing DPHS 2017 Priority Activities**

<b>Family Health Services</b> <ul style="list-style-type: none"> <li>• Maternal Health Care</li> <li>• Child Health Care</li> <li>• EPI Activites</li> <li>• Disease OutBreak - POLIO VACC, TB etc]</li> <li>• Reporting</li> </ul>	<b>Disease Control Services</b> <ul style="list-style-type: none"> <li>• B Control Activities</li> <li>• HIV/AIDS Control</li> <li>• Disease Control</li> <li>• Reporting</li> </ul>	<b>Enviromental Health Services</b> <ul style="list-style-type: none"> <li>• Water Supply</li> <li>• Health Inspection</li> <li>• Quantine Activities</li> <li>• Reporting</li> </ul>	<b>Medical Supplies Services</b> <ul style="list-style-type: none"> <li>• Medical Supplies Dist</li> <li>• Regular Super visist</li> <li>• New Orders</li> <li>• Reporting</li> </ul>
<b>Health Promotion &amp; Education</b> <ul style="list-style-type: none"> <li>. Health Education</li> <li>•School Visits</li> <li>•Info Development</li> <li>•Com Health Promo</li> </ul>	<b>Health Infromation Monitoring</b> <ul style="list-style-type: none"> <li>. Monitoring Activies</li> <li>•Staff training Acitivies</li> <li>•Supervisory visits</li> <li>• Reporting</li> </ul>	<b>Malaria Conrol Services</b> <ul style="list-style-type: none"> <li>• Awareness</li> <li>•Mosquitoe Net Dist</li> <li>• Reporting</li> </ul>	<b>District Health Services Coordination</b> <ul style="list-style-type: none"> <li>•District Monitoring</li> <li>•Facility Standards Mon &amp; reporting</li> <li>•Staff Supervision</li> </ul>

### 3). KEY ACHIEVEMENTS IN 2017

1. WHO donation of Expert Gene Machine for Testing HIV/TB.
2. WHO & UNICEF successful funding for EPI and Nutrition programs in Kandep and Laiagam Districts – through HSIP program.
3. Successful Testing of HIV male testing of 4,238 of which 452 were positive and female testing of 15,279 of which 296 were positive.
4. Successful distribution of LLIN Mosquito Nets resulting in less Serious Malaria Cases in 2017 in Enga Province.
5. Successful completion of Dental staff attachment to Chinese Government sponsored “Oral Surgery of Dental Management for Oral Cancer” training.
6. Successful utilization of e-NHIS reporting system direct from facility to PHQ – PHIO Office- 95% of rural health facility reported successfully in 2017
7. Successful completion of four CHPs and opening and operationalised immediately in 2017.

As 2017 was a difficult year for EPHA to deliver its annual activity plan, because of the National General Elections, Annual Activity plan was not fully implemented as aspired. However, by determination and commitment, some good results were achieved.

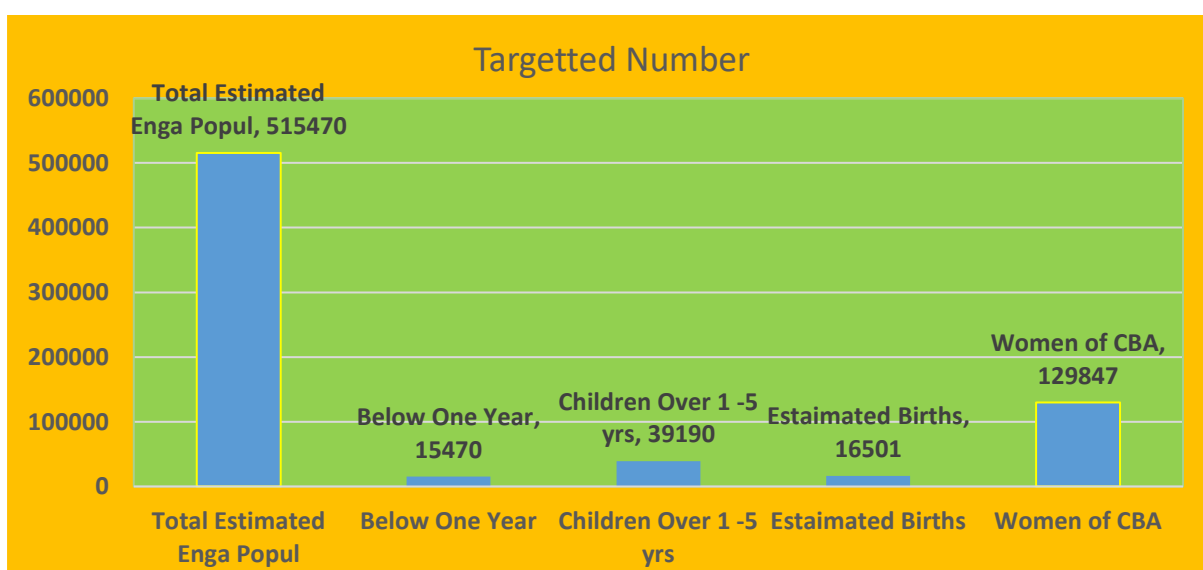
**Table 5: Showing highlights of achievement were our success stories to tell.**

#### 3.1. PER SECTION ACTIVITIES & ACHIVEMENTS IN 2017

##### 1). FAMILY HEALTH SERVICES

FHS is the biggest and priority sector within the public health services. National Department of Health [NDoH] has prioritised this program under the National Health Plan [NHP] 2010 to 2020 (KRA 4 & 5). As such EPHA has prioritised and forecast on resourcing, close supervision and effective implementation. Donor partners in collaboration with NDoH have play vital roles with funding assistance. Likewise, churches play important roles in service delivery and cater for more than 50% of the total health facilities. Mothers and children make up about 2/3 of the total population. The target population per age group for year 2017 according to Provincial Health Information Office [PHIO] was as follows.

**Table 6: Pie Graph Showing Summary of Total in Patients in 2017**



### 3.2). DONOR FUNDING AND ASSISTANCE

WHO assisted with K52, 000.00 and it was used to do EPI patrols in districts /Health Facilities from October to December 2017 and also to install solar refrigerators using technical officer. WHO in collaboration with NDoH had assisted with ten (10) Cold Chain equipment of which seven (7) are solar refrigerators and three (3) electric. We will receive more of these equipment as soon as installation is completed.

**Table 7: Showing Supervision Report as of Jan - May 2017.**



**Table 8: Showing Performance Achievements by Districts in 2017**

District	Target Pop	Total BCG	OPV 3rd	Measles 2nd	PCV 13 3rd	Pentac 3rd
Kandep	2895	239 8%	724 / 35%	463/ 16%	550/ 19%	579 20%
Lagaip/ Porgera	5385	1238 23%	2262 42%	1077 20%	1885 35%	2100 39%
Wabag	2762	2348 85%	828 30%	331 12%	773 28%	911 33%
Wapenamanda	2504	1076 43%	751 30%	501 20%	751 30%	851 34%
Kompiani	2037	489 24%	937 46%	1018 50%	1100 54%	998 49%
Provincial	15585	5390 35%	5502 40%	3390 25%	5059 38%	5439 39%

**Table 9: Showing Immunisation Coverage in Percentage (%) in Year 2017**

District	Target Pop	New Att Below 1 Yr.	Total BCG	OPV 3rd	Measles 2nd	PCV 13 3rd	Pentac 3rd
Kandep	2895	13	8	35	16	19	20
Lagaip/Porgera	5385	29	23	42	20	35	39
Wabag	2762	79	85	30	12	28	33
Wapenamanda	2504	44	43	30	20	30	34
Kompiani	2037	58	24	46	50	54	49
Provincial	15585	41	35	40	25	38	39

### 3.3). Maternal Health Coverage in % from January to December 2017

Antenatal and family planning checks were done together with immunisation clinic sessions. Mothers were also immunized with tetanus toxoid (TT) doses. Not all antenatal mothers Registered in a health facility have had supervised delivery in health facility. The indicators for supervised deliveries were much lower than antenatal attendance and EPI coverage. It is mostly due to facility not mother friendly plus reluctant to attend by male officers.

**Table 11: Showing Maternal Health coverage in percentage (%) for year 2017**

District	Births	ANC N/Att	T/Toxoid	Sup Del	F/P N/A
Kandep	3088	15	58	2	0.6
Lagaip/Porgera	5744	28	85	7	1.5
Wabag	2946	35	47	39	3.5
Wapenamanda	2671	39	70	19	4.9
Kompam	2173	39	79	23	8.7
Provincial	16624	32	70	16	3.3

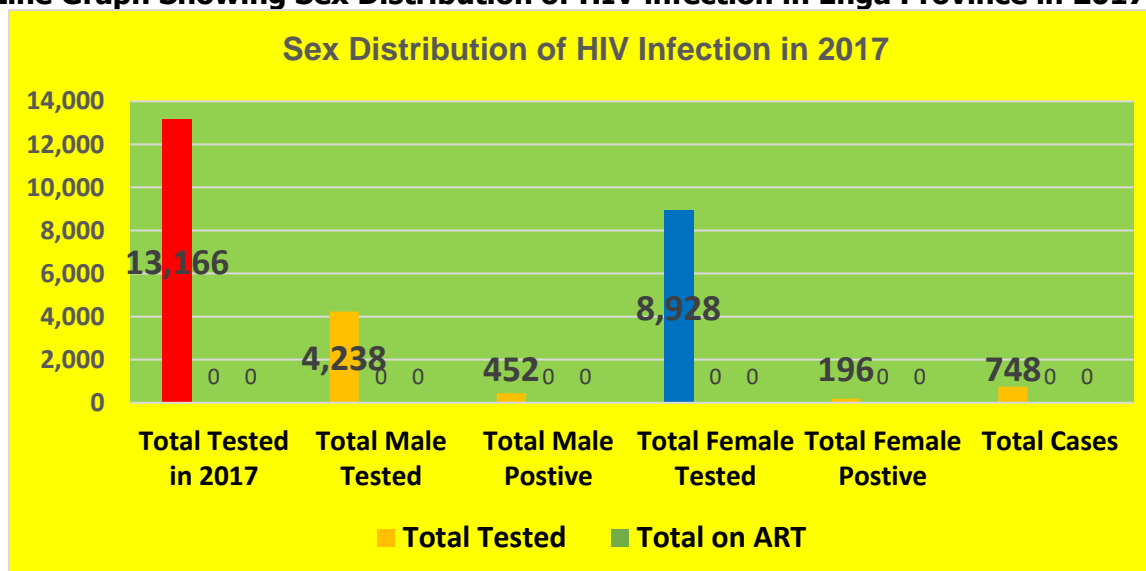
### 4). DISEASE CONTROL

Enga Provincial Health Authority gave priority to disease control in areas of HIV/AIDS and STI, TB & Leprosy, Malaria program and outbreak and surveillance.

### 5). HIV/AIDS

In 2017 a total of 4238 males tested for HIV while 8928 females test, total of 13166 tests done in 2017. 296 females were positive HIV and 452 cases are male positive. Of the 748 cases of HIV only 373 were put on ART.

**Line Graph Showing Sex Distribution of HIV infection in Enga Province in 2017**



### SUMMARY

- Positive Patient Attendance total of 13, 166 people
- Female response remains positive
- 373 on ART out of a total Positive test of 748 remains much to be desired.
- Question of Pre & Post Test Counselling Services remains.
- Effective Clinical Care Services are user-friendly or not so.

## 6). TUBERCULOSIS - TB

Only one (01) MDR TB was reported in 2017. Apart from routine awareness on TB, Mass awareness is done on 23<sup>rd</sup> March every year during the World TB day.

A National Department of Health and WHO delegate including the WHO Country Representative visited Enga during Enga during the first quarter of 2017, and officiated in opening of the TB Clinic at Wabag General Hospital. The WHO returned in October 2017 and supported PHA with donation of a Gene-Expert Machine for TB/HIV testing.



Photo showing NDoH and WHO delegate including the WHO Country Rep visit to Enga in 2017.

## 7). LEPROSY

Leprosy is a disease that is in the elimination stage but has not being eradicated. However our province is one of the low burden provinces in the country. We had only four cases of Leprosy in 2017.

## 8). MALARIA

**ZERO** Malaria Case admitted and death in 2017, because of improvement through mass distribution of Long Last Insecticide Mosquito nets in all the six (6) districts and supplying of Nets to ANC clinics, ART clinics and special. Another contributing factor was the introducing of Mala 1 and 2. The Malaria control program with RAM had been a great progress in 2017.

Table 13: Showing Stock Summary of LLIN, RTD Test Kits and Mala-1

STOCK DESCRIPTION	STOCK BALANCE
LLIN(ANC/ART)BUFFER STOCK FROM 2016	9,300(SINGLE) + 2,000(DOUBLE) = 11,300
NEW STOCK RECEIVED IN 2017	0
ACCOUNTABLE (TRANSIT STORE) FROM 2016-2017	6,000(SINGLE)
UNACCOUNTABLE(TRANSIT STORE) FROM 2016-2017	500(SINGLE) + 100 DOUBLE = 600
AVAILABLE STOCK BALANCE IN 2017	2,800(SINGLE) + 1,900(DOUBLE) = 4,700
ANC/ART RECEIVED STOCK FROM NDOH/RAM FROM 2010 – 2017-ENGA	34,200
LLIN RETURNS(ANC) FROM HFs IN 2017	ER: 11,034 R: 2,874 R o/s: 8,160
LLIN RETURNS(ART) FROM HFs IN 2017	ER: 1,427 R: 2 R o/s: 1,425
LOGISTICS SUPPORTS TO HFs IN 2017	LLIN(ANC): 1,300, LLIN(ART): 0, RDT: 15 PKTS,HF R/BOOK: 1
MALARIA EMERGENCY STOCKS FOR HFs BY PSI THROUGH GLOBAL FUNDS IN 2017-ENGA	34 TNS

## 9). MEDICAL SUPPLIES & LOGISTICS



Mulitaka Health Centre



Yango Community Health Post

*PNGDF assisted in escorting medical supplies distribution by LD Logistics and EPHA when there was province wide crisis during and post counting of votes for national election 2017.*

PNGDF assisted in escorting medical supplies distribution by LD Logistics and EPHA when there was province wide crisis during and post counting of votes for national election 2017.

- 98% of rural health facility distributed with escort of PNGDF.
- Facility supervisory visits were done in several health facilities but was unable to cover all facilities due to election related challenges.
- LD Logistic Company but was not effectively on track as expected.
- Inadequate supplies were delivered in that most facilities missed out their drugs.
- Wrong drug supplies were send to wrong facilities. Example, health centre drugs were sent to Aid Posts, hospital drugs were sent to health centres. Resulted in supply wastages, missed opportunities and deaths.

## 10). HEALTH INFORMATION & REPORTING

95% of health facilities reported using the Electronic National Health Information Reporting System (e-NHIS). It was good to have the system operationalized as it eradicated delays, non-reporting, reporting gaps, late or delayed reporting.

## 10) ENVIRONMENTAL HEALTH

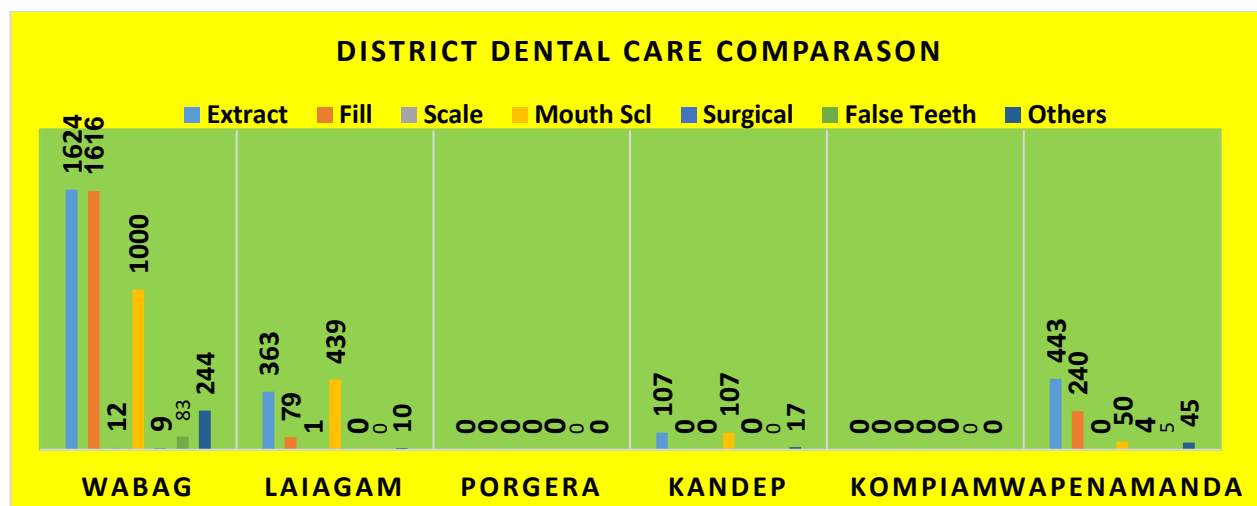
Developed constructive program for 2017 in the areas of:-

- Water supply & sanitation to be funded by DSIP and HFG.
- Food & Safety Central 1x food handlers' course planned but did not eventuate.
- Waste management
- OHS
- Second hand clothing
- Building board
- Quarantine

## 12). DENTAL SERVICES – 2017

The Dental Care programs and activities were affected by the election, but staff did performed some activities specifically school visits.

**Table 14: Showing Comparative Dental Activities by District of Origin in 2017**



**SUMMARY**

- Dental Services at Enga General Hospital performed most effectively.
- Laiagam and Wapenamanda District dental Care had some effect.
- Kandep District Dental Care was delivered by alone Aid Post Orderly.
- Porgera and Kompiam Dental Care had zero impact resulting from lack of staffing.
- Dental Health care remains a CHALLENGE in the province though.
- Service Accessibility may be an impediment across the province.
- EPHA to fully staff Dental Staff at each district hospitals
- Ensure Facility & Equipment upgrade per district

**12). DENTAL SCHOOL VISITS**

Table 15: Showing Dental School Visits Per District in 2017.

District	Number of Schools visited	Number of Toothbrushes Distributed	# of Awareness done on Proper Oral Hygiene
Wabag	6	1, 018	12
Wapenamanda	4	338	4
Kompiam-Ambum	Nil	Nil	Nil
Lagaip-Pogera	Nil	300	1
Kandep	Nil	Nil	Nil



**13). ACHIEVEMENTS & CHALLENGES**

In 2017 Funding was available but intensity of the National Election was a major impediment to service delivery.

**Our Overseas Attachment Program sponsored by Chinese government was the highlight achievement in 2017. The program was an achievement because of the knowledge and experience gain within the Oral Surgery of dental management for**



**Oral Cancer and other dental cyst of the mouth. The attachment was worth it to help management of dental traumas screening and early diagnosis of mouth cancer.**

## **SUMMARY REMARKS**

The WHO defines Oral Health as “a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing”. Dental Caries (decay) and periodontal diseases are the two main oral disease conditions that are causing burden on dentistry world-wide. The bacteria in the mouth metabolize sugar into lactic acid which demineralize the tooth tissues over time resulting in cavity. Periodontal diseases are due to lack of oral hygiene and consumption of tobacco and alcohol have some effect with the periodontal tissues. With both of those two conditions, oral hygiene plays a major role. Periodontal disease and dental decay are the main leading cause of tooth loss.

## **5). PARTNERSHIPS**

In 2017 EPHA enjoyed Partnerships with our valued Local and International development Partners. We owe to make mention of our Valued Partners and highlight what one has delivered.

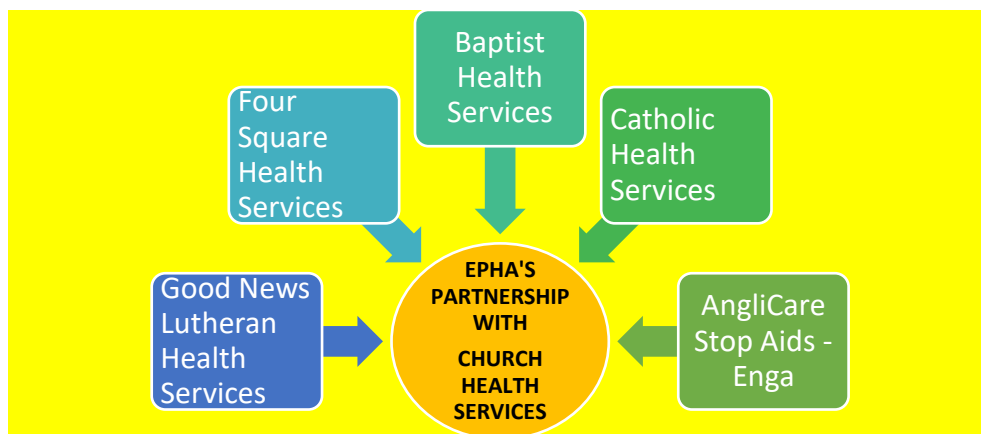
**Table 16: Showing EPHA’S PPP in Action: Who is who**

<b>WHO</b>	<ul style="list-style-type: none"> <li>• Gene Expert Machine</li> <li>• Other Funding Support</li> </ul>
<b>ADB &amp; DFAT</b>	<ul style="list-style-type: none"> <li>• Fully Funded for Construction of 04 CHPs including Medical Equipments.</li> <li>• Constructed 03 per CHP Modern CHP Staff Houses.</li> </ul>
<b>EPG</b>	<ul style="list-style-type: none"> <li>• EPNG Leadership in NEPH Ground Breaking by Prime Minister - Hon Peter O' Neil</li> </ul>
<b>PJV</b>	<ul style="list-style-type: none"> <li>• Provided Support for Paiam Hospital Opening</li> <li>• Construction &amp; Delivery of Paiam Hospital Administration Building</li> </ul>
<b>MRA &amp; PJV/PDA</b>	<ul style="list-style-type: none"> <li>• Paiam Hospital Operational Funding</li> </ul>
<b>Anglicare PNG</b>	<ul style="list-style-type: none"> <li>• Active Supported PLHIVs for Positive Living, Greater Participation and support for positive living.</li> </ul>
<b>HANDS [JICA] PNG</b>	<ul style="list-style-type: none"> <li>• Training for Village Health Volunteers for Health Promotion and education to enhance Healthy Population, Health Community, healthy District, Health Province.</li> </ul>
<b>UNICEF</b>	<ul style="list-style-type: none"> <li>• Funding Nutritional Training for staff in Kandep &amp; Pilikambi</li> </ul>
<b>IOM</b>	<ul style="list-style-type: none"> <li>• Support in water supply for Frost &amp; Draught Victims</li> </ul>

## 6). CHURCH HEALTH SERVICES

Our Church Health Services provide up to 60% of Health Services in Enga Province. EPHA therefore appreciates the partnership. In 2017 CHS played significant roles in delivering mainly rural health services.

**Table 17: Showing EPHA's Partners in Action in 2017.**



## 7). RURAL [DISTRICT] CURATIVE HEALTH SERVICES

In 2017 EPHA Health services continued to flow even in the election related fevers. EPHA staff were committed to serving the people despite challenges.

**Table 18: Showing EPHA's District Hospital Services in 2017**

#	District	Health Facility	Type	Ownership
1	Wabag	Wabag General Hospital	Level 5 Provincial Hospital	EPHA
	Wabag	Sopas district Hospital	Level 4 District Hospital	EPHA/EPG
3	Kompam	Hospital	Level 04 district hospital	Baptist
4	Wapenamanda	Hospital	Level 04 district Hospital	GLC
5	Laiagam	Hospital	Level 04 district Hospital	EPHA
6	Porgera	Health Centre	Level 03 health Centre	EPHA
7	Kandep	Yampung	Level 2 Health Centre	Catholic
8	Ambum	Yampu	Level 04 Health Centre	Catholic

## 4). THE WAY FORWARD

- ✓ Capacitate HR at all levels and replace aging workforce
- ✓ Closer supervision of all FHS programs and activities at all levels.
- ✓ Sustain Development Partners Support and ensure continuity of activities
- ✓ Wise and appropriate Management and use of Funding & Resourcing
- ✓ Monitoring, Evaluation and Reporting Results be visited and actioned.

**DR. BETTY ETAMI KOKA**  
**DIRECTOR – PUBLIC HEALTH SERVICES**

## X. DIRECTORATE OF CURATIVE HEALTH SERVICES



### 1. BACK GROUND INFORMATION

The Directorate of Curative Health Services [DCHS] is the core sector of health care services delivered by Enga Provincial Health Authority [EPHA]. As the term curative implies, DCHS excels to provide primary as well as tertiary curative health care services by strategizing and undertaking curative health care programs and activities. The following brief highlights what, where, who, and how DCHS delivers curative health services to the people of Enga and others who visit the hospital.

Dr. K. Pondros - a/Director – CHS

WGH serves to delivery both primary, secondary and partial tertiary health services at its best. Because of its strategic location, accessibility amounts in volumes at any one time.

#### 1.1. Administration

The Director serves as the overall Administrator & Director of DCHS. Prepares annual activity plan, prepares and submit the directorate’s annual budget, attends to staff matters, grievances, disciplines, advancements and etc. Also compiles the annual activity report and plays leading consultative and advisory services to the Board together with other stakeholders with curative health concerns.

#### 1.2. Facility Level

The hospital is 100 plus bed capacity, with Provincial Referral level Hospital facility. The overall general physical hospital facility needs urgent maintenance work to face lift the facility. Despite of maintenance needs the hospital has attracted a lot of patients in 2017 at covered in this report.

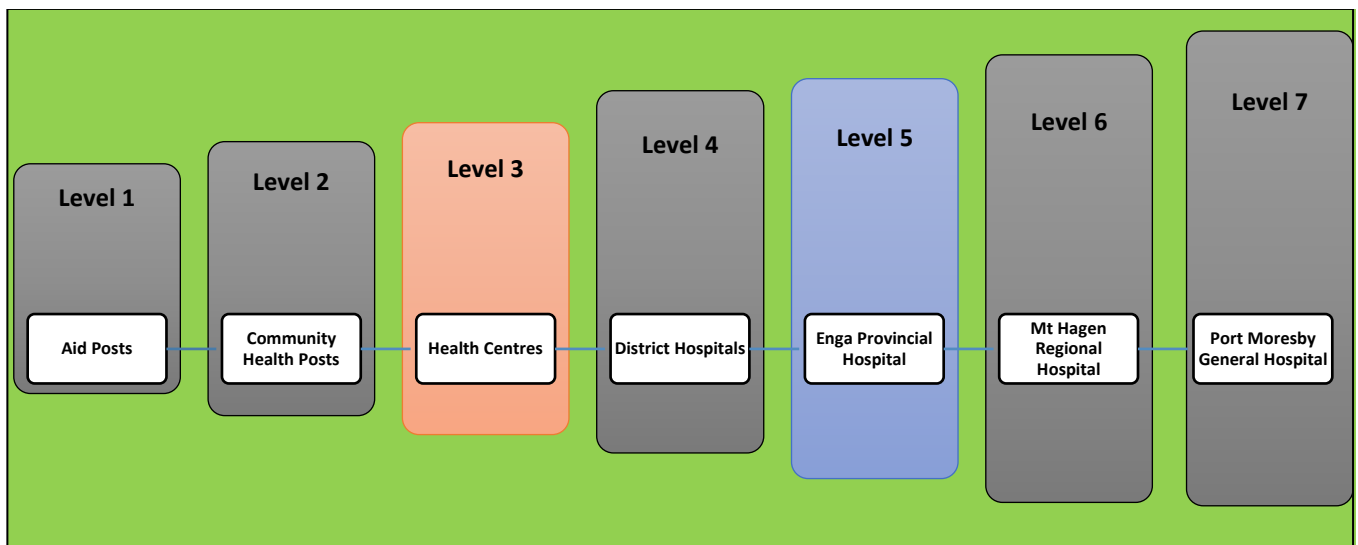
#### 1.3. Medical Equipment’s

It operates with modern medical equipment’s, which however, needs maintenances or replacement. As rightly functional medical equipment’s compliment performance to help enhance effective service delivery, the need for upkeep and purchase of medical equipment’s remain significantly lacking and support.

#### 1.4. Serving as Provincial Referral Hospital

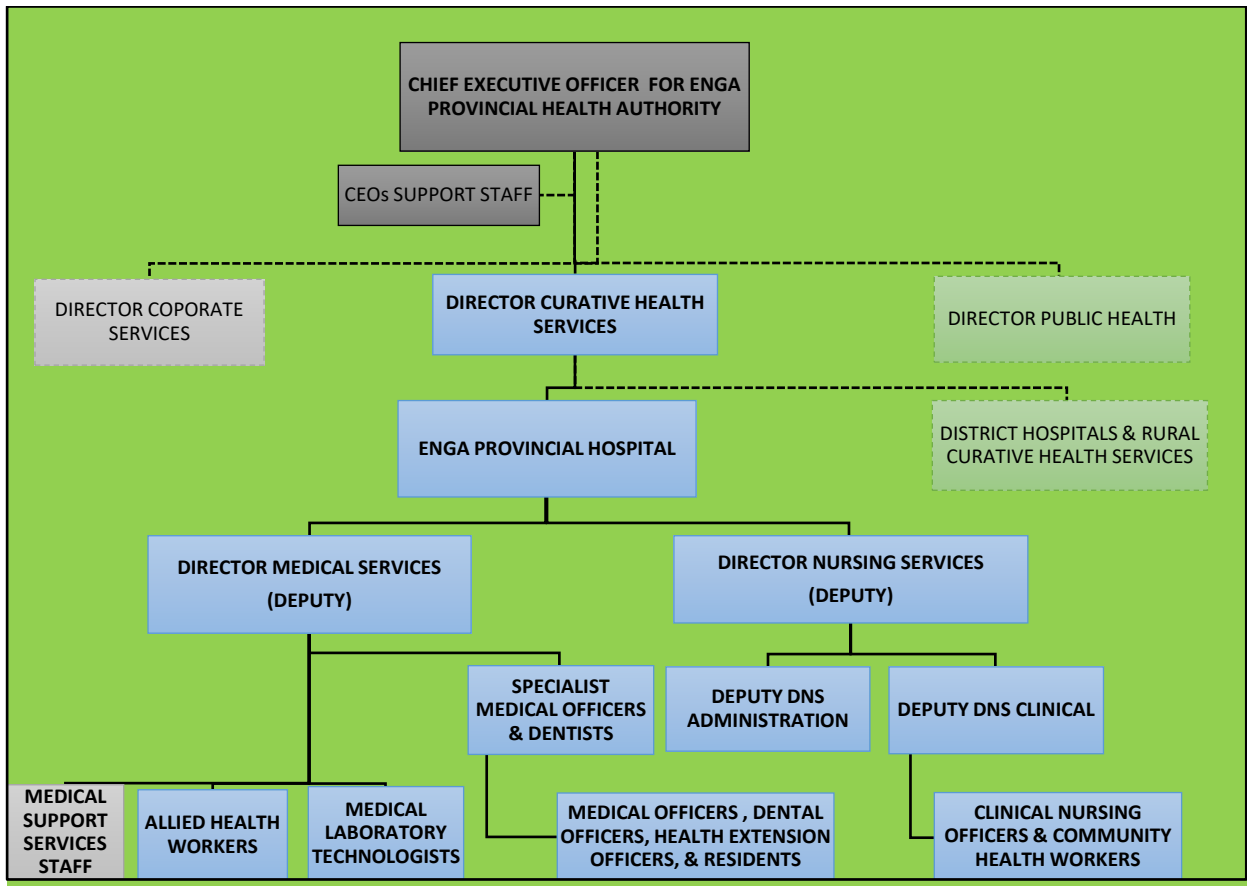
It serves has a level five provincial referral hospital. Patients are referred from district hospitals and church health services. The Hospital also refers patients to tertiary health care facilities.

Flow Chart 1.2. A simplified flow chart of the National Health Service Standards (NHSS) Role Delineation Matrix for Health Services. Enga Provincial Hospital was Level 5 Health Facility.



## 1.5. DCHS Organisational Structure

A simplified flow chart of the Enga Provincial Hospital Function and Management Structure.



## 2. SUMMARY OF 2017 ANNUAL PERFORMANCE REPORT

2017 fiscal year was special in that it gave expected and unexpected challenges to the directorate leadership, our staff and patients as a whole. Because of the National General Elections that fostered so many challenges, our staff were committed to facing them at work.

The hospital was committed to performing to the best of its capacities in terms of staff, medical equipment's, facility, and pharmaceutical supplies availability. We have lost some precious lives, referred few to seek tertiary support, and have helped many families recover their loved ones. Our Good Lord has worked in his own ways to guide us in this challenging year. All in all, the hospital performed to the best of its capacities and capabilities of which we are proud to report here. All departments performed exceptionally well and we look forward to work in the same Spirit in 2018.

Finally, but not the least, public rampage to the hospital and its properties without cause, after declaration of the Enga Provincial Seat, left out patients and staff on duty traumatised, loss of some valuable equipment which we have reported to higher authorities. We hope that such bad behaviour will not transpire again at the Hospital in future.

**Dr. K. Pondros**  
a/DCHS

### 3. Recruitment on Vacancies & Training Exercises

In 2017, few medical officers left for greener pastures leaving a skeleton staff on strength. Hence Recruitment and Training commenced. And focus was more in the clinical areas of Curative Health.

Those medical officers who left were, Dr. Sylvester Tati (SMO-O&G), Dr. Yau BESAWE (O&G Registrar), Dr. Vincent Pyakalyia (SMO-Medicine) and Dr. Guboro Urae (SMO-Medicine).

We recruited few medical officers including Dr. Antonia KUMBIA (SSMO-O&G), Dr. John PESH (Registrar-AOPD/ED), Dr. Vanessa BINENE (Paediatric Registrar) and Dr. Charles MAGOEKIA (O&G Registrar). Also, we were in consultation to recruit a new SMO-Medicine and new SMO-O&G.

The availability of Specialist Doctors at the hospital also gave the opportunity for medical officers to do their MMED Masters Training Part One from Wabag unlike before. Three candidates (Dr Elvis JAPHLETH, Dr Jerry HOGA and Dr Cathy KAI) were still doing the Master Training.

Dr. Japhleth will join us at the end of 2017 as a newly graduated surgeon. While Dr. Hoga is doing his final year masters in Surgery while Dr. Kai is doing her final year in Obstetrics & Gynaecology. Both will graduate in 2019.

### 4. HOSPITAL CURATIVE HEALTH SERVICES

#### 4.1. Medical & Surgical Services

The Directorate was responsible for all Medical and Nursing Services at the Provincial Hospital and District Major Facilities including Laiagam, Sopas, and Kandep. The other two District Hospitals at Mambisanda and Kompiam were under the Lutheran Mission and Baptist Union respectively.

Hospital Medical and Surgical Services Schedules in 2017.				
#	Services	Days	Hours	Months
1	Children's Outpatient	7 days a week	8am - 4pm	January - December
2	Adult Outpatient	7 days a week	24/7	January - December
3	A&E	7 days a week	24/7	January - December
4	O&G	7 days a week	24/7	January - December
5	Antenatal Clinics	Weekdays	8am-4pm	January - December
6	Paediatric Services	7 days a week	24/7	January - December
7	Surgical Services	7 days a week	24/7	January - December
8	Internal Medicine	7 days a week	24/7	January - December
9	Dentistry	Weekdays	8am - 4pm	January - December
10	Consultation Clinics	Weekdays	8am-4pm	February - November
11	Review Clinics	Weekdays	8am-4pm	January - December
12	HIV/ART & STI Clinics	Weekdays	8am - 4pm	January - December
13	Anaesthetic	7 days a week	24/7	January - December
14	Physiotherapy	Weekdays	8am - 4pm	January - December

15	X-ray	7 days a week	24/7	January - December
16	Pathology Services	7 days a week	24/7	January - December
17	Blood Bank	Weekdays	8am - 4pm	January - December
18	Pharmacy	Weekdays	8am - 4pm	January - December
19	Mortuary	7 days a week	24/7	January - December
20	Infection Control	Weekdays	8am - 4pm	January - December
21	Medical Social Work	Weekdays	8am - 4pm	January - December
22	Biomedical Services	Weekdays	8am-4pm	January - December
23	Medical Records	Weekdays	8am - 4pm	January - December
24	CSSD	7 days a week	8am - 4pm	January - December
25	ENT Clinic	Weekly Friday	8am - 4pm	March - December
26	Eye Clinics	Weekdays	8am - 4pm	January - December
27	Eye Partnership Visit	Annually		
28	ENT Partnership Visit	Annually		

***Doctors weekly routine visits mainly concerted at Mambisanda Lutheran Hospital and Yampu Health Center. The specialist services rolled out included Surgery, O&G, Paediatric and Internal Medicine.***

#### **4.2. Children’s Outpatient Department & MCH Clinic**

The Children Outpatient Department was the busiest and overcrowded section in 2017.



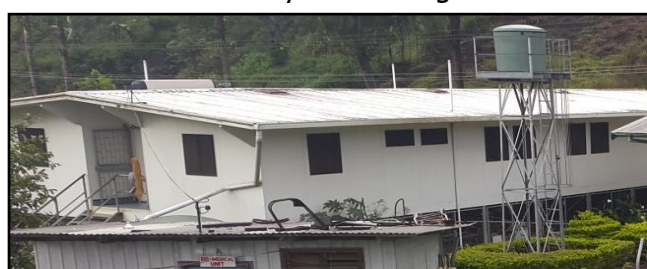
Photos: Left; the Children’s Outpatient Department after a very busy day. Right; a staff screening and attending to a child sitting on mother’s lap.

#### **4.3. Specialist & Consultation Clinic**

The Specialist or Consultation Clinic operated out of the Eye Clinic with three consultation rooms. The weekly specialist clinics were scheduled as follows; Mondays - Surgical Clinic, Tuesdays – Paediatric Clinic, Wednesdays - Obstetrics & Gynaecology, Thursdays - Internal Medicine and Fridays - Ear Nose & Throat (ENT).

#### **4.4. HIV/AIDS (Endakalipin) & TB CLINICS**

All HIV/AIDS related care were provided at this Clinic. These services included all aspects of HIV Care and a laboratory for running different tests and so forth.



Photos: Left: HIV/AIDS or Endakalipi Clinic building & its Staff.

#### **4.5. WARD 1 - OBSTETRICS & GYNAECOLOGY WARD**

It was the busiest ward in 2017 compared to other hospital inpatient services. It had five related programs namely Antenatal Care, Labour Ward (OBS), Postnatal Care, Gynaecological Services and Co-managing a two baby courts Special Care Nursery with the Paediatric Unit.



Photos: Top: Two infant courts. Bottom Left; the O&G Ward with 12 beds. The Labour Ward is at the far end corner. Bottom Right; the Midwives.

#### **4.6. WARD 2 - PAEDIATRIC WARD**

The Ward also catered for Paediatric Surgical cases in 2017.



*Photo showing our Paediatric Ward with total of 23 bed space but at most times could accommodate 30 beds. The ward had space for Special Care Nursery at the far end as shown in this photo.*

#### **4.7. WARD 3 - SURGICAL WARD**

In 2017 all surgical related cases were admitted to this ward. The Surgical Ward had 16 available beds and three emergency beds.



Photo showing the interior of the Surgical Ward with staff discussing patient matters after a ward round.

#### **4.8. Ward 4 - Medical Ward**

The Medical Ward had a total of 11 available beds and three emergency beds.



Photo showing staff at work: Left; Staff at work in the Medical Ward. The isolation room was further down the building with glass window partition.





Photo showing the isolation room with four beds purposely for confirmed Pulmonary TB patients.

#### 4.9. PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Services were diligently provided as reported in the attendance tally in section of this report. Though under staffed, commitment of available staff saw fruits.



Photos: Mr Simon Lundu the Physiotherapist treating a child with talipese. Far right is Mr Samuel Toke with students and staff in the Ward.



Photos: Mr Simon Lundu assembling wheels to be distributed to all the Wards and Clinics at the Hospital. On the right is an example of a rehabilitation Parallel Bar and the frame for applying weight bearing exercises in the community.

#### 4.10. X-Ray & Radiology Department

The X-ray Unit received a brand new Digital CR X-ray System in-built in a 20 feet container procured and it serves as the most appropriate equipment for the hospital. The X-ray Department was using both facilities for x-ray purposes and other related activities as well.



Photos: Left; inside the existing X-ray Department. Right; Mr Lewis, a Radiographer adjusting x-rays on the monitor as the easiest way of processing of films.

#### 4.11. PATHOLOGY DEPARTMENT & BLOOD BANK SERVICES

The Pathology Department was equipped with a Biochemistry DT-60 Analyser purchased from Meddent.



Photos: Left; Patient waiting area in front of the Pathology Department. Right; inside the Pathology Department.

The Department was running haematology tests with haematology analyser as well as manually, microscopes and most serology tests required. Blood Bank Services was using the entrance to the Pathology equipped with a blood storage freezer. Other much needed items for outreach blood collections/donations namely esky, portable bed and ice packs were all in stock.

#### 5.12. PHARMACY DEPARTMENT.

The Pharmacy and Dispensary was opened on weekdays.



Photos: Left: Pharmacy Building. Right: Pharmacy Counter.

### 5.13. MEDICAL RECORDS

This section kept all attendance records, admission records and patients' admission files. All Monthly National Health Information Reports and Admission Records instead were recorded as paper files and in Admission Registry Books.

### 5.14. MORTUARY SERVICES

In 2017, 45 autopsies were conducted. This has boosted our mortuary services.

### 8.15. Central Sterilising Department (CSD)

Our Central Sterilising Equipment had technical functionality difficulties but was fixed and has delivered required services effectively in 2017. Frequent PNG Power blackouts, had technical problems.

### 8.16. Mini Oxygen Plant & Oxygen Concentrators

The hospital operated on a mini oxygen plant and oxygen cylinders purchased from Premier Biomedical. The Plant was able to refill at least two cylinders per day but depended very much on need basis as well as power supply. The cylinders were made of aluminium that was meant to last without rusting. A total of 62 cylinders in preparation to supply all health facilities in the Province in future under EPHA.

#### The Operation of the Hospital Mini Oxygen Plant between March and December 2017.

#	Cylinder Size	Refilling Time	Cylinders in Stock	Cylinders Refilled
1	G (Large)	7-8 hours	37	30
2	E (Medium)	3-4 hours	20	15
3	C (Small)	30-45 minutes	5	6
<b>Total</b>			<b>62</b>	<b>51</b>

In 2017, the Oxygen Mini Plant refilled at a rate of 15 litres per minute at a pressure not exceeding 0.15 MPa (Mega Pascal).

The average purity level of oxygen concentration measured and indicated when refilling was at 90-94% which was well above 84% mark recommended by WHO (World Health Organisation). In addition, four oxygen concentrators were also bought and one placed in each of the wards/clinics: Children's Outpatient, Paediatric Ward, Surgical Ward, Medical Ward.

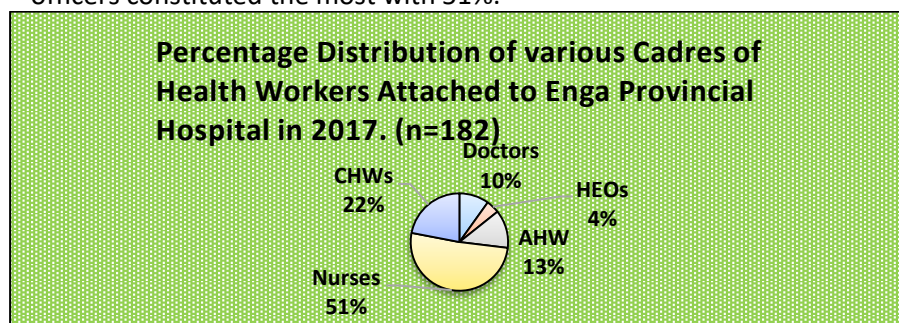


Photos: The Mini Oxygen Plant Shed. Middle; empty oxygen cylinders stocked for refilling.

## 8.17. CURATIVE HEALTH STAFF ON STRENGTH

The overall total of health officers on strength was 182 including; Doctors, Health Extension Officers (HEOs), Allied Health Workers (AHW), Nursing Officers (NOs) and Community Health Workers (CHW).

There were eighteen (18) doctors, eight (08) HEOs, 23 Allied Health Workers, 93 Nurses and 40 Community Health Workers. The pie chart below shows their percentage distribution with nursing officers constituted the most with 51%.



### 8.17.1. SPECIALIST DOCTORS AND MEDICAL OFFICERS

In 2017, a total of 16 doctors (5 SMOs & 11 MOs) plus one Dental Officer (DO). Five of the Registrars were on Post Graduate Training (MMED) whilst the rest were on Service (Service Registrars). We were fortunate to have few Resident Health Extension Officers (HEO) who came over to do their training with us in 2017. But we had no Resident Medical Officers (RMO). The following different cadres of staff showcase who was doing what and where in the respective departments under curative health services.

### 8.17.2. INTERNAL MEDICINE DEPARTMENT

Table 01: Showing Medical and Dental Officers Serving in 2017

#	Names	Designation
1	Dr. Vincent PYAKALYIA	SMO but left for Oil Search in July 2017.
2	Dr. Guboro URAE	SMO but left for WHPHA
3	Dr. Simon KONAE	Senior Registrar
4	Dr. Emmanuel ANDREW	Service Registrar

### 8.17.3. PAEDIATRIC DEPARTMENT

Table 02: Showing Cadres of Medical Officers & Others who served at the Paediatric Ward

#	Names	Designation
1	Dr. Doreen PANAUWE	SMO & MOIC
2	Dr. Sharon TOM KASA	SMO
3	Dr. Vanessa BINENE	Service Registrar – Newly Recruited from Residency Programme

### 8.17.4. SURGERY DEPARTMENT

Table 03: Showing Cadres of Medical Officers & Others who served at the Surgical Ward in 2017

#	Name	Designation
1	Dr Timothy Pyaku	SSMO & MOIC
2	Dr Anthony Nasai	SMO
3	Dr Max Pangali	Trainees Registrar

4	Dr Solomon Kalit	Trainee Registrar
5	Dr Ellison Pingi	Service Registrar

### 8.17.5. OBSTETRICS & GYNAECOLOGY

Table 04: Showing Cadres of Medical Officers & Others who served at the Surgical Ward in 2017

#	Names	Designation
1	Dr. Sylvester TATI	SMO but left for Hela PHA
2	Dr. Antonia KUMBIA	SSMO & MOIC Newly Recruited from EHPHA (Goroka).
3	Dr. Yau BESAWE	Service Registrar left due to 2017 NGE problem
4	Dr. Charles Magoekia	Registrar-Newly Recruited from ENBP (Nonga).

### 8.17.6. ADULT OUT-PATIENT DEPARTMENT (AOPD) & EMERGENCY DEPARTMENT (ED)

Table 05: Showing Cadres of Medical Officers & Others

#	Names	Designation
1	Dr. Demin MULAN	Registrar & MOIC.
2	Dr. John PESH	Senior Registrar-Newly Recruited from Angau (LAE)

### 8.17.7. DENTAL DEPARTMENT

Table 06: Showing Cadres of Medical Officers & others served in 2017

#	Name	Designation
1	Dr. Patricia POKAM	Dental Officer & MOIC
2	Dr. Kanandru PONDROS	Registrar & MOIC

### 8.17.8. MEDICAL SUPPORT SERVICES

Table 07: Showing HEOs who served at Various Clinics in 2017

#	Names	Designation
1	Mr. Ezekiel PUNTA	HEO & OIC Endakalpin Clinic
2	Mr. Mathew KUMI	HEO – Paediatric / COPD
3	Mr. Johnson WAPALE	HEO – AOPD
4	Mr. Paulson PETERS	HEO – AOPD
5	Ms. Shirley ANASITA	HEO-ED

6	Ms. Janet PETRUS	HEO-Internal Medicine
7	Ms. Emma MAS	HEO-O&G

### 5.17.9. X-RAY DEPARTMENT

Table 08: Showing Radiographers who served at X-Ray Department in 2017

#	Names	Designation
1	Mr. Gaimbe YAMA	Radiographer & OIC
2	Mr. Lewis ZACCIAS	Radiographer
3	Mr. Reuben KORIM	Radiographer
4	Ms. Laura DANIELS	Radiographer

### 5.17.10. LABORATORY / PATHOLOGY DEPARTMENT

Table 09: Showing Radiographers who served Pathology Department in 2017

#	Names	Designation
1	Mr. Petrus EKIP	Technician & OIC
2	Mr. James SALEU	Technician
3	Mr. Michael AEN	Technician
4	Ms. Justila YAMO	Technician

### 5.17.11. BLOOD BANK DEPARTMENT

Table 10: Showing Radiographers who served at Blood Bank Department in 2017

#	Names	Designation
1	Mr. Fred Lipu KOMBA	NO & OIC
2	Sr. Rachael REKE	NO

### 5.17.12. PHARMACY DEPARTMENT

Table 11: Showing Staff who served at the Pharmacy Department in 2017

#	Names	Designation
1	Ms. Ruth KAMAMBU	Pharmacist & OIC
2	Mr. Rungi DAWARE	Pharmacist
3	Mr. Frank KAME	Storeman
4	Mr. Ben TANGAPE	CHW

### 5.17.13. PHYSIOTHERAPY DEPARTMENT

Table 12: Showing Staff who served at the Physiotherapy Department in 2017

#	Names	Designation
1	Mr. Simon LUNDU	Physiotherapist & OIC
2	Mr. Samuel TOKE	Physiotherapist

#### 5.17.14. DENTAL DEPARTMENT

Table 13: Showing Cadres of Staff who served at the Dental Department in 2017

#	Names	Designation
1	Mrs. Lespina YOP	Dental Therapist
2	Mr. Frank SEIKO	Dental Orderly
3	Mr. Robert WALKE	Dental Technician
4	Mr. Joseph YAKALE	Dental Therapist
5	Mr. Joseph SAA	Dental Orderly

#### 5.17.15. EYE CLINIC

Table 14: Showing Cadres of Staff who served at the Eye Clinic in 2017

#	Names	Designation
1	Mr. Simon LIKAS	NO & OIC
2	Mr. Francis NEPES	CHW

#### 5.17.16. MORTUARY

Table 15: Showing Cadres of Staff who served at the Mortuary in 2017

#	Names	Designation
1	Mr. Nelson ALO	Morgue Attendant & OIC
2	Mr. Henry AEE	Morgue Attendant

#### 5.17.17. CONSULTATION CLINIC

Table 16: Showing Cadres of Staff who served at Consultation Clinic in 2017

#	Names	Designation
1	Sr. Naomi INGI	NO & OIC
2	Sr. Martha YAMA	CHW

#### 5.17.18. TB Clinic

Table 17: Showing ONLY ONE TB OFFICER who served at TB Clinic in 2017

#	Name	Designation
1	Mr. Kevin WARO	CHW & OIC

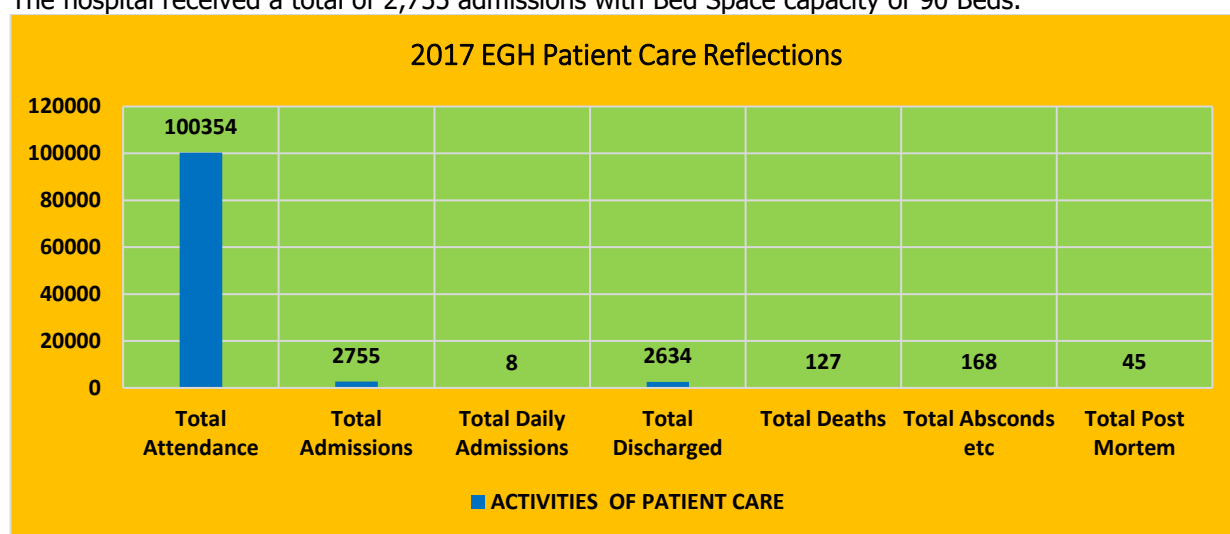
### 5.17.19. MEDICAL RECORDS DEPARTMENT

Table 18: Showing Medical Support Services Staff on Strength in 2017.

Medical Records		
#	Names	Designation
1	Gabriel Bokon	Acting Officer In-charge of Medical Records
2	Charles Pindan	Record Clerk
3	Jennifer Maino	Record Officer
4	Sharon Timson	Ward Clerk O&G Ward
5	Serah Tikiel	Ward Clerk Paediatric Ward
6	Margaret Kundal	Ward Clerk Surgical & Medical Wards
Biomedical Services		
#	Names	Designation
1	Rodney Kambako	Biomedical Technician & OIC
2	David Kimbe	Biomedical Technician
Medical Social Works		
#	Names	Designation
1	Frank Iso	Social Worker

### 6. PATIENT ATTENDANCES & ADMISSIONS IN 2017

Fiscal year 2017 saw an Attendance Record of 100, 354 averaged 275 per day and 8 admissions per day. The hospital received a total of 2,755 admissions with Bed Space capacity of 90 Beds.



#### SUMMARY

- Out of the total 8 Daily Admissions, 05 were mothers admitted at the O & G ward
- 1, 414 deliveries were NVD plus Caesarean Cases
- 45 Post mortem Cases were all Corona Cases
- 168 Patients were either absconded, Transferred,
- 95 % of total hospital Admissions were discharged though
- 275 attendance per day totalled to 100,354

### 7. HOSPITAL MORBIDITIES & MORTALITIES.

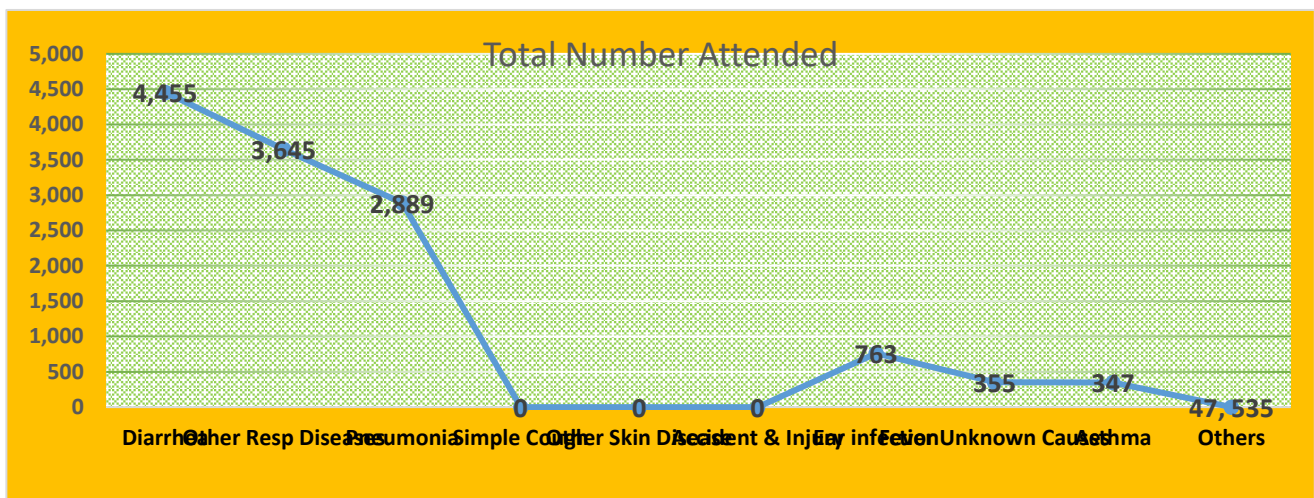


The leading causes of Admissions in 2017 were Normal Vaginal Deliveries (NVD), Pneumonia (0 – 5 years old), Trauma (Accidents/Injuries), Tuberculosis (All Types), Acute Gastroenteritis (AGE), Neonatal Sepsis, HIV/AIDS (All Related Cases), Bronchiolitis, Cancer (All Types) and Malnutrition. On the same note, very fatal cases and late preparations amongst the leading admissions also became the leading causes of death. 45.7 % of all the hospital deaths occurred in the Medical Ward, followed by PAEDIATRIC WITH 44.1%, 8.7 % IN THE SURGICAL WARD AND 1.6% in O & G WARD.

## 8. ATTENDANCES

In 2017 Outpatient attendances stood at 100, 354 included all the Sections Providing Day Care Services in the Hospital. The majority of these turnouts was reported at the Outpatient Departments with 66, 470 attendances per annum.

Table 20: Showing Ten Leading Causes of Outpatient Attendances in 2017.

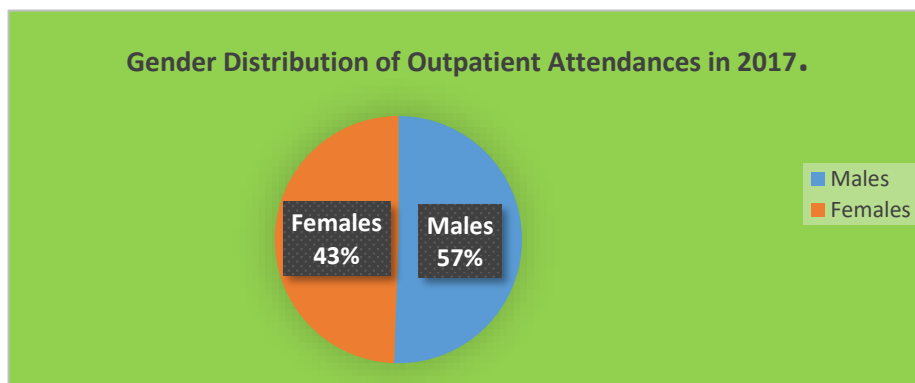


### SUMMARY

- 71.5 % (47, 470) of Other Attendees need to be specified for follow up
- Diarrheal Attendance stand to be highest at 6.7 %
- Other Res Diseases stand to be second highest cause of attendance

### 8.1. GENDER DISTRIBUTION AMONGST OUTPATIENT ATTENDANCES

The gender distribution amongst the Outpatient Attendances was almost evenly distributed with 57% males and 43% females.



### 8.2. ADMISSIONS

The Admissions were categorized into the four Major Disciplines (O&G, Paediatric, Medical and Surgical). The hospital recorded a total of 3645 admissions in 2014. Majority of the admissions

were O&G cases. This was further established with 67% females per the gender distribution of all hospital admissions.

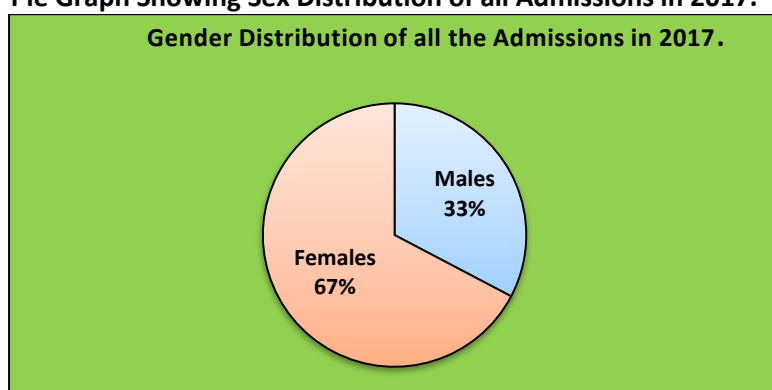
### Admission for the four (4) major disciplines in 2017.

Table 22: Showing total admission at Wabag General Hospital in 2017

Disciplines	Total Admissions
SURGICAL	292 (10.9%)
MEDICAL	226 (8.4%)
O&G	1,494 (55.7%)
PAEDIATRIC	733 (25.0%)
Total	2,745 (100%)

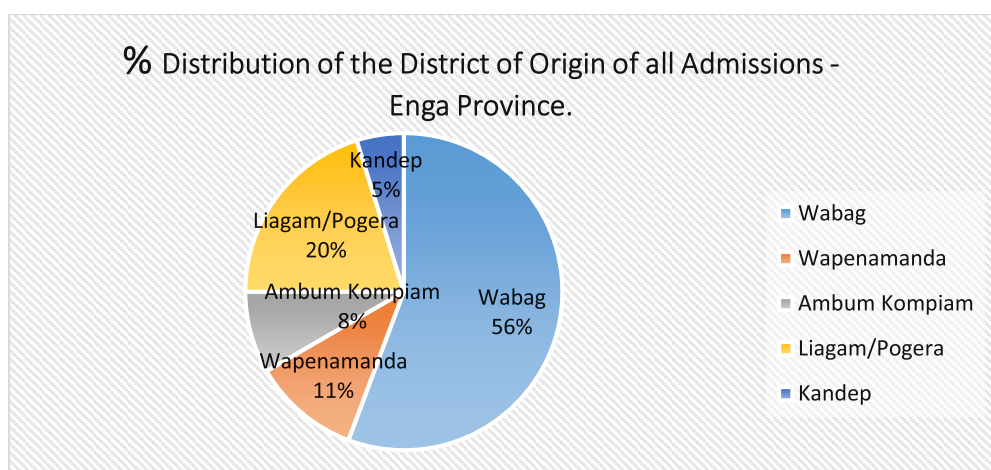
Fifty-five percent (55.7%) of all the Admissions were O&G cases whilst the least was admitted to Medical and Surgical Wards

### Pie Graph Showing Sex Distribution of all Admissions in 2017.



### 8.2. PLACE of Origins of the Admissions

In 2017, 98% of all admissions were Engans, 2% from elsewhere, (39 from other Provinces & 3 expatriates). Non Engans of Asian Origin were serving in the Province and were not referrals.



56% of all admissions in 2017 originated from Wabag Districts. Only 5% came from Kandep District and 8% from Ambum Kompiam District.

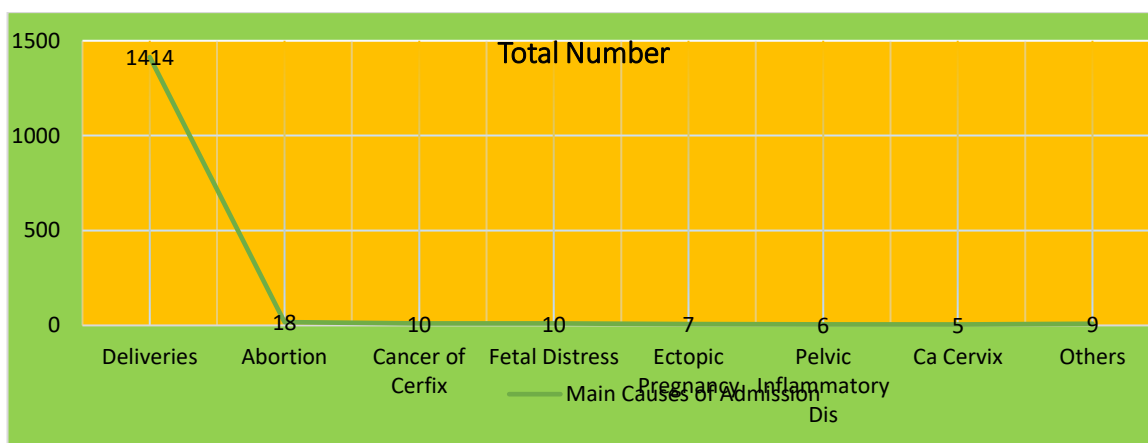
### 8.3. OBSTETRICS & GYNAECOLOGY DEPARTMENT ACTIVITIES

Table 23: Showing Activities in Ward 1 – Obstetrics & Gynaecology in 2017.

Activities	Numbers	Remarks
------------	---------	---------

<b>Admissions</b>	1494	54% of Total Hospital Admissions
<b>Discharges</b>	1565	5.9 % of total hospital discharges
<b>Absconded</b>	92	Reasons Unknown
<b>Deliveries</b>	1414	NVD, Breech, Vacuum, CS & BBAs
<b>Deaths</b>	2	0.1% of Total O&G Admissions Died
<b>Transfer in</b>	0	
<b>Transfer out</b>	0	
<b>Bed Space</b>		
<b>Available Beds</b>	12	In the Ward Main Floor
<b>Emergency Beds</b>	5	Emergency Bay
<b>Delivery Beds</b>	3	In the Labor Ward
<b>Total</b>	20	NA

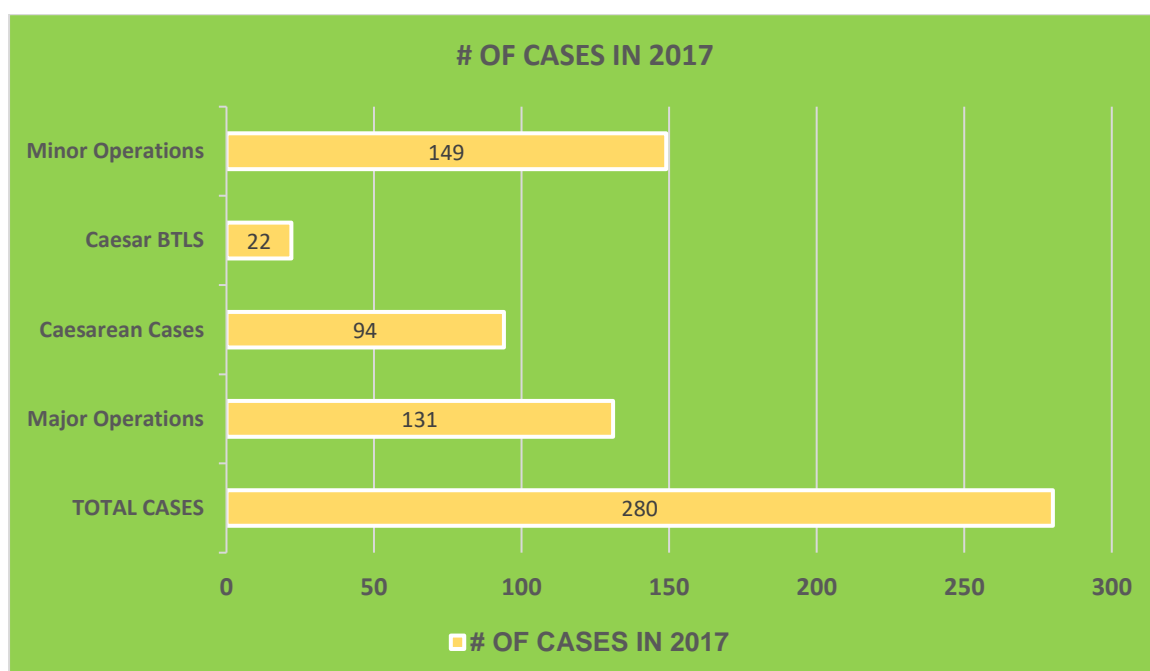
Table 24: Showing 2017 Leading Causes of Admission at O & G Ward



Over 80 % of the deliveries were Normal Vaginal Deliveries (NVD), and 5% Caesareans. The rest were breech, vacuum and BBAs. Half of the caesarean operations were due to foetal distress; whilst the others were for other obstetric complications.

### NUMBER OF SURGICAL CASES PERFORMED IN 2017

Bar Graph Showing 2017 Annual Surgical Cases Performed



## SUMMARY

- Total Operations - 280 (100 %)
- Major Operations - 131 (46.8%)
- Caesarean Section - 94 (72% of all major cases)
- Caesar BTLs - 22 (23% of women with C/S)
- Minor operations - 149 (53.2%)
- All district Cases were referred to Wabag General Hospital

## MATERNAL DEATHS

Maternal Mortality Ratio =  $2/1431 \times 100,000$  Live births = 139.8 per 100,000 live births

## 8.4. PAEDIATRIC DEPARTMENT ACTIVITIES

Note that malnutrition was not amongst the 10 leading causes of Admission but was the third common cause of death.

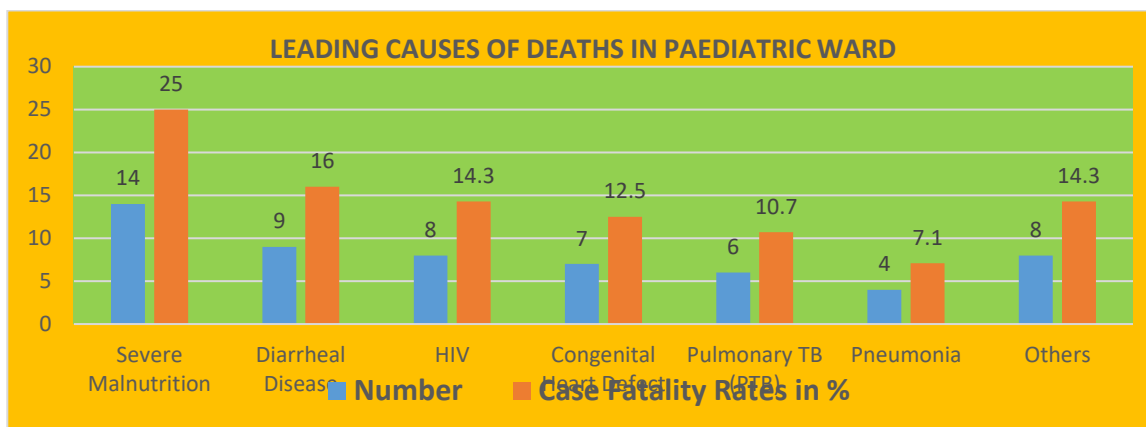
**Table 25: Showing Activities in Ward 2 – Paediatric Ward in 2017.**

Activities	Numbers	Remarks
Admissions	733	26.6 % of all Hospital Admissions
Discharges	649	88.5 % of Total Paediatric Admissions
Absconded	28	3.8 % of Total Paediatric Admissions
Deaths	56	7.6 % of Total Paediatric Admissions
Transfer in	18	2.5 % Of Total Paediatric Admissions
Transfer out	4	0.3 % of Total Paediatric Admissions.
<b>Bed Space</b>		
Available Beds	19	In the Ward Main Floor
Emergency Beds	2	Emergency Bay
Special Care Nursery	2	Available for two Infant Incubators
Total	23	NA

**Table 26: Showing leading Causes of Admissions in Paediatric in 2017.**

#	Causes of Admissions	Numbers	Percentages
1	Pneumonia	226	30.8%
2	Diarrhea	96	13.1%
3	Severe Malnutrition	77	10.5%
4	Tuberculosis	66	9.0%
5	CHD	49	6.9%
6	HIV	24	3.3%
7	Meningitis	23	3.0%
8	RHD	6	0.8%
	Others	166	22.6%
	Total	733	100%

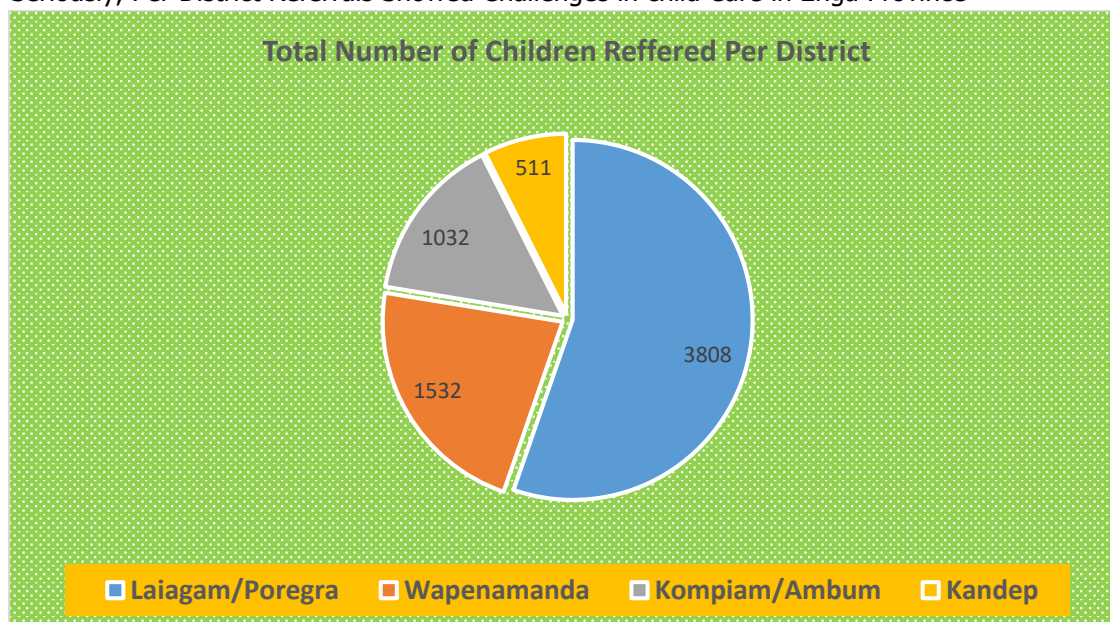
**Table 27: Showing Leading Causes of Deaths in Paediatric in 2017 and Case Fatality Rates**



**SUMMARY**

- Malnutrition in children costed lives at 25 % which remains much to be desired
- Diarrheal Deaths was related to poor child care ran in parallel
- HIV/AIDS related deaths saw challenges of irresponsible sexual behaviour among adults.
- Other causes were much to be desired

Seriously, Per District Referrals Showed Challenges in child Care in Enga Province



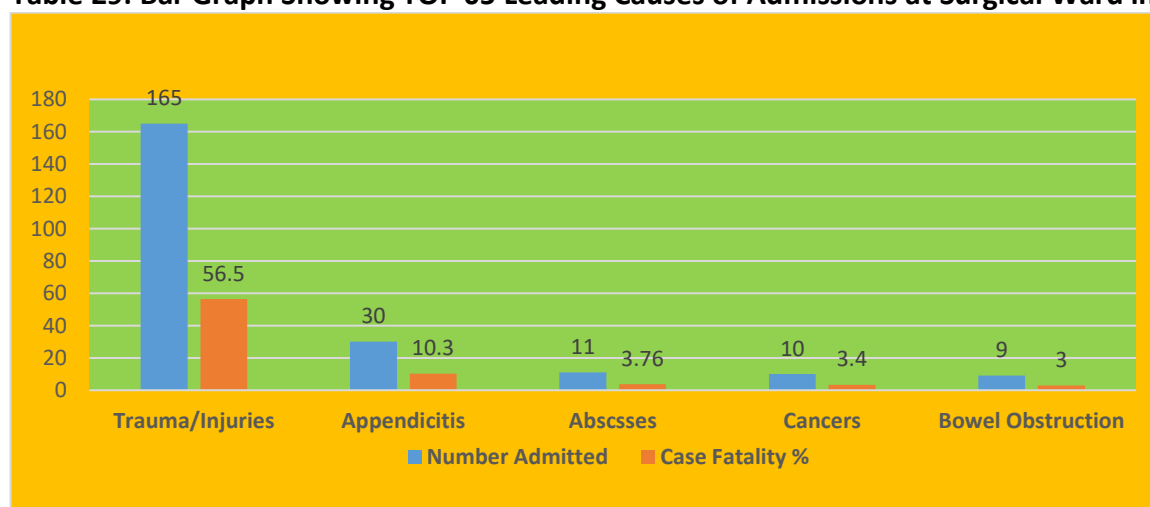
**8.5. Surgical Department**

Table 28: Showing Activities in Ward 3 – Surgical Ward in 2017.

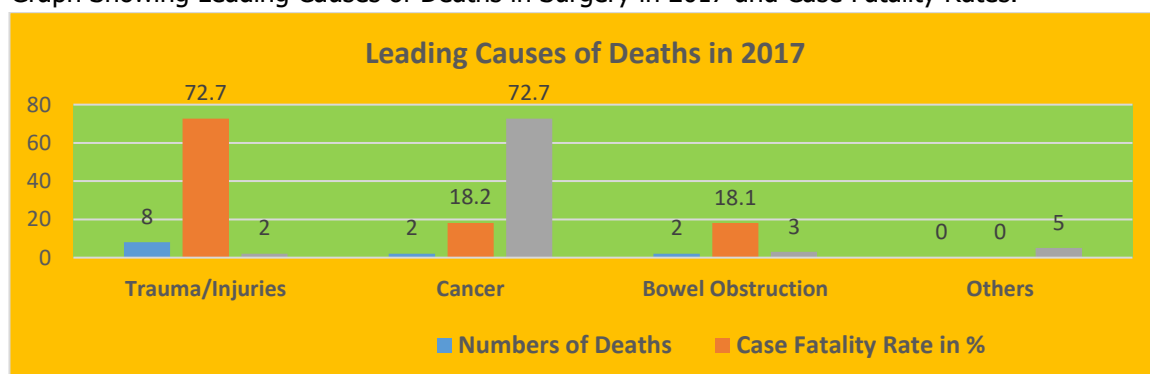
Activities	Numbers	Remarks
Admissions	292	10.6% of all Hospital Admissions
Discharges	260	89.0% of Total Surgical Admissions
Absconded	4	1.3% of Total Surgical Admissions
Deaths	11	3.7% of Total Surgical Admissions
Transfer in	1	0.3% of total surgical admissions.
Transfer out	0	

<b>Major Surgical Operations</b>	208	The Surgical Operations included children in W2
<b>Minor Surgical Operations</b>	432	The Surgical Operations included children in W2
<b>Bed Space</b>		
<b>Available Beds</b>	16	In the Ward Main Floor
<b>Emergency Beds</b>	2	Emergency Bay
<b>Surgical Operating Beds</b>	2	In the Operating Theatre (1x Major & 1x Minor)
<b>Total</b>	20	NA

**Table 29: Bar Graph Showing TOP 05 Leading Causes of Admissions at Surgical Ward in 2017**



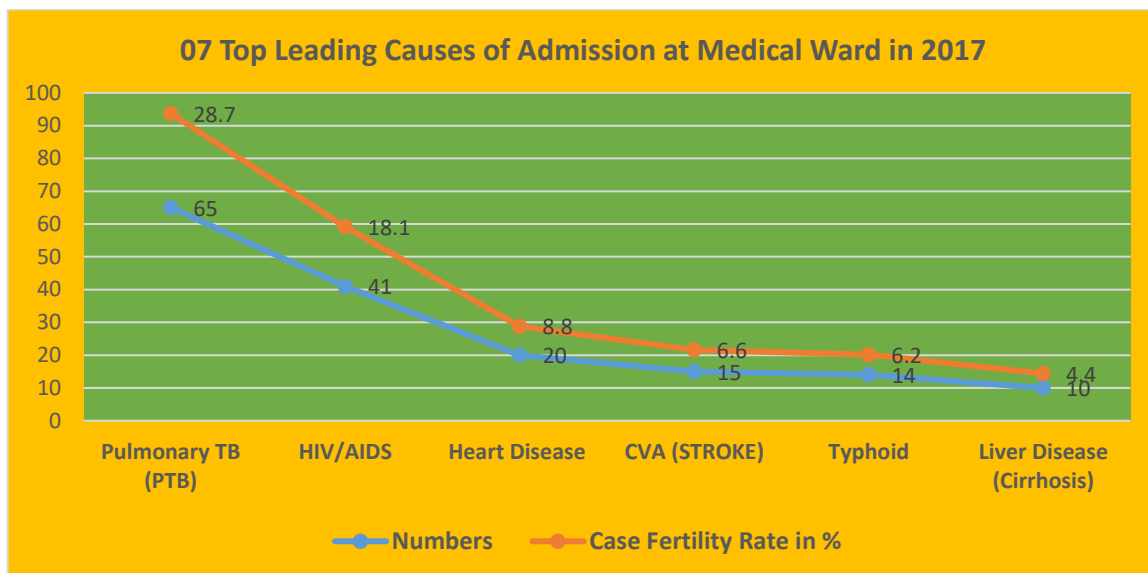
**Graph Showing Leading Causes of Deaths in Surgery in 2017 and Case Fatality Rates.**



## 8.6. INTERNAL MEDICINE DEPARTMENT

Note that HIV/AIDS related admissions were most prevalent in the Medical Ward and 51% of them died in Hospital (i.e. a Case Fatality Rate of 51%).

**Table 31: Line Graph Showing Top 07 Leading Causes of Admissions at Medical Ward in 2017**



#### SUMMARY

- Total Of 266 Patients were Admitted at the Medical Ward in 2017
- Ten main causes of different diseases were identified
- PTB, HIV/AIDS, HEART DISEASE, & Chronic Obstructive Airway Disease & CVA ranked top 5 causes

**Table 32: Showing Leading Causes of Deaths in Internal Medicine in 2017 and Case Fatality Rates**

#	Causes of Deaths	Numbers	Case Fatality Rates
1	HIV/AIDS	21	32.6%
2	Pulmonary TB (PTB)	17	29.3%
3	Meningitis	5	8.6%
4	Liver Cirrhosis	2	3.4%
5	Chronic Obstructive Pulmonary Disease	2	3.4%
	Others	11	18.9%
	Total	58	NA

### 8.7. ENT Department Activities

Table 33: Showing EN & T Activities in 2017.

Activities	Numbers	Remarks
Attendances	208	Attendance at the ENT Clinic
Admissions	10	100% of Admissions were for surgery
ENT Surgeries	10	All admissions were operated on
Deaths	0	No deaths
Referrals	7	4 to POMGH, 2 to Mt Hagen and 1 to Lae
ENT Partnership Visits	0	No Annual Program Conduct by ENT Team

Table 34: Showing Causes of ENT Attendances

#	Causes of Admissions	Numbers	Percentages
1	Ear Cases	111	53.4%

2	Nose Cases	62	29.8%
3	Throat Cases	35	16.8%
	Others	0	0
	<b>Total</b>	<b>208</b>	<b>100%</b>

Table 35: Reasons for ENT Admissions. All admissions underwent ENT surgeries.

#	Reasons for ENT Admissions	Numbers	Percentages
1	Minor ENT Surgeries	8	44.4%
2	Intermediate ENT Surgeries	10	55.6%
3	Major ENT Surgeries	0	0%
	Others	0	0
	<b>Total</b>	<b>18</b>	<b>100%</b>

ENT surgeries had 8 minor out-patient cases operated, excision of ear keloids and removal of foreign bodies in nose and ear.

### 8.8. Physiotherapy Department.

Rehabilitation was a very crucial program in the holistic management of patients and the department was committed to support patient care in various sections of the hospital and communities.

**In 2017, 2317 Attendances and Ward Cases with average of 193 per month and six per day.**

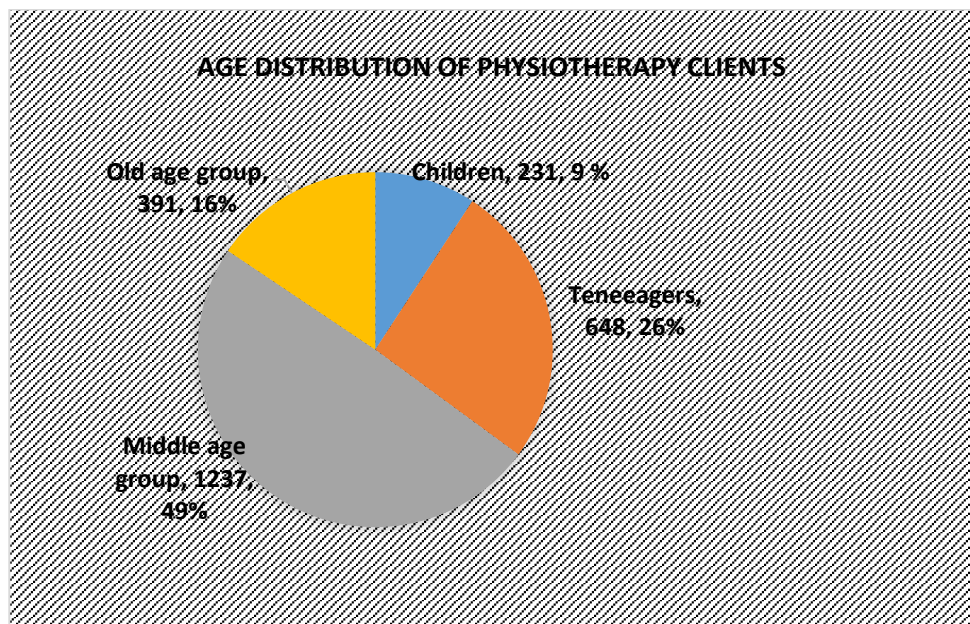
Table 36: Showing Physiotherapy Activities undertaken in 2017.

Activities	Numbers	Remarks
Outpatient Attendances	712	Mainly AOPD/AE cases
Inpatients	323	Mainly Orthopedic and CVA cases
Rural Hospital Visits	25	Total Clients visited at Sopas, Yampu & Mambisanda
Community Base Rehab	8	Known patients discharged from Hospital
Callan Partnership	175	Total Clients under Various Callan Programs
Talipse	13	Total Clients with Talipse

In the adults, a significant percentage of cases demanded meticulous rehabilitation care. These were simply avoidable fractures related to trauma (Axe Wounds, Bush Knife wounds, gunshot wounds and other violence causes). **On the other hand, complications of Osteomyelitis were so prevalent in the 231 Children.**

### Pie Graph Showing Age Distribution of Clients attended in 2017





## 8.9. EYE CLINIC ACTIVITIES

The data from the Eye Clinic was under reported and not consistent because eye cases were expected to be widespread. From the data, cataract was more prevalent with 127 reported cases.

Table 37: Showing Eye Clinic Activities for 2017.

Activities	Numbers	Remarks
Attendances	855	Overall Total for 2017
Surgeries	Nil	No Partnership Visits in 2017
Referrals	6	All referrals to nearest Ophthalmologist in Mendi
School Visits	0	No School Visit
Partnership Visit	0	No Annual Program by Ophthalmologists

## X-ray Department Activities

The X-ray Department served both outpatients and inpatients.

Table 38: Showing the Most common X-rays done by the Hospital X-ray Department in 2017

#	X-ray examination	Numbers	Percent of Total
1	Chest X-rays	5 077	47.9%
2	Forearm X-rays	1 821	17.2%
3	Lumbar spine X-rays	1 365	12.9%
4	Thoracic spine X-rays	1 245	11.7%
5	Tibia/Fibular X-rays	1 077	10.1%

In 2017 a total of 10, 585 radiography investigations were done, averaging 29 x-rays taken per day. Major milestones in the Department included upgrading to digital imaging techniques; this system (CR Digital X-ray) was used and running.

## 8.10. PHARMACY DEPARTMENT ACTIVITIES

A total of 43 255 items were dispensed from the pharmacy department in 2017, the most common items dispensed were antibiotics and analgesics.

Table 39: Showing Drugs or items commonly dispensed at the Enga Provincial Hospital in 2017.

#	Pharmaceutical item	Number	Percent of Total
1	Amoxicillin	7 233	16%
2	Paracetamol	5 429	12%
3	Co-trimoxazole	1 580	3%
4	Chloramphenicol	1 067	2%
5	Diclofenac	991	2%

### 8.11. PATHOLOGY DEPARTMENT ACTIVITIES

In 2017, 15, 031 tests were done with an averaging 41 tests per day. The notable improvement was the installation and use of a Biochemistry Machine that boosted more investigative power at the laboratory.

Table 40: Showing Most Common Pathology Tests Done in 2017.

#	Investigation	Number	Percent of Total
1	Full Blood Counts	11, 228	74.7%
2	VDRL	881	5.8%
3	MPS (Malaria Rapid Test)	789	5.2%
4	Widals	686	4.5%
5	HIV Testing	436	2.9%

### 8.12. DENTAL DEPARTMENT ACTIVITIES

Table 41: Showing Dental Activities in 2017

Activities	Numbers	Remarks
Attendances	4522	Attendances according to Conditions
Dental Examinations		
Oral Surgeries	13	
Dental Prosthodontics		
Dental Restorative	246	
Dental X-Rays	107	
Medical Reports	15	
School Visits	0	Nil due to lack of planning & logistics

Table 42: Showing Ten Common Conditions for Dental Attendances in 2017

#	Conditions	Numbers	Remarks
1	Decay Permanent Tooth	3669	
2	Periodontitis	415	
3	Dento Alveolar Infections	194	
4	Decay Deciduous Tooth	68	
5	Trauma to Dentition	26	
6	Fully Edentulous Maxilla	22	
7	Fully Edentulous Mandible	19	
8	Partially Dentate Maxilla	17	

9	Fractured Crown	14		
10	Fractured Mandible	13		

Table 43: Showing Ten Common Dental Procedures in 2017.

#	Dental Procedures	Numbers	Remarks
1	Tooth Extraction	2033	
2	GIC	1044	
3	Temporary Dressing	313	
4	Simple Amalgam Restoration	246	
5	Simple Composite	184	
6	Dental X-Rays	107	94 Intra-oral & 13 Extra-oral
7	RCT	105	
8	Compound Composite	85	
9	Full/full Denture	26	
10	Compound Amalgam	25	

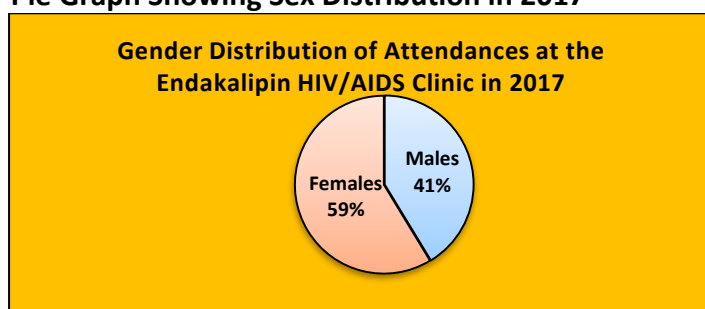
### 8.13. HIV/AIDS ENDAKALIPIN CLINIC ACTIVITIES

The comprehensive cases report as required was submitted to NDoH for combined analysis and reporting. However, below is only a summary.

Table 44: Showing HIV/AIDS Clinic Activities in 2017.

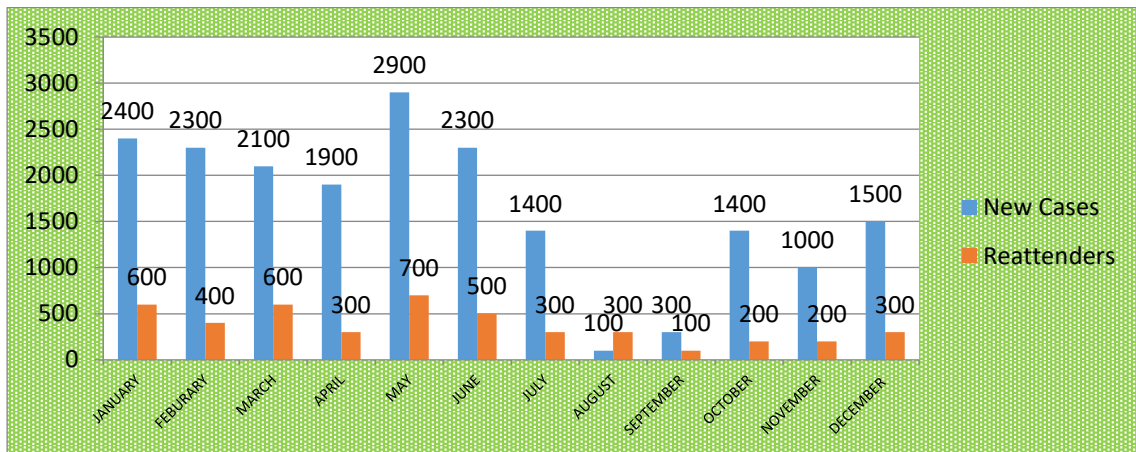
Activities	Numbers	Remarks
Attendances	4672	The overall Clinic's attendances in 2017
STI	2197	Total STI Attendances in 2017
VCT	1084	Total VCTs done in 2017
ART	230	Total Cases for 2017
PPTCT	77	Total PPTCT done in 2017
Training	24	These were only In-house trainings twice monthly

#### Pie Graph Showing Sex Distribution in 2017

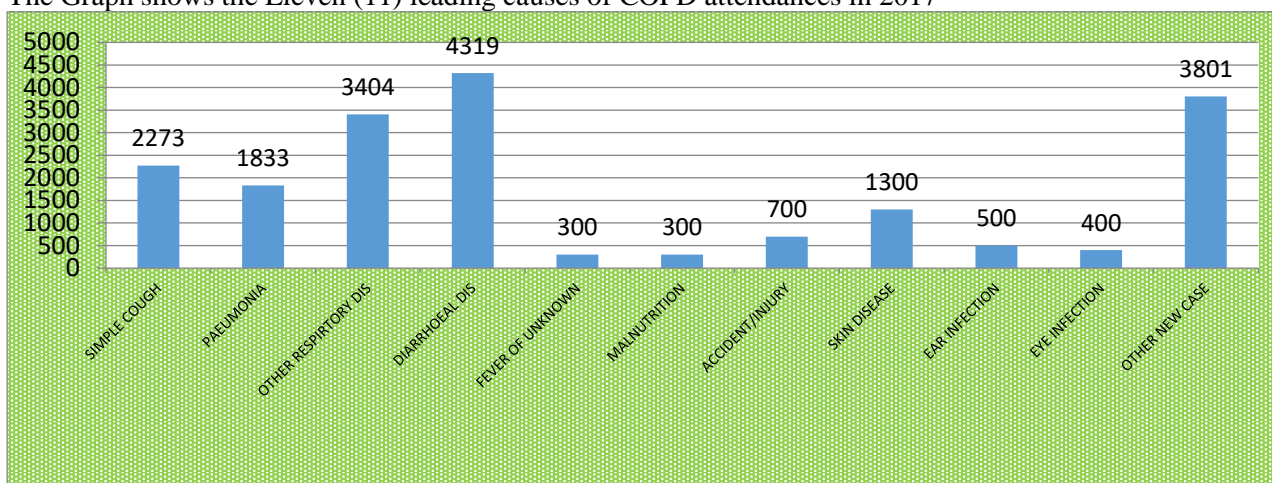


### 8.14. CHILDREN'S OUT PATIENT DEPARTMENT STATISTICS – 2017

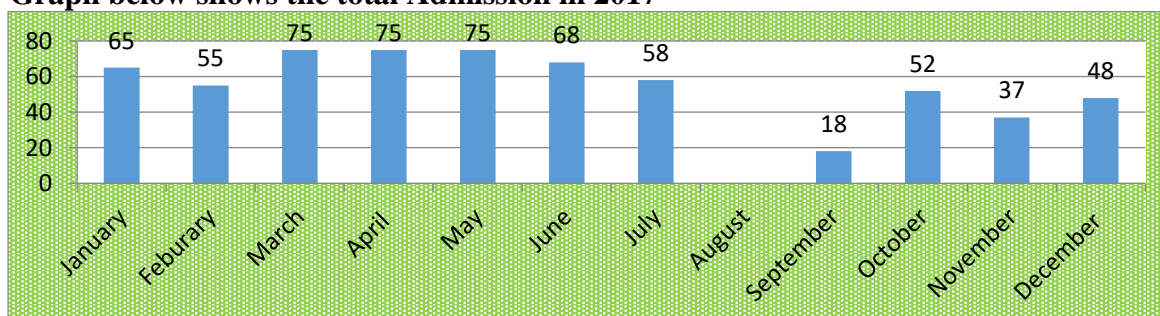
Bar Graph Showing the Total Patients Seen in 2017.



The Graph shows the Eleven (11) leading causes of COPD attendances in 2017



Graph below shows the total Admission in 2017



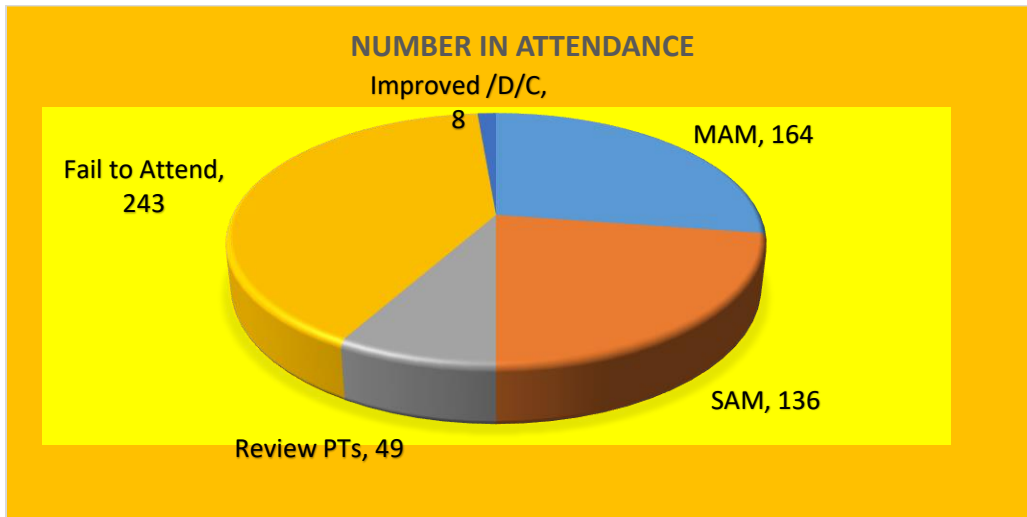
**The four main causes of admissions are;**

1. Pneumonia – (Moderate – Severe)
2. Bronchiolitis
3. Meningitis
4. Sepsis

**8.13. MALNUTRITION CASES**

Malnutrition causes in Enga Province was alarming. Cases seem to be increasing rapidly according to our statistics with the help of MUAC, weight for age (WTFA) & Height Board.

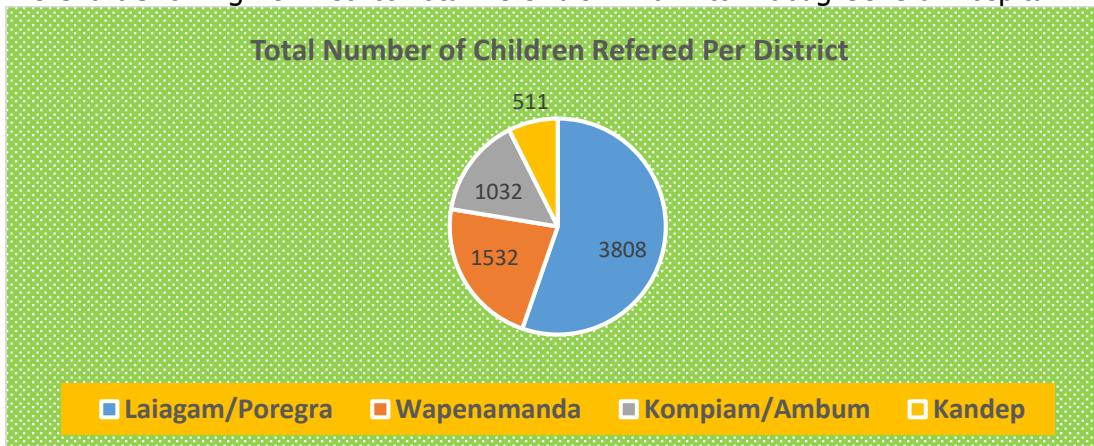
Table 47: Pie Graph showing the total number of patients screened for Malnutrition (MAM/SAM) in 2017



**SUMMARY**

- A total of 243 Children failed to attend their Clinic
- A Reflection of Parental ignorance of Care for Child health Care
- A total of 49 patients attended for Review which is much lower than expected

Pie Chart Showing Per District Total Referrals in 2017 to Wabag General Hospital



**9.0. CHALLENGES**

Increased Numbers of Preventable Communicable Diseases & Trauma Cases

The incidence and prevalence of preventable communicable diseases continued to surge alarmingly. **TB** cases with Co-Partner HIV & AIDS were amongst the top ten causes of admissions and Deaths. Also, we did have few cases of Multi-Drug Resistant (**MDR**) TB. Trauma Cases especially from bush knife wounds were also at the top. The chronic problem with Drug and Pharmaceutical supplies kept on affecting timely delivery of essential medicines and other much needed consumables. The most affected Sections were Pharmacy, X-ray, Pathology, Dental and Blood Bank Services. In 2017, the hospital had no choices but to use out funds from both its Operational Fund and Internal Revenue to purchase drugs and pharmaceutical items from private suppliers.

**10. WAY FORWARD - FOCUS FOR DIRECTORATE OF CURATIVE HEALTH SERVICES**

1. Prioritise Clinical Staff Development & Training in Acute Care with Maternal & Child Health.
2. Strengthen Clinical Meetings and Continuous Medical Education (CME).
3. Complete renovation of the Central Sterilizing Department (CSSD).
4. Extend the Children Outpatient Department to cater for the MCH Clinic.

5. Construct a proper ablution block for patients. And build new sewerage system.
6. Purchase a new extra cooling chamber for the Morgue.
7. Improve Waste Management Systems.
8. Improve procurement process of purchasing of essential medical drugs, consumables and medical equipment.
9. Recruit a qualified Bio-Medical Technician to fix all faulty medical equipment.
10. Strengthen Disease Control with infrastructure, medical equipment & logistics.
11. Expand rural medical outreach programs with more coordinated logistic support.
12. Maintenance of existing institutional staff houses in Wabag.
13. Strengthen coordination and support to District Curative Health Service through infrastructure developments and roll out of hospital specialist services.
14. Install suggestions boxes within the hospital patient and clients comments on the hospital services.
15. Conduct quarterly review on the Strategic Implementation Plan.
16. Improve on clinical audits.
17. Improve Inventory Systems.
18. Improve Pathology Services, Physiotherapy Services, and other specialist clinical services with refurbishments.

## DIRECTORATE OF CORPORATE SERVICES REPORT



**MR. CHARLES KURA**  
DIRECTOR

### 01. INTRODUCTION

The Corporate Services Directorate (CSD) currently had 03 main divisions (newly created- 04) and these are Finance & Administration, Human Resource Management, Facility & Operations and Policy & Planning.

The directorate's main objective was to provide the efficient and effective support services to Curative Health and Public Health Services whose functions are to take care of patients and the staff who are providing that care.

The CSD is bit different to the other two directorates because of the kind of staff that it has and the tasks that they perform. It has different professionals such as Accountants/Auditors, HR Professionals, Engineers, Architects, Strategic Management Professionals, Lawyers (some PHAs) and so forth, and the jobs that they perform varies to each other.

## 0.2. FINANCE & ADMINISTRATION DIVISION

The division was headed by a deputy director (vacant) who oversees its performances and staff. It's in dire need of qualified and experienced manpower in order to take control of the activities/programmes in each of the sections. As a result, the division has been really struggling hard to meet some of the statutory obligations like auditing, accounting and budgeting requirements on a timely manner as required. Nevertheless, with my help, we have been able to meet most of the requirements with the limited manpower that we have over the years.

### 1.1 Enga PHA's Main Funding Sources

The following were the five main funding sources for Enga PHA apart from grants/donations from Enga Provincial Government and others;

- Operational Grant (Enga Provincial Hospital)
- Health Function Grant (Public Health Services)
- Trust Account (Enga Provincial Hospital)
- HSIP Account (Public Health Services)

### 1.2 Yearly Appropriation/Budget Trend (2016 - 2018)

The Yearly Appropriation and Budget Estimates vary each year depending on Budget Ceilings from Treasury and Actual Cash Collections. More than Three Quarters of the Operational Grant was for Staff Salaries & Allowances. Table Below was the Yearly Appropriation/Budget Trend for Years 2016 - 2018.

<b>FUNDING SOURCE</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
<b>Operational Grant</b>	36,171,300	27,185,800	29,659,749
<b>Health Function Grant</b>	3,146,700	3,589,000	4,000,800
<b>Trust Account</b>	354,000	278,000	200,000
<b>HSIP Account</b>	N/A	N/A	N/A

### 1.3 YEARLY EXPENDITURE TREND (2016 - 2018)

Despite increases in the prices of goods and services each year due to current cash flow problem in the country, we had strictly managed and spent within our quarterly and yearly cash flows due to prudent financial management practiced by the SEM. The Yearly Appropriation and Budget Estimates vary each year depending on Budget Ceilings from Treasury and Actual Cash Collections. More than Three Quarters of the Operational Grant was for Staff Salaries & Allowances. Below was the Yearly Expenditure Trend for Goods & Services Only for Years 2016 - 2018.

<b>FUNDING SOURCE</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
Operational Grant	N/A	4,831,456.74	4,503,177.04
Health Function Grant	N/A	1,472,883.46	1,063,529.81
Trust Account	N/A	1,283,191.24	2,016,164.65
HSIP Account	N/A	364,088.19	1,329,939.40

## 1.0 HUMAN RESOURCE MANAGEMENT DIVISION

The division was headed by a deputy director who oversees the sections and staff of the said division. The division also has a manpower shortage of qualified and experienced officers to really back up the deputy director. As a result, he really stresses himself out at times to get most of the tasks done on time as required by DPM and other central agencies.

### 2.1 Old Staff Establishment - Manpower Summary

**2.1.1** This was the Curative and Corporate Services Directorates Manpower Summary based on the Former Wabag General Hospital Staff Establishment.

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower
Executive	5	5	0	5
CEO's Office	5	1	0	1
Medical Officers	27	20	0	20
Nursing Officers	98	86	0	86
Community Health Workers	58	37	7	44
Medical Support Services	54	29	0	29
Corporate Services	128	99	5	104
	<b>375</b>	<b>277</b>	<b>12</b>	<b>289</b>

**2.1.2** This was the Public Health Services Directorate Manpower Summary based on the Former District Health Services Staff Establishment.

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower
Executive	2	2	0	2
Medical Officers	0	4	1	5
Nursing Officers	76	59	16	75
Community Health Workers	172	132	89	221
Medical Support Services	46	23	14	37
	<b>296</b>	<b>220</b>	<b>120</b>	<b>340</b>

**2.1.3** This was the Old Enga PHA Merged Structure (Manpower Summary) incorporating Curative, Corporate & Public Health Services Directorates.

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower
Executive	7	0	0	0
Medical Officers	27	20	1	21
Nursing Officers	174	145	16	161
Community Health Workers	230	169	96	265
Medical Support Services	103	52	14	66
Corporate Services	130	99	5	104
	<b>671</b>	<b>485</b>	<b>132</b>	<b>617</b>

### 2.2 New Staff Establishment - Manpower Summary

**2.2.1** This was the Curative and Corporate Services Directorates Manpower Summary based on the New Staff Establishment.

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower



Executive	4	4	0	4
CEO'S Office	10	1	0	1
Medical Officers	55	18	0	18
Nursing Officers	251	102	0	102
Community Health Workers	161	41	7	48
Medical Support Services	117	39	0	39
Corporate Services	276	88	5	93
	<b>874</b>	<b>293</b>	<b>12</b>	<b>305</b>

### 2.2.2 Public Health Services Directorate Manpower Summary based on the New Staff Establishment.

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower
Executive	2	2	0	2
Medical Officers	0	0	1	1
Nursing Officers	91	29	16	45
Community Health Workers	250	125	89	214
Medical Support Services	99	28	14	42
	<b>442</b>	<b>184</b>	<b>120</b>	<b>304</b>

### 2.2.3 The New Enga PHA Merged Structure (Manpower Summary) incorporating Curative, Corporate & Public Health Services Directorates.

### 3.0

Designation	Total Ceiling	Staff On Strength	Unattached	Total Manpower
Executive	6	6	0	6
CEO'S Office	10	1	0	1
Medical Officers	55	18	1	19
Nursing Officers	342	131	16	147
Community Health Workers	411	166	96	262
Medical Support Services	216	67	14	81
Corporate Services	276	88	5	93
	<b>1,316</b>	<b>477</b>	<b>132</b>	<b>609</b>

## FACILITY & OPERATIONS DIVISION

The division was headed by a deputy director (vacant) who oversees the sections and staff of the said division. The division was also in dire need of qualified and experienced manpower in order to take control of the activities/programmes in each of the sections.

### 3.1 Sections under Facility & Operations Division

The following were Sections that come under the said division which were headed by OICs who manage and coordinate daily activities of the Sections;

- Biomedical Services
- Maintenance Section
- Transport Services
- Catering/Hospital Kitchen Services
- Security Services
- Hygienist/Cleaner Section
- Seamstress/Laundry Section
- Project Management Unit (Newly Created)

### 3.2 Rental of Accommodation

The Enga PHA has been providing rented accommodations to SEM members, doctors and other senior staff mostly at the Provincial Hospital due to no institutional houses. The senior staff at the district health facilities have been given institutional houses at the district level.

### 3.3 Fixed Asset Management & Medical /Non-Medical Equipment

There was no proper and up to date fixed asset management register for Enga PHA due to manpower shortage problem as highlighted above. There is one for the Provincial Hospital but it's not proper and updated one. Further, for the Medical/Non-Medical Equipment, there was no qualified officer currently on the ground as well to keep proper records and do quarterly services to some of these very expensive and important machines. We had plans in place to improve on the same once qualified people are employed through our current selection and recruitment exercise.

### 4.0 POLICY & PLANNING DIVISION

It was a newly created division based on the current PHA structure. The division will be headed by a deputy director (vacant) who oversees the sections and staff. Once staffed, it will be responsible for formulating any policy guidelines as well as do planning for the entire Enga PHA. The formulating of plans and policies are currently lacking due to qualified manpower shortage.

### 5.0 ACHIEVEMENTS

➤ First PHA to create PHA Account (260) in Alesco Payroll System to take on board the Two Establishments (Wabag General Hospital & Enga District Health Services) into One Payroll System in 2015.
➤ First PHA to have created Four (4) New Funding Activities (Budget) for the 4 District Hospitals in 2016, thus Enga PHA have a Total of 8 Activities, while other PHAs have only Four (4) Activities.
➤ First PHA to get our Major Structure Approved in 2017, while other PHAs including the 3 Pilot PHA Provinces are still struggling to get theirs approved to date.
➤ Received the Second Highest Budget Appropriation (Operational Grant) from Treasury in 2018.
➤ We had successfully negotiated with Treasury and secured an Additional K9 million towards end of 2017 to fully implement our Major Structure.
➤ First Time Health Function Grant (HFG) remit straight to Enga PHA Operational Account in 2018 from Treasury.

### 6.0 CHALLENGES

Inadequate funding allocation - 2018 Appropriation Vs Budget.
Not receiving Operational Grants (Recurrent Funds) on a timely manner.
Government's Free Health Care Money not received since 2015 to date.
Qualified & Experienced Manpower Shortage in all the Divisions/Sections.
Yet to install Accounting Software (IFMS - Accounting) to prepare Accounts Reports on a timely manner.
Continue to Purchase Pharmaceutical Supplies & Other Medical/Lab Consumables using EPHA funds. In fact it is the function of the NDoH.
Urgent need of Staff Accommodation.

### 7.0 THE WAY FORWARD

- Look outside of the normal process to secure extra funding by both EPHA Board & SEM.
- Need for establishing systems in most of the Divisions/Sections of Enga PHA in order to do things systemically and in a timely manner.

### 8.0 CONCLUSION

With the new appointed Chairman and Members of the Enga PHA Board of Governance, I trust and hope that we will continue to work together as we have done in the past to deliver more improved health care services to our patients in year 2018 and beyond. On behalf of the corporate services directorate, I salute the efforts of my hard working and

dedicated staff members. I would like to commend the improvement in staff morale that we had experienced during the year, which obviously had resulted in one way or the other in the many positive changes seen in the Enga PHA. With the new appointed Enga PHA Board of Governance, and the current Senior Executive Management Team, I trust and hope that we will continue to work together as we have done in the past to deliver more improved service to our clients (patients) in year 2018 and beyond.

**Finally, I now take the pleasure of presenting the Enga Provincial Health Authority's Financial Statement for the year ended 31<sup>st</sup> December 2017.**

**ENGA PROVINCIAL HEALTH  
AUTHORITY**

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**UNAUDITED FINANCIAL REPORT**

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**for the  
YEAR ENDED 31 DECEMBER 2017**

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**2017 AN-AUDITED FINANCIAL REPORT**

**Declaration by the Chief Executive Officer**

I, A'aron Luai, being the Chief Executive Officer of Enga Provincial Health Authority, do solemnly and sincerely declare that to the best of my knowledge and belief, the accompanying Financial Report and the Notes to the Financial Report are correct, and I make this solemn declaration, by virtue of the Oaths, Affirmation and Statutory Declaration Act and subject to the penalties provided by the act for making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particulars.

**Declared at ..... Enga Provincial Health Authority .....**

**This ..... Day of .....2017**

.....

**Mr. A'aron Luai**

**Before Me:**

.....

**Statement of Accumulated Funds  
As At 31<sup>st</sup> December 2017**

	Notes	2017	2016
		K	K
Accumulated Funds brought forward		6,700,838.40	1,574,558.79
Adjusted for Accumulated Funds	8	-6,245,633.50	-1,213,815.89
<b>Adjusted Accumulated Funds brought forward</b>		<b>455,204.90</b>	<b>360,742.90</b>
Excess of Payments over Receipts for the year	9	8,302,265.84	6,340,095.50
<b>Total Accumulated Funds</b>		<b>8,757,470.74</b>	<b>6,700,838.40</b>
Current Assets			
Cash at Bank - Operating Account		6,592,700.31	4,600,552.88
Cash at Bank - Trust Account		2,164,770.43	2,100,285.52
<b>Total Assets</b>		<b>8,757,470.74</b>	<b>6,700,838.40</b>

**ENGA PROVINCIAL HEALTH AUTHORITY  
CONSOLIDATED  
Statement of Receipts and Payments  
For the Year Ended 31<sup>st</sup> December 2017**

	Notes	2017	2016
		K	K
<b>Consolidated Revenue</b>			
Staff Salaries & Allowances		20,810,100.00	21,636,200.00
National Gov't Grants to Operating Account		7,422,316.00	9,259,818.00
Patient Fees		241,654.90	240,683.00
Other Receipts & Donations		1,200,000.00	3,452,866.00
Rollover Funds	3	6,700,900.00	969,600.00
<b>Total Operating Revenue</b>		<b>36,374,970.90</b>	<b>35,559,167.00</b>
<b>Operating Expenditure</b>			
Staff Salaries & Allowances		20,810,100.00	21,636,200.00
Wages		290,560.57	442,865.50
Overtime		99,885.79	0.00
Leave Fares		105,260.40	102,695.80
Travel & Subsistence		224,420.40	289,519.39
Utilities		198,737.34	343,385.71
Office Materials & Supplies		108,026.85	101,264.95
Operating Materials & Supplies	5	757,576.53	780,559.02
Transport & Fuel		314,322.24	390,479.83
Administrative Consultancy		3,000.00	4,096.60
Rental of Property		669,187.83	545,761.61
Routine Maintenance		138,986.90	185,521.26
Other Operating Expenses	6	2,483,555.85	2,795,719.99
Training		106,616.80	180,177.60
Retirement Benefits/ Pensions		370,723.00	0.00

Membership Fees/ Contributions		15,450.36	0.00
Grants & Subsidies to Other Govt. Org.		677,348.29	1,063,529.81
Office Equip, Furniture's & Fittings		63,975.11	34,347.45
Purchase of Vehicles		376,479.84	179,561.26
Medical Equip, Plant & Machinery		191,784.76	67,870.10
Construction, Renovation & Improvement		66,706.20	75,515.62
<b>Total Operating Expenditures</b>		<b>28,072,705.06</b>	<b>29,219,071.50</b>
<b>Excess of Payments over Receipts</b>		<b>8,302,265.84</b>	<b>6,340,095.50</b>

**ENGA PROVINCIAL HEALTH AUTHORITY  
OPREATING ACCOUNT  
Statement of Receipts and Payments  
For the Year Ended 31<sup>st</sup> December 2017**

	Notes	2017	2016
		K	K
<b>Receipts</b>			
Staff Salaries & Allowances	2	20,810,100.00	21,636,200.00
National Gov't Grants to Operating Account		7,422,316.00	9,259,818.00
Rollover Funds		4,600,600.00	683,700.00
<b>Total Operating Revenue</b>		<b>32,833,016.00</b>	<b>31,579,718.00</b>
<b>Operating Expenditure</b>			
Salaries & Allowances		20,810,100.00	21,636,200.00
Wages		290,560.57	442,865.50
Overtime		99,885.79	0.00
Leave Fares		105,260.40	102,695.80
Travel & Subsistence		224,420.40	289,519.39
Utilities	4	198,737.34	343,385.71
Office Materials & Supplies		108,026.85	101,264.95
Operating Materials & Supplies		757,576.53	757,140.47
Transport & Fuel		314,322.24	390,479.83
Administrative Consultancy		3,000.00	4,096.60
Rental of Property		669,187.83	545,761.61
Routine Maintenance		138,986.90	185,521.26
Other Operating Expenses		1,200,364.61	802,973.89
Training		106,616.80	180,177.60
Retirement Benefits/ Pensions		370,723.00	0.00
Membership Fees/ Contributions		15,450.36	0.00
Grants & Subsidies to Other Govt. Org.		677,348.29	1,063,529.81
Office Equip, Furniture's & Fittings	7(1)	63,975.11	34,347.45
Purchase of Vehicles	7(2)	376,479.84	179,561.26
Medical Equip, Plant & Machinery	7(3)	191,784.76	67,870.10
Construction, Renovation & Improvement	7(4)	66,706.20	75,515.62
<b>Total Operating Expenditures</b>		<b>26,789,513.82</b>	<b>27,202,906.85</b>
<b>Excess of Payments over Receipts</b>		<b>6,043,502.18</b>	<b>4,376,811.15</b>

**ENGA PROVINCIAL HEALTH AUTHORITY  
TRUST ACCOUNT  
Statement of Receipts and Payments**

**For the Year Ended 31<sup>st</sup> December 2017**

	Notes	2017	2016
		K	K
<b>Revenue</b>			
Receipts - Patient Fees	1(1)	241,654.90	240,683.00
Other Receipts	1(2)	1,200,000.00	3,452,866.00
Rollover Funds		2,100,300.00	285,900.00
<b>Total Revenue</b>		<b>3,541,954.90</b>	<b>3,979,449.00</b>
<b>Expenditure</b>			
Wages		0.00	0.00
Travel & Subsistence		0.00	0.00
Office Materials & Supplies		0.00	0.00
Operating Materials & Supplies		0.00	23,418.55
Rental of Property		0.00	0.00
Routine Maintenance		0.00	0.00
Other Operating Expenses		1,283,191.24	1,992,746.10
Training		0.00	0.00
Office Equip, Furniture & Fittings		0.00	0.00
Purchase of Vehicles		0.00	0.00
Medical Equip, Plant & Machinery		0.00	0.00
<b>Total Expenditures</b>		<b>1,283,191.24</b>	<b>2,016,164.65</b>
<b>Excess of Payments over Receipts</b>		<b>2,258,763.66</b>	<b>1,963,284.35</b>

**Notes to and forming part of the Financial Statements for the Year Ended 31<sup>st</sup> December, 2017.**

**Appropriation from Government, Patient Fees & Others**

- (a) National Gov't Grant - Is the Annual Appropriation from the GoPNG for each fiscal year.
- (b) Permanent Employee Salaries (Item 111) - Are normally paid directly from National Gov't Alesco Payroll (Finance Department).
- (c) Health Functional Grant - Goes direct to Enga Provincial Treasury and is controlled by Enga Provincial Government. Grants given to Enga PHA in the form of cheque payments.
- (d) Patient Fees & Charges - Please refer to the Revenue Summary Table below for details.
- (e) Other Revenues - We also received other revenues/funding especially for specific projects from Enga Provincial Govt. and others. These funds are generally kept under Trust Account.

**1. PATIENT FEES & OTHER RECEIPTS [1(1-2)]**

User Fees paid by patients for services provided by the hospital deposited into the Hospital's Trust Account. It also consist of Other Receipts such as Donations, Project Funds and so forth. Refer to the Table below.

Month	2017	2016
	K	K
January	21,092.00	1,210,540.00

February	1,024,054.00	18,643.00
March	23,771.00	20,055.00
April	22,139.00	680,200.00
May	34,392.90	301,689.00
June	31,285.00	63,630.50
July	18,233.00	22,199.00
August	200,327.00	1,296,648.00
September	8,269.00	19,280.00
October	20,673.00	23,986.50
November	21,868.00	20,390.00
December	15,551.00	16,288.00
<b>Total</b>	<b>K1,441,654.90</b>	<b>K3,693,549.00</b>

## 2. SALARIES & ALLOWANCES

There is a decrease in Salaries & Allowances component of the budget in 2017 which can be seen from the Appropriation/Budget Table below:-

Item	2017 Appropriation	2016 Appropriation
Salaries & Allow (111)	K20,810,100.00	K21,636,200.00

Because of the same, the Total Expenditure exceeded the Total Appropriation under Item 111 at the end of the year (2017). Thus, the Item 111 was overblown as advised by Treasury and DPM which in fact was beyond our control.

## 3. ROLLOVER FUNDS

The amount of K6, 700,900.00 brought forward from 2016 for both accounts which can be seen from Consolidated Statement of Receipts and Payments. The said amount has been taken up as Revenue for 2017.

## 4. UTILITIES

The main utility expenditure consist of electricity, water & telephone/internet bills. Others such as posting, paging/radio, sewerage, etc., are also part of the utility expenditure. The 2017 Warrants for the said Item had been retained by Treasury. The below expenditure amount was paid from the 2016 Rollover Funds for urgent utility bills in order to avoid disconnection of electricity by PNG Power and other service providers.

Item	2017	2016
Utility (122)	K198,737.34	K343,385.71

## 5. OPERATING MATERIALS & SUPPLIES

It consists of expenditures from both Operating and Trust Accounts as reflected on the Consolidated Statement of Receipts & Payments.

Operating Materials & Supplies	Operating Account	Trust Account	Total
2016	K757,140.47	K23,418.55	<b>K780,559.02</b>
2017	K757,576.53	K0.00	<b>K757,576.53</b>

## 6. OTHER OPERATING EXPENSES

It consists of expenditures from both Operating and Trust Accounts as reflected on the Consolidated Statement of Receipts & Payments.



<b>Other Operating Expenses</b>	<b>Operational Account</b>	<b>Trust Account</b>	<b>Total</b>
2016	K802,973.89	K1,992,746.10	<b>K2,795,719.99</b>
2017	K1,200,364.61	K1,283,191.24	<b>K2,483,555.85</b>

## **7. CAPITAL FORMATION [7 (1-4)]**

The total expenditure comes from Items such as Office Equipment, Furniture & Fittings, Purchase of Vehicles, Medical Equipment, Plant & Machinery and Construction, Renovation & Improvement. Due to strict controls, the expenditures for capital formation for 2017 had been reduced which can be seen from the Table below:-

<b>Capital Formation Expenditures</b>	<b>2017</b>	<b>2016</b>
	K698,945.91	K357,294.43

## **8. ADJUSTMENT FOR ACCUMULATED FUNDS**

The adjustment for understatement of accumulated funds is **(K6, 245,633.50)** which can be seen from the Consolidated Statement of Accumulated Funds of 2017. This amount just come about or from the blue in order to arrive at the Total Accumulated Funds amount which has to be consistent with the Total Asset (Cash at Bank) amount.

Hence, it is strongly recommended that this **Financial Statement Format** especially the **Consolidated Statement of Accumulated Funds** has to be replaced with an **User Friendly One**, because it is really confusing the end users and even the auditors for that matter. The Auditor General Office needs to liaise with Finance Department to action the same as a matter of importance please.

## **9. EXCESS OF PAYMENTS OVER RECEIPTS FOR THE YEAR**

The excess of payments over receipts amount is the difference between Total Revenue and the Total Expenditure which can be seen from the Consolidated Statement of Accumulated Funds. For 2017, it is amounted to **K8, 302,265.84** which consist of both Operating and Trust Accounts.

**MR CHARLES KURA**  
**DIRECTOR - CORPORATE SERVICES**

## **ACRONYMS**

<b>AIDS</b>	Acquired Immune Deficiency Virus
<b>ADB</b>	Asian Development Bank
<b>a/DCHS</b>	Acting Director Curative Health Services
<b>a/DDHRM</b>	Acting Deputy Director Human Resources Management
<b>a/DNS</b>	Acting Director Nursing Services
<b>a/DDPHS</b>	Acting Deputy Director Public Health Services
<b>CEO</b>	Chief Executive Officer
<b>CHP</b>	Community Health Post
<b>CHS</b>	Curative Health Services
<b>DCH</b>	Directorate of Curative Health Services
<b>DPHS</b>	Director Public Health Services
<b>DFAT</b>	Department of Foreign Affairs & Trade
<b>DSIP</b>	District Services Improvement Program
<b>EPHA</b>	Enga Provincial Health Authority
<b>EPG</b>	Enga Provincial Government
<b>GoPNG</b>	Government of Papua New Guinea
<b>HANDS PNG</b>	Health and Development Services
<b>HIV</b>	Human Immune Deficiency Virus
<b>HFG</b>	Health Function Grant
<b>JICA</b>	Japanese International Corporation Agency
<b>MDR</b>	Mutli Drug Resistant
<b>MCH</b>	Maternal Child Health
<b>MRA</b>	Mineral Resources Authority
<b>NDoH</b>	National Department of Health
<b>NHP</b>	National Health Plan
<b>PHA</b>	Provincial Health Authority
<b>PDA</b>	Porgera Development Authority
<b>PJV</b>	Porgera Joint Venture
<b>SEMT</b>	Senior Executive Management Team
<b>TB</b>	Tuberculosis